

The Council of St Monica Trust

John Wills House

Inspection report

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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

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 pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

In February 2014 our inspection found the provider had breached regulations relating to care and welfare. The

provider sent us an action plan telling us the improvements they were going to make to address the breach of regulation. During this inspection we looked to see if these improvements had been made.

John Wills House provides accommodation, personal and nursing care for up to 80 people. They have three separate parts of the home, the Orchards supporting people living with dementia, the Willows providing nursing care and the Beeches providing respite and rehabilitation. At the time of our visit there were 80 people living at the home.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

During the two days of our visit we observed care staff responding and supporting people in a caring and supportive way. People told us care staff were “kind and friendly” and “the care is amazing it makes one’s body strong and able to be independent”. People told us they felt safe in the home and had confidence in the skills of care staff to meet their needs. Relatives were very positive about the care provided and felt involved in how care was delivered.

We saw how staff had a good understanding of people’s needs and how these could be met. There was a person centred approach to providing care with respect for people’s choices. Where people had complex needs either of a physical or mental health nature the service liaised and sought the advice and guidance of other professionals.

There was positive feedback from all the professionals we spoke with. Comments made by professionals who had regular contact with the home included: “I would say John Wills House is a home of choice for many people”, “I find staff to be caring and efficient in dealing with people’s needs”, “the care team have worked extremely hard to get to know this individual, involving both the family and the team in an attempt to resolve issues and alleviate their distress”.

We noted how the service had made improvements in providing a more supportive environment for people living with dementia. Care staff we spoke with had a good understanding and knowledge of people’s specific and individual needs particularly in relation to responding to people who were distressed or agitated or whose behaviour could challenge staff.

People’s welfare and best interests were protected. Any actions taken without consent were agreed as part of a best interest’s approach to providing care and support with a positive approach to risk taking.

People and their relatives had opportunities to express their views about the quality of the service. People told us they felt their views were listened to and any concerns acted upon. They described the management as “approachable and open”. One person told us “I know I could make a complaint if I wanted and they would do something about it”. Another person told us how approachable the manager was and “I would go to her she would listen”.

There were a range of methods used to look at the quality of the service provided at John Wills House. Included were internal and external audits and action had been taken to address any shortfalls or need for improvement in the quality of care.

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?

We found the service provided a safe environment for people to live in.

Staff we spoke with had a good understanding of abuse and were very aware of their responsibilities in reporting any concerns about possible abuse. Staff had received training and demonstrated knowledge and understanding in recognising the nature of abuse as well as how they could report concerns to outside organisations as part of the service's whistle blowing policy.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be 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. This meant people's rights and welfare in relation to their civil liberty were protected.

Good



Is the service effective?

People received effective care and support to meet their needs. However there was a need for improvement in how the service made judgments and assessments for people who may have required a modified diet. We saw arrangements were not effective in monitoring people's fluid intake and the accurate recording of the grading for pressure wounds.

Staff received on going training to make sure they had the skills and knowledge to provide effective care to people.

The home worked with health and social care professionals from outside the home to make sure people received appropriate care and treatment.

People were supported to maintain their health and have the necessary access to healthcare service.

Requires Improvement



Is the service caring?

People were supported by caring staff who respected their privacy and dignity.

Staff engaged and interacted with people in an empowering way, re-enforcing and using praise as part of valuing individuals.

Staff had a good understanding and knowledge of people as individuals with their own beliefs, likes and dislikes and preferences.

There was respect for people's rights to choose and make their own decisions.

Good



Is the service responsive?

People received personalised care that was responsive to their needs and wishes.

Good



Summary of findings

People were enabled to have a say and express their views about the care and quality of the care and support they received.

People felt listened to and able to voice any dissatisfaction or complaint about the service they received.

Is the service well-led?

The home was well led by an open and approachable management team.

The home has a culture where people and staff are encouraged to voice their views and feel part of how the service is run.

The quality of the service was effectively monitored to ensure continuous improvement.

