Care Quality Commission

Willow Cottage Care Home Limited

# Willow Cottage Residential and Nursing Home

**Inspection report**

127 Station Road
Yate
Bristol
BS37 5AL
Tel: 01454329133
Website: www.mulberrycare.org.uk

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 13 and 14 January 2015 and was unannounced. This was the first inspection of Willow Cottage Residential and Nursing Home.

Willow Cottage Residential and Nursing Home provides accommodation for up to 34 people. At the time of our visit there were 29 people living at the service.

There was not 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run. A manager had already been appointed and had applied to register with the Commission.

# Summary of findings

The manager and staff understood their role and responsibilities to protect people from harm. Risks had been assessed and appropriate assessments were in place to reduce or eliminate the risk. Staffing numbers on each shift were sufficient to ensure people were kept safe.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported with their dietary and nutritional needs. People had access to a range of healthcare professionals when they required specialist help. Care records showed advice had been sought from a range of health and social care professionals.

Staff were caring and compassionate. They understood people's needs and developed caring professional relationships with people. They supported people to express their views and took account of what they said.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. Staff were supported by the provider and the manager at all times.

All medicines were stored, administered and disposed of safely. The service had policies and procedures for dealing with medicines and these were adhered to.

People using the service knew what the aims of the service were and they were involved in developing the service. The service was well led and organised. There were effective procedures for monitoring and assessing the quality of service.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

Staff were confident about recognising and reporting suspected or actual abuse.

Risks to people's safety had been assessed and were well managed.

Policies and procedures were in place to minimise the risks of infection.

There were enough staff on duty at all times.

Pre-employment checks were carried out on staff before they started working at the service to ensure they were deemed suitable to carry out their roles and responsibilities.

Medicines were administered safely by appropriately trained staff and stored securely.

**Is the service effective?**

Requires improvement

The service was mainly effective.

The service was in need of some decoration.

People received care and support from staff who were knowledgeable about their needs.

People were looked after by staff who were well supported. Staff received training to ensure they had the necessary knowledge and skills.

The staff had a good understanding about Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. The staff acted in accordance with people's wishes and best interests.

People received a nutritious and balanced diet.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

**Is the service caring?**

Good

The service was caring.

People's privacy was respected and they were supported to express their choices about their care.

Positive relationships between people living at the service and staff had been formed. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

# Summary of findings

**Is the service responsive?**

Good

The service was responsive

People's individual needs were clearly reflected in their care plan which was reviewed by staff on a regular basis with the person.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

People were supported to pursue social and leisure activities on a regular basis. The activities were based on the needs, preferences and choices of each person.

**Is the service well-led?**

Good

The service was well-led.

The service was well managed and staff were clear about their roles and responsibilities.

There were systems in place to monitor the quality of the care provided to people. Regular audits were carried out.

There were systems in place to gain feedback from people with the necessary improvements made.

# Willow Cottage Residential and Nursing Home

**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, and to provide a rating for the service under the Care Act 2014.

This was the first inspection of Willow Cottage Residential and Nursing Home and was completed on 13 and 14 January 2015. The inspection team consisted of two adult social care inspectors.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service. This included notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide. No concerns had been raised.

We contacted three healthcare and social care professionals as part of our planning process and invited them to provide feedback on their experiences of working with the service. We received two responses.

During our visit we met and spoke with nine people living in the service and three relatives. We spent time with the manager and spoke with six staff members. We looked at four people's care records, together with other records relating to their care and the running of the service. This included employment records for five members of staff, policies and procedures, audits and quality assurance reports.

Good

# Is the service safe?

## Our findings

We asked people if they felt safe living at the service. Comments included "I would speak with the manager if I was concerned", "I feel very safe here and I am looked after well" and "Yes very safe I have nothing to worry about. One relative said "I go to the manager if I have concerns".

