

# Follett Care Limited

# The Willows

## Inspection report

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Date of inspection visit:  
07 January 2016

Date of publication:  
18 February 2016

## Ratings

Overall rating for this service

Requires Improvement ●

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?	Requires Improvement ●

# Summary of findings

## Overall summary

The Willows is registered to provide residential accommodation and personal care for up to 12 older people, some of whom are living with dementia. At the time of our inspection eight people were living at The Willows.

The inspection took place on 07 January 2016 and was unannounced following concerning information we received. This suggested that there were insufficient staff available to support people, staff had not received appropriate training and unqualified staff were administering people's medicines.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had not been made as they were not required at that time.

People told us they felt safe living at The Willows. Staff were able to describe to us how to keep people safe and how they positively managed risks to people's safety and well-being. There were sufficient numbers of staff deployed to support people, and the home was calm and relaxed throughout our inspection. Staff were recruited following a robust vetting process that ensured they were suitable to work with vulnerable adults. There were suitable arrangements for the safe storage, and administration of people's medicines.

People were asked for their permission before staff assisted them with care or support. Staff were not always provided with the required skills and knowledge to provide care effectively to people. Staff received regular support from management which helped them to feel supported and valued and they told us they felt able to seek assistance when they needed to. People received appropriate support and encouragement to eat and drink sufficient quantities and their nutritional needs were assessed and monitored effectively. People had access to a range of healthcare professionals when they needed them.

People's privacy and dignity was promoted and they told us they were treated with kindness and compassion by staff that listened to them. Staff knew people's individual needs and were able to describe to us how to provide care in a way that met them.

People and staff told us the culture in the home was open and supportive. Care records were not always regularly updated to provide a comprehensive account of a person's changing needs and care. However, staff were aware of people's care needs and how to provide support.

Arrangements were in place to obtain feedback from people who used the service, their relatives, and staff members about the services provided. People told us they felt confident to raise anything that concerned them with staff or management.

The provider did not always have arrangements in place to regularly monitor and review the quality of the care and support provided for people who lived at The Willows.

## 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 aware of when to report abuse, and people told us they felt safe living at The Willows.

Incidents and accidents were reported and investigated by the manager, however they were not always analysed for patterns or trends to ensure people were protected from harm.

There were sufficient numbers of staff deployed.

People's medicines were managed safely and people were supported to take their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff we spoke with told us they felt supported by the manager; however opportunities for further development were not always made available.

Staff sought people's consent before providing all aspects of care and support; however staff were not aware of obtaining consent for people who lack capacity.

People were supported to eat and drink sufficient amounts and their weights were regularly monitored and reviewed.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect in an inclusive and friendly environment.

Staff had a good understanding of people's needs and wishes

and provided them with care that was personal to them.

People's dignity and privacy was promoted.

**Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to engage in a range of activities.

People were given the support they needed, when they needed it, and were involved in planning and reviewing their care.

People's concerns were taken seriously and they were encouraged to provide feedback to the management team.

**Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

People's care records did not accurately reflect the changing needs of people.

The manager and provider had not ensured a robust system of review for the safety of care people receive was in place.

People, staff and relatives told us the manager was responsive, listened to their views and promoted an open culture in the home.

# The Willows

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on the 07 January 2015 by one Inspector and was unannounced. .

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed feedback sent to us by the local authority commissioning and safeguarding teams.

During the inspection we observed staff supporting people, spoke with four people who used the service, three members of staff, two people's relatives and the registered manager. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and various management records.

# Is the service safe?

## Our findings

People told us they felt safe living at The Willows. One person said, "I always feel safe here, day or night, never ever have I had a worry." One person's relative said, "[Name] is very safe and exceptionally well looked after here, we looked at other places before choosing The Willows and settled on this one because of the feel of the place."

Staff were able to describe to us what constituted abuse, and what signs they looked for when providing personal care to people, such as unexplained bruising or abrasions. Staff told us they monitored people's moods and observed them for any changes in their personality, such as becoming subdued or withdrawn. They told us that they would immediately report any concerns to the manager and would complete the appropriate incident reports to escalate their concerns. Staff were confident that the registered manager would respond if any form of abuse was suspected.

Staff confidently explained how their whistleblowing procedures worked and told us they would not hesitate to report unsafe practise to the management. Information about safeguarding adults from abuse was available around the home with contact details of the local authority people could directly report concerns to. Training records demonstrated that staff had received training in relation to safeguarding people from abuse and whistleblowing.