Good



John Wills House

Detailed findings

Background to this inspection

We visited the home on 10 & 11 July 2014 and spoke with 20 people living at the home, eight relatives, two nurses, 12 care staff, the registered manager and the operations manager. We also contacted eight professionals to ask them about their experience of working with the service.

The inspection team consisted of a lead inspector, a specialist nurse advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who used this type of care service.

We looked at a range of records including care plans, daily records of people's care and treatment and policies and procedures related to the running of the home. These included safeguarding adults, recruitment and staff supervision. We pathway tracked some people who had received care specifically those who required complex care in relation to pressure care and meeting nutritional needs. We also spent time observing and talking with people in communal areas and during lunchtime when we spoke to a number of people about the meals provided in the service.

We used the Short Observational Framework for Inspections (SOFI) when looking at the care and support provided in the Orchards. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home and notifications we had received.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People in all parts of the home told us they felt safe. One person told us “I trust the care workers they are very good at their job, they know what they are doing”. Another person said “I always feel safe here they certainly make sure you are safe”. A relative told us “I feel (relative) is safe here I never go away worrying”.

We spoke with staff in all parts of the home. They were all able to tell us about their responsibilities in reporting any concerns about possible abuse. The provider had a comprehensive safeguarding adult’s policy and procedure in place. Staff were aware of the provider’s whistleblowing policy and their right to report any concerns outside the organisation. All of those we spoke with told us they had completed safeguarding adults training which had included the Mental Capacity Act 2005 and deprivation of liberty safeguards. This meant staff we spoke with had the necessary knowledge and understanding about protecting people from harm and safeguarding people’s rights.

On the Orchards we were told an individual was subject to a deprivation of liberty safeguard because of risks around their leaving the home independently. We discussed the circumstances surrounding the authorisation being put in place. The individual had been appointed an independent advocate to support them in making sure their views and wishes were considered and their interests were safeguarded.

Staff had information which enabled them to support people in a safe and effective way and protect them against risks associated with their behaviour. We looked at how the service supported people who lived on the Orchards who may have behaviour which could challenge staff. We saw there were risk assessments in place which identified areas of risk, what could trigger behaviour and how staff could respond appropriately. For one individual this meant asking if they wanted to go their room and say a prayer because they held strong spiritual beliefs. Staff we spoke with were aware on how to support this individual in a safe and effective way.

During our period of observation we saw staff responded to distressed or agitated behaviour in a safe and professional manner. One person, who was becoming distressed, was asked if they would like to go back to their room. They took the staff’s hand and said “that is a lovely comforting hand”

and were then gently escorted to their room. The staff member told us “I know the resident so well I can spot the signs and anticipate when they are getting upset so I am able to help before it escalates into a problem”. We observed staff on the Willows and Orchard responding to people when they required assistance enabling people to move safely about the home.

One member of staff told us their approach was one of positive risk taking. They told us this was about supporting people in a safe way to undertake tasks or activities which could present risks. They gave examples of where people were supported on a 1:1 basis so they could undertake activities safely. Another staff member told us about how this was supporting people to maintain their independence, “keep their skills” with regard to their mobility and tasks associated with daily living.

Staff confirmed necessary safeguards had been undertaken when they were recruited. This had included the taking up of references including last employer and a criminal record check.

We looked at staffing arrangements for all parts of the service. There were a range of responses when we asked about the staffing of the home. People told us at times staff were very busy. One person told us “I wish staff could spend more time with me”. Another person who lived in the Willows said “staff do try and spend time with us”. A third person who also lived in the Willows told us “there are enough staff but could do with more staff”. People told us staff responded “as quickly as possible” when they requested help and staff were flexible and respected their choices for example when they wanted to get up or go to bed. A relative of an individual living in the Orchards told us “staffing is good”.