Staff had received training in safeguarding vulnerable adults. They were able to explain to us what abuse was and the different types of abuse. The manager and staff had a good understanding of safeguarding people and were aware of their responsibility to report any concerns. Staff we spoke with said "Residents have a right to be kept safe. If I was concerned I would take it further and expect an explanation of what was done about it".

The arrangements for safeguarding people from abuse were confirmed in a written procedure which was readily available. The policy contained information about how to raise safeguarding alerts when they suspected abuse. The contact details of the agencies to be notified such as the local authority, CQC and the police were contained within the policy. Staff were aware of the whistleblowing policy and said they would not hesitate to report any concerns they had about care practices. Whistle-blowing means the service protects and supports staff to raise issues or concerns they have about the service.

Risk assessments of activities associated with people's care routines, and mobility were carried out by staff with the relevant skills. People's care plans included risk assessments of events that could harm a person's health. The risk assessments included details of how those risks could be minimised by the way staff supported people; for example how people were supported to mobilise safely to reduce the risk of falls.

The premises were clean and odourless. There were hand gels located around the building to help people, staff and visitors reduce the risk of cross infection. We spoke with domestic staff who said they had a range or cleaning products and equipment to carry out their duties. We observed as part of infection control procedures staff were wearing disposable gloves when carrying out personal care with people or removing soiled waste. The soiled linen baskets were correctly labelled and strategically placed around the service. All staff had been trained in the prevention and control of infection. One staff member had been identified as the infection control lead. These arrangements helped minimise the risks of cross infection within the service.

We asked people and staff if they felt there were enough staff on duty. One person said "Yes definitely. Staff assist me when I call for help promptly". Staff said they had enough time to spend with people providing personal care and personalised activities. A visitor said they felt staffing levels were "Very well maintained".

Staffing levels were reviewed monthly by the manager to ensure people were safe. The manager said staffing levels were based upon the amount of support people required. An example being staffing levels would be increased if any person required an increased level of care or if they were end of life care. Call bells were answered quickly and staff spent time talking with people. Staff were on hand to provide support with people's care needs when required. Rotas confirmed staffing levels were maintained at all times. This meant there were enough staff on duty to meet people's needs.

We looked at staff recruitment records and spoke with staff about their recruitment. We found recruitment practices were safe and the relevant checks were completed before staff worked in the service.

There were clear policies and procedures in the safe handling and administration of medicines. People's medicines were being managed safely. There had been one error involving medicines in the last 12 months. The appropriate action had been taken, seeking medical advice on the implications to people, providing further training to staff to avoid further errors and referral to the safeguarding local authority. We observed the medicines administration at lunch time which was carried out safely by the nurse.

Requires improvement

# Is the service effective?

## Our findings

We asked people at the service or their relatives if they found the service provided at Willow Cottage to be effective. We received positive feedback which confirmed people spoken with were of the opinion their care needs were met by the service.

Staff received an induction when they started working at the service. Staff said their induction had consisted of completing mandatory training, getting to know the 'residents' and by working shadow shifts with experienced staff. Staff said they were encouraged and supported to achieve further qualifications. An example is a national qualification in health and social care. Staff received regular supervision and an annual appraisal to discuss their practices and skills to ensure they had up to date knowledge to meet people's needs.

Staff said they felt supported at the service and they attended on-going training on a regular basis. Comments included "I am given training opportunities within my role. I keep my training up to date" and "I am supported by regular training and supervision". Staff said they had access to training relating to people's specific needs. For example dementia and pressure care. We viewed the training records for the staff team and records confirmed staff received training on a range of subjects. Training completed by staff included nutrition, pressure care, safeguarding vulnerable adults, medication, first aid, infection control, fire awareness, food hygiene and moving and handling.

All staff had training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. These safeguards are there to make sure that people in care services are looked after in a way that does not inappropriately restrict their freedom.

