

West Berkshire Council

Willows Edge

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

Willows Edge is a residential care home providing personal and nursing care to people aged 65 and over. The service can support up to 39 people and on the day of our inspection there were 30 people living at Willows Edge across three floors.

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

Staff understood their responsibilities to keep people safe from harm and people told us they felt safe. Care plans contained risk assessments and informed staff how to reduce the risk of harm to people. Safe recruitment procedures were followed and there was enough staff on duty to meet people's needs. Medicines were managed safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence. The environment was clean, and staff followed infection prevention and control procedures.

People's needs were assessed, and care plans were in place. People were cared for by staff who had been trained to carry out their roles and who were knowledgeable about the support people needed. People's nutritional needs were assessed, and people were supported to have enough to eat and drink. People's health needs were met. 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 spoke positively of the staff. Staff were kind and compassionate and interacted well with people. The atmosphere was relaxed, friendly and welcoming. People told us staff respected their privacy and dignity.

Care plans were person centred and included details of people's preferences for how they wanted to be supported. Staff we spoke with were able to describe people's care needs and preferences to us. People were supported to maintain relationships with family and friends. There was a range of activities for people to participate in if they wanted to. People's feedback was sought. Complaints were reported, investigated and resolved appropriately.

People we spoke with and healthcare professionals we spoke with all spoke highly of the service in general and the registered manager and the level of support and leadership they provided. There were quality assurance processes in place and an action plan for continual improvement.

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 12 September 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 ●

Willows Edge

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.

Service and service type

Willows Edge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 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 five people about their experience of the care provided. We spoke with the registered manager and the deputy manager. We spoke with three staff and a visiting health professional.

We reviewed parts of five people's care records and multiple medication records. We looked at four staff files in relation to recruitment, supervision and training. We also looked at a range of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted and received feedback from one professional who regularly visits the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe living here. I've got my own room."
- Staff had received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff said they felt confident to raise concerns about poor care both internally and externally. One member of staff said, "I would speak up and I would keep going higher and higher to get support if I needed to."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed. Risk assessments for areas such as mobility, skin integrity and malnutrition had been completed and were regularly reviewed. When risks had been identified, the care plans contained guidance for staff on how to manage the risks.
- The registered manager told us one person liked to smoke outside. They said, "We've bought some fire proof aprons for them so that they can smoke without worrying about dropping the cigarette on themselves."
- Regular health and safety audits were carried out to monitor the safety of the service.
- Environmental checks were carried out.
- Emergency plans and individual fire evacuation plans were in place to ensure staff could support people in the event of a fire or other emergency.

Staffing and recruitment

- Safe recruitment processes were in place and were followed.
- There were enough staff on duty to meet people's needs. The registered manager used a dependency tool to calculate staffing levels and on the day of our inspection, the staffing levels on duty were above the recommended level.
- One person said, "I've got the call bell and they said to press it if I need them, but they're always in and out so I haven't needed to."
- One professional said, "I have never felt that the care home is under-staffed, or that staff are sitting around not attending to the needs of their residents."
- The registered manager said, "Recruitment has been really positive. We've taken on lots of new staff in the past year and they've all stayed."

Using medicines safely

- People's medicines were managed safely. Medicines were stored safely and when no longer required,

were disposed of safely. Regular stock checks were carried out.

- Medicines administration records showed that people received their medicines as prescribed.
- Medicines were stored safely. The temperature of medicines rooms and fridges was monitored.
- Protocols for additional medicines people might require did not always detail when named people might require them. We discussed this with the registered manager who said they would amend the protocols to include personalised information. They sent us some amended protocols after the inspection which included additional detail.

Preventing and controlling infection

- Processes were in place to control and prevent the spread of infection. Staff had completed training and understood their responsibilities.
- The environment was visibly clean and smelt fresh.
- We saw staff using personal, protective clothing and equipment safely.
- Regular infection control audits were carried out.

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. One member of staff said, "I always tell myself, report it, write it down and get it reviewed."
- The registered manager analysed the reports each month to identify any trends. The outcome of these was shared during staff meetings. For example, falls had been analysed. During one month of analysis it had been identified that falls had happened around staff break times. Because of this, staff break times had been adjusted to ensure there was enough staff present in the building when needed. This had resulted in a reduced number of falls.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found that further work was required to make the building and garden more dementia-friendly. At this inspection we found that significant refurbishment work had been completed. Contractors were still working in the building, but this work was contained and was not causing any disruption to people.