Staff in all parts of the home told us they wished they could spend more time with people. One staff member told us “we would like to do more 1:1 activities with people there are a lot of people who are not able to leave, or choose to stay, in their rooms”. They told us changes had been made to staffing levels when the number of beds were reduced on the Willows. However they told us staffing was increased if this was needed to support individuals who required end of life care.

We spoke with the manager about how they had reached a judgement about having adequate staffing in the home to meet the needs of people safely and effectively. They told

Is the service safe?

us as part of the admissions process they used a dependency profile. This provided a level of dependency from low to total. However they confirmed, when asked, this was not reviewed once the person was in the home or when their needs changed. There was no formal system to use the tool as part of making a judgement about continuing staffing needs. This could mean staffing in all parts of the home was not always at the appropriate level to meet people's needs safely.

Where people needed to have their medicines administered without their knowledge there were

arrangements in place to ensure this was undertaken safely and clearly in the best interests of the individual. We saw records of where this decision had been made and involvement of people's GP, social worker or representative. Records we saw gave information about how the medicines were to be given, such as in food or drink, as agreed with the pharmacist or GP.

On the Orchards there was an enclosed secure garden. There was open access to the garden however we noted there was no dementia appropriate signage to help people in finding their way independently to this area of the home.

Is the service effective?

Our findings

We look at assessment records for three people who had received category C (thick pureed) diet known as a modified diet. There were modified diet assessments which had been completed by a registered nurse. For one person their nutritional care plan stated “does not have swallowing difficulties”. The diet assessment stated “required a C diet for hot food due to advanced dementia”. For two other people there was an assessment for modified diet but no nutritional care plan to identify evidence of risk associated with their having a normal diet and unmodified food. We discussed these individuals as part of our feedback and could not establish with the manager if the registered nurse had had specific training about making an informed judgement as to the need for a modified diet. This meant people may have been having a modified diet when this was not required.

For one individual there was conflicting information as to the grading of a wound. We discussed this with the manager, clinical lead nurse and deputy. They immediately put in place new arrangements so that grading of pressure wounds was continually recorded and added to body maps.

We saw on the Orchards fluid charts were in place for some people. However for two people we looked at there were gaps in the recording of when fluids had been given or offered. Total amounts had not been completed. This meant these arrangements were not effective in monitoring people’s fluid intake. We discussed this with the manager of the Orchards and they responded immediately by putting in place arrangements whereby staff were nominated to undertake this task during their shift.

At our last inspection we found improvements were needed in how the service supported people who lived on the Orchards with the management of pain. On this visit we saw a pain assessment tool had been introduced. These had been completed for all individuals and identified how the person showed they were in pain if they were not able to communicate this verbally.

For one person there were photographs which had been provided by a relative which showed how the person was best positioned when sitting up in bed. This meant in this instance staff had detailed information about how to support this person effectively.

People we spoke with told us they were confident about the skills of care staff. One person told us “they all have the skills needed to make sure I am cared for correctly”. A relative said they had a lot of faith in the competence of staff.

We saw on the Orchards how the environment had been adapted to meet the needs of people living with dementia. There was different colours used to highlight areas such as toilets and rails had been painted yellow again to assist people in identifying them. People had boxes containing objects specifically related to the individual outside their rooms to help in recognising their room. We noted there was little signage to assist people in finding their way around for example to the garden. However we were told it was an on-going project to adapt the environment to make it more suited to support people who were living with dementia.

We looked the effectiveness of treatment for three people who had pressure wounds who were on the Willows. For one person a Waterlow risk assessment had been completed (a pressure ulcer risk assessment/prevention tool) and a wound assessment. This person had acquired the wound before being admitted to the home. A treatment plan showed how dressing of the wound had taken place in line with the care plan. One wound had healed other wounds were recorded as “marked improvements to both ulcers”. Photographic evidence confirmed the state and improvement of these wounds. This demonstrated the effective treatment of this individual.

Records showed people had been referred to specialists for their advice as to treatment and how staff should respond to particular care needs. This included tissue viability nurse for individuals who had pressure wounds, dietitian and nutritionists where concerns had been identified as to weight loss or people receiving adequate nutrition.