The manager was aware of their responsibilities in making sure people were not deprived of their liberty. Care records demonstrated Deprivation of Liberty Safeguards (DoLS) applications had been submitted to the local authority for people who used the service. These were submitted as some people could not freely leave the service on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so. At the time of our inspection one person's application had been authorised by the local authority. Records confirmed the information was recorded within the person's care plan to inform staff how they should care for the person. The service had submitted a further 13 applications for people to the local authority that were awaiting a decision to be made.

People had their mental capacity assessed. Having mental capacity means being able to make decisions about everyday things. For example, decisions about what to wear, the use of bed rails, what activities to participate and what the risks were. It also means being able to take more important decisions, for example agreeing to medicines, medical treatment and financial matters.

Staff we spoke with understood the requirements of the MCA and DoLS. They knew they could not use any form of restraint when supporting people or provide care and support without their consent. During our inspection we observed staff explained to people what support they proposed to provide and waiting for a person to express consent. Staff had received training to enhance their knowledge of MCA and DoLS.

People using the service spoke highly of the food at Willow Cottage and considered there was enough choice and variety of wholesome nutritional food. Comments included "The food is lovely and the menu is traditional just how I like it", "We get a choice at meal times and I get the chance to pre order my choice so I know what I am having" and "The food is really nice here I am spoilt". We spoke with staff about people's individual nutritional needs. They had a good understanding of people's preferences and dietary requirements. We observed food was served to people in accordance with these special requirements during meal times. An example being people who were diabetic were offered sugar free alternatives.

A four week rolling menu plan was used at the service, copies of which were displayed for people to view. The menus offered an alternative choice of two options at every meal time. During the inspection we observed two lunchtime meal sittings. People were given a choice of a main meal, dessert and drink. People that required assistance from staff with eating or drinking were given this in a timely manner. The mealtimes were relaxed and calm

Requires improvement

# Is the service effective?

atmosphere with exchanges of conversation between people. The most recent local authority food hygiene inspection was carried out January 2015 and the service had been awarded the full rating of five stars.

The manager said five people were at risk of malnutrition. People's care plans recorded information about their nutritional intake and the support they needed to maintain good health. Records confirmed people's weight gain or loss was monitored so any health problems were identified and people's nutritional needs met. Staff sought expert advice from community professionals such as nutritionists. Staff monitored people's dietary needs each meal times and food and fluid charts were completed by staff to record information about people's nutritional intake.

People's healthcare needs were well managed. People had access to local healthcare services such as dentists, nurses, speech therapists and chiropodists. People were registered with one of the local GP surgeries. Staff supported people to attend appointments at the local surgery and for those people who were not able to attend the surgery the GP visited the service. The manager said they were supported by their local GP surgeries and by the community district nurse team. Contact details of relevant health professionals and local authority services were kept in care records which meant referrals could be made quickly. This meant people were supported to have their health needs met appropriately.

Willow Cottage was divided into two buildings offering 34 nursing beds. Twenty-four of the bedrooms offered single accommodation and five bedrooms were shared rooms.

Communal bathrooms and toilets were situated within close proximity of lounges and bedrooms. Lounge areas were equipped with televisions, radios, chairs and a dining area.

On the whole the environment was satisfactory however there were two areas which **Requires Improvement**. We observed weighing scales and manual handling equipment such as hoists and wheelchairs were stored in lounge areas and toilets. This made the lounge look cluttered and untidy. On two occasions during the inspection visit equipment had been placed in front of lounge chairs by staff. This blocked the view of people watching the television. On another occasion we observed a staff member place an unused hoist in front of a toilet upstairs. This meant people's access to facilities was restricted. We brought this to the attention of the manager who told us they would look at alternative storage facilities straight away.

Corridors, stairways and lounge areas within the service were in need of decoration. Walls and skirting boards were discoloured with chipped paint work. The manager said they recognised this work needed to be carried out however this was not currently part of the services refurbishment plan. This meant adequate maintenance of the service has not been carried out and this had not been highlighted as part of the services improvement plan.