- A number of bedrooms were kept unoccupied during the refurbishment work to enable people to be moved to a temporary room whilst their bedroom was being decorated. Bedroom decoration was personalised to reflect people's wishes.
- Redecoration had been partially completed and included detail such as contrasting wall and handrail colours. Signage had improved.
- The service was in the process of personalising bedroom doors, with photographs or memory boxes. Families were being involved in this process.
- There were communal seating areas and smaller seating areas around the building. These were all being utilised by people.
- We saw that space around the building had been utilised in a dementia friendly way. For example, there was clothes rail and clothes in one area, which the registered manager told us some people liked to rummage through as if they were shopping.
- One area of the garden had been updated and included recycled rubber flooring, and sensory planting. The remaining garden still needed updating.

Staff support: induction, training, skills and experience

At our last inspection we found that staff training and supervision had fallen behind the provider's own expectations. At this inspection we found the provider had made improvements.

- People were supported by staff who had been trained to carry out their roles.
- All of the staff we spoke with spoke highly of the training they received. One member of staff said, "The thing I like most is we (staff) are properly trained. We have good support to enable us to do the job right and that makes me feel like this is the right place to work. When I first started, we were care assistants, now we have developed to dementia practitioners." Another member of staff said, "Any training I've requested, I've been put on, including extras like tissue viability. I feel really well trained to do my job."
- The registered manager said, "We have developed 'champions' for falls, dementia, dignity and dysphagia. We provide specialist training for them and then they cascade the training. There is also money available for

staff to do apprenticeships. Staff are doing level three in health and social care for example. It's really important for me that staff are developed professionally." The Level 3 in Health and Social Care (QCF) course is aimed at individuals working as a senior care assistant or senior support worker in any care settings or looking to pursue a degree in Nursing and Social Work

- There was a supervision plan in place. Staff told us they had regular one to one sessions with a supervisor or manager. One member of staff said, "We have supervisions every six weeks or so. I feel able to bring up any concerns. I feel very supported in my role."
- The registered manager showed us the revised supervision form that was in use. They said, "We've adapted the form we use to make it more adaptable for staff and more suited to the conversations."

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

- People's support needs were regularly reviewed.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion, diet and preferences for staff support. The registered manager said, "We're fortunate here. We have multi-cultural residents and staff."
- Staff had been trained on equality and diversity. We saw minutes from a staff meeting that showed there had been a discussion about the use of jargon and that people from different cultures might use similar expressions to mean different things. This was used as an example to highlight the need for staff to respect other cultures.

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

- People had been assessed for the risk of malnutrition and when risks had been identified, specialist advice and support was sought.
- Some people were having their food and fluid intake monitored. The charts in use at the time of our inspection did not always specify the daily target for people and it was not clear how staff monitored the charts each day. Additionally, the description of food intake was limited to statements such as, "All" or "3/4." The registered manager showed us new charts that were due to be implemented; they subsequently put the new charts in place the day after the inspection. An audit tool was also put in place. The registered manager and deputy manager audited food and fluid charts to check the quality of information and to ensure early identification of concerns about intake. They sent us copies of these audits after the inspection. The audits showed that documentation had improved. From our observations, review of other records and discussion with the registered manager it was clear that people had not been harmed or put at risk because of the unclear monitoring.
- People were supported to eat a varied and nutritious diet based on their preferences. We saw staff offered people a choice of two plates of food at meal times. Staff asked people if they were enjoying their lunch. We heard one member of staff say to one person, "It looks like you don't like this; would you like to try something else instead?"
- The mealtime experiences we observed were relaxed and sociable. Tables were laid, there were flowers and condiments on the tables. Staff sat alongside people when assisting them and engaged people in conversation.
- The food looked and smelt appetising. People told us they enjoyed the food and that there was plenty of it. One person said, "There's probably too much" and then laughed.

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

- People were supported to access ongoing healthcare. The GP visited regularly, and records showed people had been reviewed by the rapid response team and other specialist support such as the speech and language therapist.

- One health professional told us, "The staff really know their residents; they are able to identify if behaviour or health has deviated from the norm. For instance, they can tell me clearly if a patient is just chesty or is chesty and out of sorts compared to baseline, and they are specific about what that change is. Staff call for help in a timely manner and use our service and that of the rapid response team appropriately."
- Another health professional told us, "I have a good example of joined up care here. One person came here from hospital with some specialist equipment, but no instructions or training had been provided. Staff here went back to the hospital to be trained on how to use it."
- People's oral care needs had been assessed. Plans detailed the level of support people needed to keep their mouths clean and healthy. For example, in one person's plan staff had written, "Refuses dentures, but staff should still encourage [person] to wash [their] mouth with a soft toothbrush and some toothpaste."