There was one person who had been seen by a dietician who had put in place arrangements to ensure the individual received their meals appropriately. Input charts evidenced how staff had followed these arrangements and made sure the individual received effective treatment and care.

We spoke with a GP and they told us the service was “very good at involving other professionals”, “call promptly and appropriately they are very proactive”. They told us where

Is the service effective?

people who lived on the Orchards required sedative type medicines these were only prescribed in consultation with other professionals and used where other methods have failed.

A healthcare professional told us the service “refer in a timely manner and are quick to refer or to phone for advice”. Another told us “I am kept informed and updated on any resident changes. If a resident requests a visit from me this is always passed on in a timely manner”. One social care professional told us “I would say John Wills House is a home of choice for many people and we would like more opportunities to place people there but there are never enough vacancies”. These comments reflected the effectiveness and quality of the service.

Staff we spoke with all told us they had undertaken training in a number of areas including safeguarding vulnerable adults, infection control, moving and assisting individual with mobility. Some staff had undertaken specialist training particularly in relation to caring for people living with dementia.

In our observations of staff on the Willows and Orchards they demonstrated their training when supported people in a competent and professional manner. Staff were attentive and responded to people’s needs with patience and understanding. One individual, who kept asking staff the same question; “when is my visitor going to be here” every

few minutes, was answered as if it was the first time. Staff offered an explanation as to why the visitor might be delayed and provided assurance their visitor would be coming.

On another occasion an individual was given assurance and direction as to where to go for lunch. They were anxious they would not get any food. Staff acted in a calming and re-assuring manner not devaluing the person’s anxiety and confusion.

We asked some staff to demonstrate their understanding of good infection control practice. They were able to do so telling us the importance of wearing protective clothing, how to protect people from risk of cross infection through barrier nursing and how when cleaning different areas of the home particular equipment was used.

All of the staff we spoke with told us they felt well supported. They said they received regular individual supervision and yearly appraisals. There were regular team meeting and they described communication as “very good”. Staff felt they worked well as teams and we were told by the manager of how a system had been introduced as part of supporting and supervising staff. This was where team set their own objectives and these were reviewed as part of team meetings and personal supervision. This meant there was a supportive environment for staff.

Is the service caring?

Our findings

People received a caring service. Throughout our visit we observed staff supporting and assisting individuals in a caring and sensitive manner. People told us they found staff caring and kind. One person told us “Staff are good, very kind and look after us well”. Another person said “staff are all so kind and treat me well”. A third person told us “they go the extra mile, all are very caring”.

People told us they were happy with the care. One person told us “I get the care I need”. Another person said “the care is amazing it makes one’s body strong and able to be independent”. A third person said “staff don’t assume they treat you like a person”.

Relatives told us how friendly staff were. Two told us “they make you feel welcomed”, “they are friendly”. Another told us “they are all very caring, kind and have the right perspective on how to deal with people”, “I am very impressed with the care” (this was in relation to someone who lived on the Orchards). A health care professional said “I have had opportunities to observe patient and staff interaction and I have been impressed with the caring and person centred approach staff have”.

As part of care planning on the Orchards there were ‘This is me’ documents. These set out the history and life story of the individual with their likes, dislikes and preferences”. Staff demonstrated knowledge of people, their occupation, interests and emotional needs. For one person staff told us this was about having “quiet space to themselves”. Staff were aware of this and we saw on one occasion how this was offered to the individual when having their lunch.

Staff told us they see people as individuals. One told us when asked what caring was: “It is providing care as if it was my Mum, what my mum would like.” Staff were able to tell us likes and dislikes particularly in relation to food. They told us one person particularly liked certain fruit and they provided this regularly because their appetite was poor. Staff told us about another person’s life and their occupation. How this person believed in treating women with respect and staff told us how it was important he was always “being a gentleman”. They felt this was very important to this individual.