Incidents and accidents were reported by staff to the management team. These had been reviewed by the manager and appropriate actions taken. The registered manager ensured that incidents were reported to the local authority where necessary and appropriate. They maintained a record of the number of falls that occurred in the home although they did not review these regularly to identify possible patterns or trends that may have emerged. The manager told us that they would include this in future reviews of incidents and falls and accepted this was an area that required improvement.

People told us there were sufficient numbers of staff deployed. One person said, "There are always enough [staff] around when I need them, morning, noon and night." A second person said, "Not only is there enough, they don't rush when they do help, they take the time to chat and be friendly." Staff also told us there were enough of them on duty. The registered manager told us, and records confirmed that they regularly monitored staffing levels. On the day of inspection the home was not fully occupied, however the staffing levels were sufficient to meet people's individual needs.

Our observations found that the home was peaceful, calm and that staff carried out their duties in an unhurried and relaxed manner. This helped create a sociable and relaxed atmosphere throughout the home. For one person, who spent most of the time in their room, staff constantly popped in and out throughout the day to make sure they were okay and not lonely. This demonstrated to us that the registered manager continually ensured there were sufficient numbers of staff deployed to support the needs of people living there.

Offers of employment were made to staff following a robust recruitment process. We saw that any gaps in

employment history had been explored, the manager had sought references from previous employers and a criminal records check was undertaken. Prior to starting work, staff provided evidence of their identity and, where necessary, evidence of any relevant qualifications and training.

People's medicines were administered and managed safely. People told us they received their medicines when they needed them. One person said, "Medicines are regular, morning noon and night, never late and never ever missed." We observed at lunchtime that medicines that were required to be given with or just after food were administered at the right times as prescribed. Records demonstrated that only trained staff administered medicines. We observed that when medicines were handed to people, staff ensured they were taken in their presence, and only signed the medication administration record (MAR) once they had been consumed. Staff ensured medicines were stored within safe temperature levels and were booked in and counted by staff to minimise mistakes. As part of reviewing their medicines the manager had recently changed pharmacy and implemented a new system of medicines management. As part of this review they told us that staff would be carrying out daily stock counts of people's medicines to minimise the risk of errors, missed dosages or stocks running out. We checked the MAR records for three people and found no errors or omissions in the record to suggest people had missed a dosage.



## Is the service effective?

### Our findings

People told us they thought staff were sufficiently trained to support them. One person told us, "They know what they are doing caring for us." One person's relative said, "Yes, the staff are very capable in caring for [Person]."

Staff told us they felt well supported by the manager to provide care to people. They told us they received a comprehensive induction, ongoing training and development once they had passed their initial probationary period. They told us that they had annual refresher training in areas such as safeguarding, moving and handling and medicines. Training provided to staff was basic, and focused on key areas, however did not allow for staff to develop knowledge further in areas such as dementia care or mental capacity. This would enable staff to have a greater understanding of how to positively support people living with dementia. We spoke with the registered manager about this who recognised the need for improvement in this area. They also told us they would be looking to encourage staff to take on champion roles within the home in areas such as safeguarding, dementia and medicines.

Staff told us that they felt able to approach any senior member of the staff team including the registered manager for support. They told us that they received regular supervision and an annual appraisal of their performance. One staff member said, "[Registered manager] is always around if I want to get a bit of help or advice."

Throughout the inspection we observed staff obtain people's consent prior to providing care to them. Staff took the time to explain what they needed to do and waited for people to agree. We saw that people were asked about how they wished to spend their day, what food they wished to eat, the support they required and other matters relating to their personal care needs.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we found that nobody who lived at the home had been deprived of their liberty and so DoLS applications and authorisations were not required. However, staff we spoke with told us they would not allow one person to freely leave the home as they became confused. For this person we were unable to find whether a capacity and best interest decision had been made, and whether or not a DoLS application had been made to the local authority. Staff were however clear that the person did not attempt or ask to leave the home.

Staff were not aware of the requirements of the Mental Capacity Act 2005 (MCA). For example, most were unable to sufficiently tell us how they would support a person who lacked capacity to make choices. However, at the time of the inspection, the manager told us that none of the people who lived at The Willows were considered to lack capacity at that time. We had identified one person who staff felt was unsafe to be outside the home on their own. Due to a lack of training and understanding around MCA we

could not be sure if assessments had been carried out when required for this person. However, the registered manager agreed that staff required training in this area and would ensure this was carried out as a priority. They assured us they would assess capacity for people as required however this was an area that required improvement, to ensure that decisions for those people who may lack capacity are made in line with the MCA 2005.