People's bedrooms had been maintained and decorated to a suitable standard some people had brought in their own furniture, photographs and pictures. Bedroom doors were kept unlocked but we were told if people preferred they could have their own door key upon request.

Good

# Is the service caring?

## Our findings

People and their relatives said they were well cared for at the service. People said, “The staff are very caring and the home is lovely”, “The staff go out there way to care for X. I could not ask for anything more”, “I don’t know what I would do without them (staff)”, “They look after me very well, staff are very friendly” and, “They are very kind you could not get better in a hotel.”

We spent time at the service observing how people were cared for by staff. Throughout our inspection people were cared for and treated with dignity, respect and kindness. There was a joyful atmosphere at the service and people seemed at ease with staff. An example being we observed staff sat next to people in the lounges and dining areas and engaged in discussions of interest.

People received assessments of their care and support needs. People made choices about where they wished to spend their time, what they wanted to eat and drink and where they sat. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff regularly visited people who preferred to spend time alone in their rooms. An example being one person liked to spend their day watching TV in their room. The staff checked the person regularly and enquired if they needed anything.

People said they liked their rooms and they were comfortable warm and clean. People’s rooms were personalised with ornaments, pictures, soft furnishings and photographs. Some people also had pieces of furniture which they said they had brought in from their previous home. One person said “Having lots of personalised items in my room has brought me great comfort”. Another person said “I was encouraged to make my room personalised and everything in here is meaningful”.

Staff supported people to maintain their dignity and independence. An example being staff knocked on people’s doors before entering their bedroom and ensured doors were closed when providing personal care. Staff explained this was how they protected people’s dignity. One downstairs toilet door did not have a lock fitted. We brought this to the attention of the manager who was unaware of this. The manager took immediate action on the same day this was reported and installed a lock to the toilet door.

People’s care plans included information to help staff understand what was important to them, and how they wished to be supported. An example being an end of life care plan was in place for one person. The care plan contained information about the person and how they wished to be cared for. We observed the staff cared for the person with great empathy and respect.

People had access to information within the service about independent advocacy services. Information was freely available to people within the entrance hall. An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights, in order to ensure that their rights are upheld.

Good

# Is the service responsive?

## Our findings

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People told us they were happy with the care and support they received. Comments included "I am glad I chose this home it is homely and the staff are really nice". Relatives said "X is very well looked after here. If X is unwell then the staff will always ring and let me know" and "I trust the home looking after my husband. They are an experienced team and recognise when my husband is unwell".

People confirmed their preferences, wishes and choices had been taken into account in the planning of their care and treatment. Where identified people were protected from the risk of developing pressure damage through the use of appropriate equipment such as pressure relieving mattresses and cushions. The service had sufficient numbers of hoists to ensure people who needed hoists to assist their movement were available.

People's care records contained relevant social and personal information and they were maintained and kept up to date. This enabled staff to deliver personalised care. The assessment considered all aspects of a person's life, including their likes, dislikes, hobbies, social needs, dietary preferences, health and personal care needs. The local authority carried out their own annual reviews of people's care, which included the person, care staff, family and other representatives such as advocates to represent people's interests.

Care records evidenced referrals had been made promptly to a range of health professionals when people's needs had changed or they had become unwell. This included doctors, dentists, opticians and advice sought regarding wound management plans. The manager told us a doctor from the local surgery visited the service each week to provide an in house surgery. The manager showed us the doctors list they had prepared ready ahead of the doctor's visit. The list contained the names of people the manager felt needed to be seen by the doctor along with the specified reason. Outside of the weekly visits, the GP's would visit as and when required.

Staff said they felt the keyworker role helped them to get to know people and respond effectively to their individual needs. Handover sessions were held at the beginning of each shift to help ensure staff had adequate information about each person's care and wellbeing. Staff confirmed handovers were undertaken by the manager or nurse in charge and that valuable information was shared amongst staff. An example being information was shared with staff about daily changes in people's care needs and regarding their wellbeing. This included if people had urinary tract infections or other infections.

