Bestcare Ltd

Willows Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 27 November and 1 December 2015; the first visit was unannounced.

The service was previously inspected on 1 May 2014 where we asked the provider to take action to make improvements. We asked them to make changes to the environment and premises to make them safe and suitable for people living at the service. We found that the home had made some of the required improvements but there were still some risks to people using the service.

Willows Court is a residential home offering accommodation for up to 29 people. The service supports older people, people with a learning disability, people with dementia, younger adults and people with mental health difficulties. At the time of our inspection, 25 people were living at the service. Accommodation is on two floors with lifts for people to access the property. All bedrooms had en-suite facilities and there are communal areas for people to use and socialise with others.

It is a condition of registration that the home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection there was a new manager in place who was applying to be registered with CQC.

People's safety was being monitored and staff understood their responsibilities in relation to safeguarding and abuse.

Risks to people using the service had largely been considered. However, some equipment was not adequate to protect people from harm and medicines were not always stored correctly.

The home was being upgraded and people and visitors spoke positively about this. Health and safety at the service was being audited and the correct checks were in place.

There were robust recruitment processes in place and there were enough staff to meet the needs of people.

People received their medicines as prescribed by their doctor and the administration of this was completed safely by staff.

Staff received training and support to enable them to care for people effectively. Staff knew how and why to offer choices to people. The service was effective in undertaking mental capacity assessments and staff understood their responsibilities in relation to choice and control.

People's nutritional needs were being met and mealtimes were relaxed. Where people required additional support this was available. Access to healthcare services were available and people had the right support to

stay healthy.

People's needs were being met by staff who cared and showed respect and dignity.

Where possible, people were involved in the planning of their care and decisions. Where this was not possible, relatives had been asked for information. People had care plans that focused on their needs and support they required.

There were opportunities for people to undertake activities that were important to them.

There were ways for people, staff and visitors to offer feedback to the service. When this was received, information was acted upon. The management of the home was open and were able to make suggestions to improve the service.

The manager knew their responsibilities and was carrying these out.

The service carried out audits to make sure the care offered was to a high quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us that they felt safe.

Staff understood their duties and responsibilities in relation to abuse and knew how to report any concerns.

There were risks to people's safety in relation to medicines.

Is the service effective?

Good

The service was effective.

People told us staff knew how to support them.

Staff had received training to improve their skills and knowledge.

Staff understood the requirements of the Mental Capacity Act 2005 and people were making choices for themselves where they could.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and were kind.

People's privacy and dignity was respected and staff sought to find out people's preferences and choices.

Visitors were able to visit without undue restrictions.

Is the service responsive?

Good

The service was responsive.

People contributed to the assessment and review of their needs where possible.

People's independence was encouraged by staff.

People were happy with the activities provided.

Is the service well-led?

Good

The service was well led.

There was a manager in place who was applying to become the registered manager.

Staff received feedback from the management and felt supported.

Feedback was sought from people who used the service, staff and visitors to improve the service.

Willows Court

Detailed findings

Background to this inspection

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

The inspection took place on 27 November and 1 December and the first day was unannounced. The inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 information that we held about the service to inform and plan our inspection.

We spoke with six people who used the service and five relatives. We also spoke with a social care professional who was visiting. We spoke with the manager, the deputy manager, a senior carer, the cook, the activities co-ordinator and a care assistant. We 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 looked at the care records of three people who used the service and other documentation to see how the service was managed. This included policies and procedures, medicine and quality assurance records. We also looked at three staff files to check recruitment processes and the support staff received.

We asked the manager to submit documentation to us after the inspection. This was information related to emergency planning and a range of policies and procedures. The manager submitted these in the timescales agreed.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 1 May 2014 we asked the provider to take action to make improvements. We asked them to make changes to the environment and premises to make them safe and suitable for people living at the service. We found that some improvements had been made. However we were concerned that some equipment was not safe and people's medicines were not being stored correctly.
People told us they felt safe. One person told us, "It's safe enough here, I can say that with perfect honesty." A relative told us, "Safety is being handled well; there are no risks to [person's name]". One person told us they were at risk of falling but they had a call bell which was answered quickly which they told us made them feel safe.

Staff described to us their understanding of abuse, how to keep people safe and when to report concerns. One member of staff told us, "I would need to take the appropriate action. I would inform social services and the manager. If the manager was not around I would contact the owner." The manager described their responsibility to report safeguarding concerns to the local authority and we saw records to show this was happening. Staff had attended safeguarding training.