People were positive about the food they were provided with. They told us that there were the usual choice of meals they had on set days; however the cook regularly asked people what they would like on a particular day and cooked this to order. One person said, "The grub is fantastic, [cook] is really good and makes some truly amazing dinners and cakes for us. [Cook] asks us all the time what we all want, and if one person wants something else then they get it." We observed staff offer people a choice of meals at lunchtime and ample drinks to accompany their meal. Where people had specific dietary needs then these were catered for by the cook. For example, one person was being supported by the staff to eat a healthy and balanced diet to lose weight. This was their choice and they raised with the staff the need for them to eat healthier. The cook had brought in a range of healthy snacks and treats in addition to providing a lower calorie diet. We saw that people's weights were regularly monitored and reviewed, and where there were concerns raised these were referred to the GP for review or referral to specialist services.

People ate their meals independently without requiring assistance from staff. They sat together in the dining room and the atmosphere was sociable and friendly. People enjoyed their meals and staff readily offered them additional helpings once they finished their meal. When required they were gently prompted by the staff to eat, however this was done in a sensitive and caring manner. We spoke with the chef who was knowledgeable about people's individual nutritional needs. They provided a freshly prepared menu that was based on people's preferences and any special requirements such as diabetic diets or allergies. They were knowledgeable about people's specific needs and individual preferences. We saw that the cook was very hands on with people during breakfast and lunch; they sought feedback from people and encouraged them to eat their meals.

People told us they were supported by a wide range of healthcare professionals when they needed them. One person said, "I can see the doctor whenever I like, I just have to ask and one of them [staff] will arrange it." We saw that people were able to freely access professionals such as GP's district nurses, chiropodists, opticians and dentists. Where people needed additional equipment, such as walking aids, glasses and specialist beds to support them, staff acted very quickly to get this in place. One person felt unwell during our inspection and staff were quick to inform the manager who arranged a GP to visit later that day.

## Is the service caring?

### Our findings

People and their relatives were exceptionally positive about the caring approach of staff. They told us that staff treated them as individuals and in a dignified and caring manner. One person said, "They are wonderful here, [staff member] is particularly the best, but they are all there for us, all caring, respectful and kind. We are all treated as people. I love it here, I'm lucky to have found The Willows." One person's relative said, "The good thing about The Willows is it is small, the staff are so caring and attentive and know everything about them [people]."

Throughout our inspection we saw that care was centred on people's individual wishes and preferences. Staff offered people the choice of where to sit for lunch, what drinks they wanted to have, whether they wanted to socialise or be left alone, and when and how they wished their care to be provided. This demonstrated that people were able to make their own choices about how they spent their day and received their care. One person told us, "We get everything we need here, they [staff] ask us what we need, when we need it and how, then they just get on with it, I have absolutely no complaints about the care."

People told us that staff listened to their views about their care and treatment. They said that their care was regularly discussed with them and they were able to instruct staff how they wished this to be provided. One person told us, "I wake up at six, I go to bed early, if I want to sleep I do, if I don't, I don't. If I want a bath or shower, if I need some help or not, it doesn't matter because they know that each day I may want change my mind and that's fine with them. We can all do as we please what else we need." Staff were able to confidently describe how to provide care to people that was individual to them. People's relatives we spoke with agreed that they were able to contribute their opinions to their relatives care. One person's relative said, "Yes, we usually all sit down with [manager] when there are things to discuss and arrange for [Person]."

People were treated in a dignified manner that protected their privacy and maintained their independence. They were not rushed in the morning to get ready for the day, and could choose to stay in bed longer if they wished. . When people were supported into the communal areas, they were clean, well-groomed and presentable. When staff were required to assist people or enter their rooms they did so in a dignified manner and with minimal fuss. When people were assisted with personal care this was carried out in private, behind closed doors and sensitively. One person told us, "I have never been made to feel awkward or embarrassed by the staff, they are very caring."

Staff were friendly and welcoming with people and visitors. We saw that when staff arrived or left for the day, they greeted people, often with an embrace, and willingly spent time with people talking about things that mattered to them. When relatives visited we saw that staff greeted them warmly. This created a warm, caring and inclusive environment in the home. People's relatives were free to visit any time of day and night, and when unable to visit, people were able to telephone, email or use social media to keep in touch.

Information for advocacy services was prominently displayed in the communal areas for people or their relatives to contact should they feel they required the support of an advocate. However at the time of the inspection, people had not required the use of an advocate.

## Is the service responsive?

### Our findings

People and relatives told us that staff were responsive to people's changing health needs. One person's relative said, "Whenever there is a change or something, then the staff tell me, such as if [name] goes to an appointment or if they are poorly."