People were offered a range of activities and information was displayed on noticeboards within the service. We observed a member of care staff reading to a person in the lounge. Other activities included exercise sessions, burns night celebrations, arts and craft sessions and a church service. During the inspection several people had their hair done by the mobile hairdresser who visited the service. We heard lots of laughter and people were engaged in conversation.

There was a complaints system in place and details on how to make a complaint were available in communal areas of the service. Records were kept about each complaint received along with information about how each complaint was investigated and the outcome. There had been two formal complaints about the service. Records showed each complaint had been fully investigated and concluded. The manager said complaints were used as a way to look at improvements within the service. For example, denture containers were purchased for each person following the outcome of a complaint.

People and relatives said they felt able to raise any concerns or complaints with the staff, nurse on duty or the manager. One person said "I am happy but if I wasn't I would certainly speak to the staff or the manager. People felt listened to and they were encouraged to share their experiences. The service had many ways of consulting with people on how the service was run. This included residents meetings, questionnaires and newsletters. Food forum meetings were introduced to the service where people could share ideas around nutrition and make suggestions about menu choices they would like introduced at the service.

Good

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager in post. However a manager had already been appointed and had applied to register with the Commission. The manager previously worked at the service as the deputy manager and had a good understanding of their role. The manager was supported by nurses, care staff and by a registered manager from within the organisation who acted as there mentor and provided advice and support.

People using the service were positive about the manager. One person told us "The boss is really nice here and nothing is too much trouble". All staff we spoke with said the manager was approachable, kind, caring and felt they were listened to. Comments included "If I have any questions I can always ask and get a straight answer", "If a resident is unwell then the manager will always go to see them to check they are ok" and "I have great respect for the manager here, they do a great job managing the home". The manager said they had good support from the provider, their mentor and the staff team. The manager and staff knew what their roles and responsibilities were and the lines of accountability within the service and across the organisation.

We looked at newsletters used to keep people, relatives and staff engaged and about news and forth coming events at the service. An example being one newsletter informed people a new bath had been ordered which meant the bathroom would be out of use for a certain time. The newsletter contained information about the type of bath which had been ordered and explained its benefits.

Staff meetings were held on a two to three monthly basis with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service. Staff confirmed the manager took their views into account in order to improve service delivery. These measures ensured the manager was aware of how things were going and any issues that needed to be addressed.

The manager showed us their on-going quality monitoring process, including accidents and incidents and corresponding plans of action for areas of improvement which had been identified. Other areas monitored by the registered manager included medicines management, care documentation, infection control and health and safety. The manager reviewed their quality monitoring regularly and looked for trends which could be used to highlight areas within the service requiring improvement. Any actions taken as a result of these incidents were used to reduce the risk of the incident reoccurring. This demonstrated the manager had systems in place to monitor the quality of the service provided at the service.

Systems were in place to monitor accidents and incidents within the service. Accidents and incidents at the service were recorded appropriately and reported to the manager. Accident and incident records were reviewed and analysed by the manager monthly to help identify any trends and potential situations which could result in further harm to people. This meant people were protected against receiving inappropriate and unsafe care and support.

Quality assurance surveys were given out to people and their relative's yearly and used to monitor the quality of the service delivered to people. Where suggestions had been made for improvement, this was highlighted within the minutes of 'resident', staff and relatives meetings. The minutes of meeting were displayed on notice boards throughout the service with information about what improvements had been made. An example being comments were made about the hoists being left in corridors. The manager was looking into the storage of manual handling equipment within the service.

The manager appropriately notified the CQC of incidents and events which occurred within the service which they were legally obliged to inform us about. This showed us the manager had an understanding of their role and responsibilities. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.