During our observation staff engaged with people in an empowering way, re-enforcing and using praise as part of valuing the individual. One staff member on several occasions told an individual how well they were doing when walking along the corridor. Another praised an individual who was painting. Staff were actively interacting with people, when wanting or needing to provide care they explained what they wanted to do and what was happening and why. These are some examples of staff we observed on our visit who acted in a caring and professional manner.

We observed staff spoke to people in a respectful and caring manner, using appropriate volume and tone of voice. Staff listened to and took notice not only what people said but how they behaved particularly where the individual may have been distressed, upset, confused or disorientated. In one instance an individual had fallen asleep and was in an uncomfortable position and at risk of falling from their chair. A staff member gently by touch and soft tone woke them and made them more comfortable.

Is the service responsive?

Our findings

The service was responsive because people received personalised care that was responsive to their needs. The service promoted people's right to make complaints and voice their views and had responded professionally and learnt from complaints.

We spoke with people who lived in all parts of the home. They told us they had been asked about the care they needed. They told us how they were able to make choices about their daily lives and how they spent their day. One person living in the Willows told us "If I need something say a sandwich I just have to ask. I don't just get given a drink they ask what I want. Staff treat me like a person". Another person told us "I am to do as I wish staff respect it is my choice and my home." A third person said "I get on fine with staff, I like my own company they don't force you to do anything. A fourth person told us they had raised issue with the management and nurse and told us "I felt I was listened to and something was done". A relative told us they had been involved in talking with staff about the care needs of their relative. They told us "staff listened to what I had to say because (relative) is not able to communicate very well".

We read 15 care plans across the home. They were personalised and gave information about the individual's life, likes and preferences. As part of the pre-admission assessment people were asked about their routines, likes, dislikes and preferences specifically in having male or female care workers supporting them.

People told us they had been able to choose whether they had male or female care workers and their decision was respected. People told us they felt staff knew what was important to them. One person told us "the staff know me well and what I like and don't like". Another told us "the staff have a good understanding of my disability which helps". A relative said "staff all seem to know people well they certainly know what my relative likes and doesn't like. A social care professional told us "I have been impressed with the person centred approach staff have with the service users". This meant staff had information to enable them to provide care in line with people's needs and wishes.

There were comprehensive assessments of people's care needs. A needs assessment was completed before the

person came in to the service. Information included people's preferences, likes and dislikes capacity, mobility, personal hygiene and nutritional needs. Care plans had been completed in specific areas such as moving and assisting with mobility, treatment of wounds and medicines. There was evidence of involvement by individuals in the completion of their care plans and in the reviewing of care needs.

Staff were able to tell us about the people they supported. One told us about an individual who had been an engineer and how it was important to them women were treated with respect. Another told us how one individual thought she was a volunteer in the home and how this belief was not challenged. They also told us how this person always wanted to talk about their nan and how they used this as part of distracting them if they were distressed. Staff were aware of one person's spiritual beliefs and its importance to them.

We noted how a staff member in the Orchards had called the partner of an individual who had become distressed and staff could not distract or alleviate their distress. Their partner was able to visit and the individual was calmer. This was part of this person's care plan.

We observed staff gave individuals a choice at mealtimes and encouraged people to participate in activities in the lounge. This varied from music and gentle movement to painting and one to one reminiscence, where staff demonstrated a good knowledge of the individual's family and life history.

We spoke with the activities organiser who told us how there was a range of activities available including music therapy, involvement of local schools, poetry and 1:1 activities such as poetry reading. They told us how on Orchards they were looking at providing themed boxes such as The Seaside which staff could use to provide activities when spending time with people. People we spoke with in all parts of the home were all positive about the activities.

We were told of an initiative by a member of the care team to use i-pads with people. This had proved very successful and people were using them to video chat, do crosswords, games and access the internet for information.