Where people were assessed as being at risk of developing a pressure sore, we saw staff had sought the appropriate pressure relieving equipment. They were referred to the appropriate healthcare professional and staff were observed to frequently discuss people's support needs; both during shift handovers and throughout the day. These discussions focused on people's needs and any issues relating to their health and well-being that required review or further action.

People told us they were able to contribute to the assessment and review of their needs. They were involved in the assessment of their needs when they moved to The Willows. They said that staff sought to understand their life history in addition to an assessment of the person's health and well-being needs. Where assessments had been developed to provide assistance, for areas such as personal care, staff identified what things people could manage themselves. For example, people were encouraged to wash and dress with minimal support and in some cases merely prompting from staff to help maintain their dignity and independence.

People were given the opportunity to pursue social interests and hobbies relevant to their individual needs with a range of different social activities, however many chose to not wish to engage in a structured routine in the home. People did not like the idea of structured daily activities such as bingo or singing. This had previously been tried and not well attended by people. Instead people told us they preferred to pursue their own interests, such as reading, watching television or films and listening to their own music.

People were supported to go out to shops and other local amenities, such as pubs, when they chose to and were able to freely visit family whenever they wished. One person had returned to the home following a holiday over Christmas with a friend in a hotel. Where people were not always able to follow their own interests then staff assisted them to do so. For example, female residents were supported with things such as nail treatments and hair styling, while male residents were supported by a male carer who provided them with one to one time. One person with a military background was brought books by a carer who sat with them and discussed this topic.

People told us they felt confident to raise their concerns or complaints with the management team. Information was made available about how to raise a concern and what to expect when they did so. The home had a complaints log; however no complaints had been raised with the registered manager since our last inspection. One person told us, "If I want to complain then I speak to [registered manager] although it never would need to go that far because they do such a great job." People's families had sent in letters of thanks and appreciation to the registered manager and staff, for example when people had passed away. These included comments such as thanking the staff for; "Special attention," and "Going above and beyond." The registered manager had kept these letters and shared them with staff because they were

proud to have received praise in the manner that they ran their service.

## Is the service well-led?

### Our findings

We found that care plan and assessment tools for people were not completed to reflect people's current needs. Care records we looked at contained little detail in instructing staff how to provide care to people and did not document where people's needs had changed. For example, one person's needs in relation to mobility had deteriorated slightly over the previous three months. Staff were able to tell us in detail how they supported the person, ensured they had the appropriate mobility aid available and regularly reviewed this through discussion. However, they had not updated the person's assessment since July 2015. Other care records contained similar omissions. Staff were clear about how to support people's needs, which meant that although care records had not always been completed or updated, staff were aware of how to manage positively risks to people's health and wellbeing. The registered manager told us they would ensure care records were reviewed as a staff team and provided an accurate account of a person's care. We asked to review copies of team meetings that had been held, however the manager had not documented these discussions or the resulting actions that arose from the meetings. This meant that actions that arose in relation to the management of the home were not routinely discussed, reviewed or acted upon and followed up in subsequent meetings.

We looked at how the registered manager reviewed the quality of service provided. We saw that they regularly reviewed areas such as cleanliness, medicines, health and safety, maintenance issues and staffing. However, we identified that reviews of care plans were not effective in identifying gaps in recording, or analysing incidents, trends and patterns. We saw that the provider visited regularly and spoke with people to ensure they felt safe and content with the care. However, the provider did not document sufficiently or review matters that related to the quality of care provided. When they had completed a review of the home it was not clear what areas were reviewed, what actions were agreed and how these were monitored. The registered manager told us they did not have any form of service improvement plan that they reviewed with the provider to continually review and improve the service. They told us they would implement a system of governance following the inspection and speak with the provider to develop a service improvement plan.

People told us that the manager was approachable, responsive, open and supportive. One person told us, "[Registered manager] listens to us, talks to us and lets us know what is going on, we don't need a weekly meeting, or anything like that, we just talk to them and they respond." One staff member told us, "We are a good team, we work as a great team and [registered manager] is part of the team, very involved, very hands on, leads from the front."

We saw that the views and opinions of people, relatives and stakeholders had been sought. The registered manager had analysed the responses from people which we saw was generally very positive. The responses suggested that people were happy with the service they received. One health professional had noted, "My general impression is that residents are attended to in a dignified and caring manner." They further commented that they felt the manager listened to their advice and instructions and sought to implement them. People, staff and relatives told us that the ethos of the home was about being, "Caring, family based and happy." Our observations of the team approach led by the registered manager confirmed this was a core principal of the care provided in The Willows.

We looked at incidents that had occurred in the home and found that notifications that are required to be sent to the commission had been made when needed.