We found that staff had assessed and managed risks to people including identifying actions to reduce risks where possible. For example, one person had risks in relation to their moving and handling needs. This risk had been documented and reviewed with guidance to staff on how to support the person. One person told us their name was on their walking stick to remind them to use it and staff had encouraged the person to do this. The person said they were less likely to fall because of this. Three relatives commented to us that they had been involved in discussions about risks showing us that the service seeks to involve others in the gathering of information to address risks to people.

At the time of the inspection Willows Court was undergoing large-scale upgrading to the interior and exterior of the building. This included new windows and doors and a new boiler room. We found that an appropriate risk assessment had been undertaken to protect people from the hazards of building work. One relative told us, "They've done a lot more than I thought they needed to, they are handling it safely for residents." A visiting professional told us "The decoration is good, it is much better than it was."

We asked people if they felt the home was clean. One person said, "Cleaning is good. My bedroom is cleaned daily." A relative told us, "It's not as clean as it ought to be", whilst another said, "Things seem fresh and clean." On the day of our inspection we found a cleaner on duty and the home was clean although the hairdressing room required cleaning.

The manager had completed weekly environmental audits and identified actions that needed to be completed. Maintenance records were in place and the equipment people used was being regularly serviced. However, we found the radiator covers to the downstairs of the home were loose. We fed this back to the manager who said they would ask the maintenance person to rectify these. We also found a heated towel rail in a downstairs bathroom to be very hot. We spoke to the manager about this. They immediately completed a risk assessment to reduce the risks.

We saw that fire equipment had been regularly tested and there were six monthly fire evacuation practices. People's needs in relation to getting out of the building in the event of an emergency had been assessed. We saw an emergency contingency plan which covered a range of situations such as temporary accommodation which showed the service was proactive to making sure people were safe.

Accidents and injuries were monitored by the manager and appropriate action had been taken. We saw a monthly audit of falls describing referrals being made for additional support. This meant that the home sought to reduce the likelihood of a person falling.

People told us that generally there were enough staff. One person said, "I think there's enough; I don't have to wait long if I need help" whilst another person said, ""I don't have a problem with it; I can ring for help if I need to day or night. I don't tend to have to wait." One person was concerned about the staffing levels commenting, ""Not enough carers" although the person did confirm they did not have to wait for help or support. The relatives we spoke to felt there were an adequate number of staff and the staff we spoke with generally agreed. We saw that staff were available to support people when help or support was required. We also found that the rota was well planned to enable safe staffing levels throughout the day and night.

We looked at the recruitment and selection processes to make sure these were safe for when new staff were starting with the service. We looked at three staff files and found that pre-employment checks had taken place. A Disclosure and Barring Service (DBS) check for each new employee was in place within the last three years which was in line with the organisation's policy. We found that staff had signed their contracts of employment which meant they agreed to abide by the organisation's policies and procedure for keeping people safe.

We found that people received their medicines when they needed them. When we observed people being supported to take their medicines, staff did this in a safe way. People were asked if they required any pain relief and their choices were respected. One person commented, "I only have them when I need them." There were protocols available for staff to follow where people had as and when required medicines to make sure people received a safe amount of medicine. The manager checked the competency of staff when handling medicines to make sure people were being supported in line with the service's policies and procedures. We found that the records kept on the administration of medicines were robust.
We were concerned that medicines were not consistently stored safely. We saw that a small medicine fridge was being stored in a communal area without a lock. The manager had completed a risk assessment for this arrangement detailing that the door should be faced towards a cabinet so that people could not access it. However, on the day of our inspection the fridge was accessible to people. We spoke to the manager about this and the fridge was moved to the office which is kept locked when not in use. When checking the storage of medicines we found medicine was not being stored correctly. One medicine should have been stored in a fridge but was in the main medicines cabinet. We spoke to staff about this and they made enquiries to make sure the medicine was still safe to use.

Good

Is the service effective?

Our findings

People confirmed to us that the staff who support them have the knowledge and skills necessary. One person said, "The staff know how to support me". One relative confirmed they thought the staff had the right knowledge needed to provide good care. Another relative said, "I think they know [person's name] well."

We spoke with staff about the training they had received. One member of staff told us they were undertaking a dementia course and future training was planned including infection control. We saw that staff had received recent training in moving and handling, fire safety and working in a person-centred way. We looked at the training plan and saw that training in dementia awareness and privacy and dignity was due to take place. This meant that staff had undertaken or were scheduled to attend training to provide effective support to people. We spoke to a staff member about their induction and the person confirmed they felt confident to do their job once this was completed.