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 demonstrated a good understanding of the principles of the MCA. One member of staff said, "If someone couldn't make a decision, I would arrange a meeting to agree a best interest decision for them and involve other people in that."
- Another member of staff said, "I ask people in the morning, 'Are you awake? Do you want a cup of tea?' and 'Do you want to get up yet?'"
- We saw staff routinely asked people about decisions. For example, we saw a member of staff ask someone if they wanted a drink of squash. They showed the person both jugs and asked, "Which one would you like?"
- People's capacity to consent to their care and support had been assessed. When people lacked capacity, best interest decisions had been made. These were clearly documented and showed how the decision had been reached.

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

- Everybody we spoke with told us that staff were caring. Comments included, "The staff are kind and nice to me" and, "The staff are kind. We have a laugh together."
- A health professional told us, "It is the considered opinion of all my colleagues that the care received by residents at Willows Edge is amongst the best in our experience." Another professional said, "Staff are very kind here. I've seen and heard their kindness and patience."
- People appeared relaxed around staff. People were smiling and engaging with staff.
- When one person got up from a chair holding a drink, a member of staff asked, "Where are you off to? Can I take your drink for you? I'll carry it."
- One member of staff said, "The care is good here. Our residents are always asked and given choices, encouraged to do as much as possible for themselves. We spend time with people, have a chat with them. Some of them have amazing life histories, which we'd never know if we didn't talk to people."

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

- People had been asked their preference for male or female support staff.
- People's feedback was sought. We saw the minutes from the latest resident and relatives meeting. The refurbishment plans had been discussed and people had been asked how they wanted their bedrooms decorated.
- Other written feedback we saw was also positive. For example, "I've been really impressed with the care at Willows. [Staff name] made sure [person's] last few weeks were as comfortable as possible. All the team show care and respect and kindness and [staff name] is a breath of fresh air."
- We saw one thank you card from a relative that read, "From the outset, Willows Edge felt right for [person]. The room was comfortable, lounges and dining rooms orderly, tidy and welcoming, but above all, the staff were attentive, professional and showed respect to all the residents."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's independence and encouraging people to do what they could for themselves.
- People told us staff maintained their dignity. One person said, "The staff help me get washed and dressed, but they keep me covered up."
- One member of staff said, "Before personal care, I always make sure doors are closed and curtains drawn. We always knock on doors and wait for them to say come in. Every morning I introduce myself, ask what

they want to wear, if they want a shower or bath. I always tell my colleagues I'm in the bathroom with the person so that they don't just barge in."

- "Do not disturb" door hangers had just been put in place. These had been hand decorated by people with the support of the activities team. The hangers could be placed on door handles to advise other staff not to enter.

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 included details of people's choices and preferences for how they wanted to be supported. In one person's plan it was documented that staff should prompt the person to shave himself to maintain this level of independence.
- Plans in relation to how staff should support people during periods of agitation, detailed any known triggers and the steps staff should take to relieve people's anxiety. There were charts in place for staff to monitor this type of behaviour. However, the charts did not include detail of whether the interventions staff made worked or not. We discussed this with the registered manager, and they provided us with an amended form after the inspection that showed this information would now be recorded. This meant the information was formally documented as well as being verbally shared with colleagues.
- A summary of people's needs was available in people's bedrooms to ensure staff had easy access to this information.
- Personal care plans detailed whether people preferred a bath or shower, their daily routines and how they liked to dress. For example, in one person's plan it was documented, "Likes you to call socks, 'socky wockys'."

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.

- People's communication needs were assessed.
- The provider was able to provide information in different formats when needed. The registered manager said translators could be provided if required. They told us, "We had a French resident a while ago, so when the care plan was reviewed, we booked a French speaking translator to help. Even though the person tended not to speak in French any more, we thought this was a good thing to do."
- Visual aids were in place, such as picture menus at meal times.
- The registered manager told us a touch tablet device was soon to be introduced so that people could provide feedback to the catering company to say if meals were enjoyed.

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 take part in a range of activities in the home. The home employed activity staff and sourced other external groups.