On one of the days of our visit a church service had been held. There is a pub on the site which people and relatives used when they visited the home. People told us they

Is the service responsive?

enjoyed the activities but “could be more”. Staff told us they tried to spend time with people but it was not always possible. There was a keyworker system and care workers used this to spend time with people. This was confirmed by some people we spoke with. One person who lived in the Willows told us “it is someone who helps me when I need things”. Another person said how their keyworker “was someone I am able to talk to about things and how I am”.

We saw there was information displayed in the service about how people could make a complaint. People told us they knew how to make a complaint and were confident any concerns they had would be listened to and responded

to in a positive way. One person who lived on the Willows told us “I know I could make a complaint if I wanted and they would do something about it”. Another person told us how approachable the manager was and “I would go to her she would listen”. A relative of an individual who lived on the Orchard told us they had been given information about how to make a complaint. They told us “they most definitely listen to what I have to say”.

There had been five complaints made to the service during the current year. They had all been responded to appropriately and where substantiated actions had been taken to address the need for improved practice.

Is the service well-led?

Our findings

People we spoke with were very positive about the management of the home. They told us the manager was “approachable”. They said the registered manager had a good understanding of what was happening in the home in terms of the care people needed. One person told us “she is very in touch with everything you can tell when you speak to her”.

Staff we spoke with described the culture of the home as open. Again staff told us the management of the home were approachable. One told us “you feel part of a team”. Another said “communications is very good we are part of things and listened too”. A third staff member told us “the managers like having new ideas”. We were told how staff had organised a rounder’s match and this had helped morale and made staff feel more part of a team.

We were told how a member of the care team had held meetings with the chef and gave feedback about people’s views and suggestions about the menu. The member of staff told us changes had been made to the menu as result of the meetings they had held with the chef.

People told us they had attended resident’s meetings. One person told us they were “good we get to have our say”. Minutes we looked at recorded items discussed had included menus, suggestions asked for as to changes in meals provided in the home, activities and staff changes. Relative meeting had also been held and these had been used to discuss issues such as the management structure, introduce new staff, annual care reviews and maintenance and decoration. Minutes showed how relatives had used the opportunity to make suggestions and raises matters of concern. As a result of a questionnaire sent to relatives it had been agreed relatives meeting would be held twice a yearly with a quarterly newsletter for relatives and people living at John Wills House.

A yearly care rating survey was undertaken which included people’s views about the quality of the service and staff views. We were provided with a copy of the 2013 survey results. They showed overall satisfaction with the service and staff being capable of providing the care people

needed. However we were not provided with any action plan where satisfaction scores were lower for example in relation to questions: Staff have time to talk with me and I have a real say in how staff provide care and support to me.

There were a range of quality assurance audits internal and external. A trustee quality assurance visit had been undertaken which had provided positive feedback about various aspects of the service. Other audits which had been completed included a health and safety audit and a falls audit. Action plans had been put in place following these audits and there was evidence some of the actions had been completed.

We were provided with actions plans which had been completed following our inspection in February 2014. They showed improvements had been made in the frequency of individual supervision, auditing of care plans had taken place and introduction of body mapping documentations. This showed the provider had responded positively to the need for improvement in these areas and was open to making such improvements.

The service had used a tool to audit and check their progress in delivering personalised support for people living with dementia. This was a self-assessment tool where the provider scored where they felt they were in relation to providing person centred care. The manager told us one of the outcomes of this audit was to look at how the service knew and responded to how people communicated. This was to improve the skills and understanding of staff in supporting people who had difficulties in communication and may communicate in ways which were challenging to staff.

The service operated recognition of staff endeavours scheme which was called ROSE awards. This was where staff nominated colleagues for their achievements. There were a number of categories: team of the year, most helpful colleague, sunshine award, night owl award (for night staff). We were told one member of the night staff had received a night owl award. The service had also introduced in the past year Thank You cards which could be completed by anyone connected to the service and given to staff members. These schemes demonstrated how the service had made efforts to improve motivation, value and reward staff.