All of the staff we spoke to told us they felt supported by their manager. One member of staff told us, "We are allowed to do more things now with the residents (in terms of activities)." Another staff member said, "If we ask for things (for example, new flannels) it can take time but it does get done". We were also told by staff that they receive regular supervision and records confirmed this. This is a process where a staff member speaks with their manager to discuss their progress and opportunities for learning and development. One member of staff told us, "I had supervision recently; it was very useful as I discuss any support I need."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw records that showed us people's capacity had been tested for their understanding of the decision to reside in residential accommodation. Where required, the manager had then made the required applications to the 'supervisory body' for authority to restrict a person's freedom.

We also saw that the home was assessing people's capacity in relation to managing their own finances. However, it was not always clear how people had been determined to lack capacity to manage their finances. We saw a risk assessment that was displayed in the lounge referring to the use of foot stalls. The manager had considered that the use of these could restrict someone's freedoms and the assessment identified ways to minimise this for staff to follow. This showed that the service considered how people

could be restricted and looked at ways to reduce this.

We asked staff about their understanding of the MCA and DoLS and staff confirmed they had received training in these areas. One member of staff described a DoLS authorisation they had received, "We have a DoLS in place, we have to use the minimal intervention, the least necessary." Another member of staff told us about their approach if a person had capacity to make their own decisions but made an unwise choice, "We can't force people, I would ask them about it and complete a risk assessment to support the person." These statements showed us that the staff understood their responsibilities around the MCA and DoLS.

We saw information in people's care records showing how people made choices and people signed, where possible, to say they consented to, for example, their care plan or for medicine to be administered.

People were supported to have meals of their choice. One person told us, "You get asked what you want" and, "There is a good mix of food. I send it back if it's not hot enough and they happily do it." There were food surveys on the files we viewed. This included likes and dislikes as well as requesting feedback on the quality of food offered. We looked at the menu and this showed a wide variety of choice on a daily basis which included the likes and dislikes we had seen.
During mealtimes people were supported by staff to have any specialist equipment such as anti-slip mats. Choices were being offered to people and a variety of drinks were available including tea, coffee and various squashes. Where requested, people sat in the lounge to have their meal. We saw drinks being offered throughout the day as well as being available in communal areas for people to help themselves.

We spoke with staff about people's nutritional needs and were told, "No one is at risk of malnutrition at present, if people refuse to eat we record and monitor". A relative told us "The food is good, [person's name] has difficulty swallowing so they got support to help [person's name]." People were being supported to be weighed monthly and there were notes of any action needed.

We found that people were supported to have access to healthcare services. One person told us, "I have not needed to see a GP but I know I can if I needed to." One person's care records highlighted they were at risk of developing a pressure sore. We saw the equipment needed was in place during our inspection.

We saw that health check records were in place showing that people had access to a wide variety of services including chiropodists and GPs. A relative told us that staff, "Got the GP out straight away" when discussing a recent illness. Another relative told us, "If I'm worried about anything I can raise it, they completed a urine test today as [person's name] was confused. They call the GP immediately if needed."
Records showed us that staff monitored people's health and where there were changes these had been reported and recorded. We saw that healthcare professionals were involved in some people's care and the home made appropriate referrals for any additional support.

Good

Is the service caring?

Our findings

People told us that the staff were caring. Their comments included "Staff are kind generally", "Staff are fair, they listen to me", and, "The staff are good here." One relative told us, "Staff are wonderful, they take very good care of [person's name]" whilst another told us, "The staff are excellent, always got a smile on their face and always bring me a cup of tea." A visiting social care professional told us, "The staff are caring."

We observed staff gently supporting people during the inspection. We heard staff ask people thoughtful and engaging questions such as "Is your lunch nice?", "Would you like anything getting for you?", and, "How can I help you?" throughout the day. Staff were patient with people and in times of distress offered appropriate support. For example, we saw one person wanting to leave the home. The staff gently encouraged the person to walk away from the front door by offering a drink and snack in line with DoLS authorisation in place. The person responded positively. Staff were observed interacting well with people whether this was for care based tasks or during activities. This showed that staff had a caring approach.

We saw documents called 'Getting to know you' which contained personalised information such as significant dates for the person alongside important people in their lives. These enabled staff to form caring relationships with people. Staff described to us things that were important for people and we saw these being discussed with people on the day of our visit. Staff told us they know about people's preferences and what is important to them. One member of staff said, "I'm proud I know everyone as a person…If people don't want to do something they don't have to, I will always consider people's individual needs".