- The local GP had joined people for a 'Burn's lunch.' They told us, "I piped in a haggis, accompanied by one of the residents, which was then addressed in traditional manner. The activity was very well received, and it was wonderful to see the residents (all of whom have dementia) singing and clapping along to my rendition of Auld Lang Syne."
- Regular 'pat dog' visits took place. These are visits from people with dogs that are used as pets for therapy. People are able to stroke and pet the animals if they want to, which many people find beneficial. The service also arranged for farm animals to visit during the summer including rabbits, guinea pigs, ducks, pigs, goats, chickens and donkeys.
- People were supported to attend church services within the home and to attend their community place of worship.
- During the inspection we saw people participating in an arts and crafts session. We also saw examples of other activities provided, such as trips out, visits to the golf course and to see supercars.
- The registered manager told us about one person who enjoyed gardening. The provider arranged for a shed to be installed for this person to use.
- The service had robotic dog and cat companions. These are artificial pets which breathe and move like live pets and can provide companionship to people.

Improving care quality in response to complaints or concerns

- People told us they felt happy to raise any concerns directly with staff or the registered manager.
- The provider had a system to monitor complaints, concerns and compliments. The information was used to understand how they could improve and what they were doing well.
- All complaints were taken seriously, reported, and thoroughly investigated.

End of life care and support

- Advanced care plans were in the process of being introduced. The registered manager told us that staff had started to have conversations with people and their families about where they wanted to be cared for at the end of their life. These conversations also included detail such as whether people wanted to be admitted to hospital if unwell.
- Staff were compassionate and ensured people experienced a comfortable, dignified and pain-free death. The registered manager told us, "If someone was at the end of their life and had no family with them, we allocate a member of staff to sit with them so that they aren't alone."

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 registered manager said, "Recruitment has been really positive here, it's one of our strengths. Since the middle of last year all new starters have stayed with us. I think this is because Willows Edge is a happy home. Our culture here is great. We laugh a lot, and we're very supportive of staff and residents. We promote from within, which boosts culture and well-being. Staff development is key to staff feeling happy and empowered."
- One member of staff said, "When I first started, we were care assistants, now we have been developed to become dementia practitioners."
- Another member of staff told us, "Staff are happy here, it's very relaxed."

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 service had a duty of candour log. This showed the service was open and honest when things went wrong and kept in close contact with families to keep them informed.
- The provider and registered manager were clear about their responsibility to be open and honest. Staff were clear about their roles. They received information through induction, training and supervision about what was expected of them.

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

- There was a range of comprehensive audits of all aspects of the service. The registered manager said, "We have more effective auditing and monitoring in place." There was an action plan in place which clearly identified areas for improvement, and this was being worked towards. We saw that many areas of the plan had been completed and some were ongoing. For example, the need for advanced care plans had been identified. This had led to staff being identified as champions, then being trained to understand their role in advanced planning and then cascading that learning to other staff.
- The registered manager had complied with the requirement to notify CQC of various incidents, so that we could monitor events happening in the service.
- Staff told us they felt well supported by the registered manager and the deputy manager. One member of staff said, "[Registered manager and deputy manager] are lovely, open and easy to talk to. They always ask if you're ok. They're always here for the staff."

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

- Regular resident, relative and staff meetings took place.
- Staff told us they felt able to speak up at these meetings. One member of staff said, "Staff meetings are regular. I feel able to speak up. I used to be very timid, but now I speak up about things I'm worried about."
- The service had good links with the local community. Students undertaking a health and social care qualification at the local college did work experience at the service. Children from a local charity that supports children and young adults with learning disabilities visited the service. The registered manager told us people had enjoyed potting plants, having afternoon tea and dances with their visitors.

Continuous learning and improving care

- The registered manager understood their legal responsibilities and were committed to learning and improving care for people living at the service. They said, "We have put audits in place of all areas here. We've spent the last two years concentrating on making the service more person centred for residents and staff. I strongly believe that if you look after your staff they will look after your residents. I want my staff to think of their job as a career, so we have empowered them to be proud of what they do."
- The registered manager knew what they wanted and needed to achieve going forward. For example, they told us they wanted to focus on monitoring people's health and improving outcomes.
- One professional told us, "I believe the service is well led; from the managers to the duty officers. The managers in particular have been proactive about meeting with us to iron out problems that were being experienced around prescriptions, which led to us identifying the community pharmacy as the root of the problem. They have been proactive at seeking the agreed follow-up meeting."

Working in partnership with others

- The service worked well with others. We received positive feedback from other care providers.
- One professional said, "The staff have embraced our new communication systems. Other care homes have really dragged their heels on this. We have very efficient, responsive and timely communication channels with Willows Edge."