On the day of inspection we saw people being involved in the decision-making process. For example, people were asked if they wanted to take part in the activities on offer or if they wanted any support with personal care tasks.

Care plans reminded staff to promote the privacy and dignity of people at all times. They also contained information on the preferred gender of people offering them support. One person told us, "The staff knock on the door before coming in" when describing staff respecting their privacy in their own room. We observed this to be happening. We looked at people's care records to see if they were involved in planning their own care. We found that people had signed to agree to their care plan where they could. We found that not all people could participate in this process but relatives told us they had been involved.

We found terminology within people's care files that was potentially demeaning such as 'wheelchair bound'. This did not support caring relationships. We also saw that some people's care records were in other people's files. We raised these issues with the manager who said they would arrange training for staff.

People told us they had visitors and they could visit whenever they want. One relative said, ""We come and go as we please" whilst another commented, "We can visit when we want but we tend to avoid mealtimes. We have been invited to the Christmas party, we certainly feel welcomed by the staff". Visitors were seen

coming to the home throughout the day of the inspection and we saw that they were greeted warmly by staff.

We saw that records held by the home about people who lived there were mainly kept confidential. There were lockable cupboards for sensitive and private information to be stored, in line with the organisation's confidentiality policy. However, we saw that some records were in communal areas accessible to people. We raised this with staff who made arrangements to store them appropriately. We also saw staff pass on information about people in a sensitive and private way.

We asked people if we could view their bedrooms. Where we were given permission we saw that some rooms had personal items in them. We asked people about their bedrooms and were told, "It's alright, I've got what I need" and, "My bedroom is very nice actually". We saw that communal areas were homely with pictures, cushions and a range of activities people could pick up and use if they wished.

Good

Is the service responsive?

Our findings

One person was able to tell us about contributing to their assessment before they moved into the home, "When I first came here they described what they do, what help I could get and what they don't do…they asked me what I needed help with." Relatives told us that they had contributed to giving information to the home. One relative said, "They asked what help [person's name] needed…I was involved in the assessment". Another relative said, "There was a meeting before [person's name] moved in where we discussed the help needed". We saw an assessment for a person where the person and relative were involved. This considered the needs of the person and also their social history, interests and hobbies and cultural needs. This meant that when people moved into the home, the staff had detailed information about people to support them.

We saw that people's care files were personalised and promoted independence. They contained information on the person, what they needed support with and how to offer this. We saw that gender preferences of the staff supporting people had been considered and recorded. Information about what a person enjoys to do during the day was also included such as sitting with their friends. Other examples of person-centred information we saw included the amount of pillows a person liked to have. We found descriptions of what people can do for themselves and preferences for a bath or shower including the products the person preferred. We found that people's needs were being reviewed regularly with the input of family. When a plan had been reviewed any changes were recorded so staff could see what had changed. This meant that people's preferences, choices and needs were being recorded and reviewed for staff to be aware of when providing support.

We observed the staff handover where key information was given to staff coming onto their shift. The handover was thorough and staff spent time going through the daily needs of people. We saw staff going to people in their rooms during handover to check people were ok and if they needed any help or support. This meant that staff arriving for work received information that was up to date about the people they were supporting.

People told us they were satisfied with the activities on offer. One person said, "There's enough on offer", whilst another person told us, "They do activities, they asked me this morning but I didn't want to". There were two lounges and a conservatory stocked well with activities, TVs, stereos and reading materials. We observed several different activities being offered to people throughout the inspection and staff were seen to sit with people individually to have a chat. These activities were based on people's hobbies and interests. We saw that some people were smiling and engaged; other people chose to spend time on their own but were often approached by staff to see if they required any help. There was an activities co-ordinator present during our inspection. We observed art and craft being undertaken as well as people playing skittles. We also heard a group of people singing. We saw a Christmas party was being planned for. This meant that people had a good range of activities available. Can you include anything about activities based on people's hobbies and interests? If there was no evidence of this it is a shortfall.

People told us they are asked for their views on the service. One person said, "They announce the meetings.

We can discuss anything and everything really" whilst another person told us, "There are meetings but I don't go." We saw that there was a guide in place for people who used the service. This contained information on how to complain. We asked people how they would raise a concern. One person told us, "I'd go to somewhere where I was understood and helped." Another person said, "I've not had to complain but if I was worried I would go and report it to the manager". People we spoke to all agreed that they felt comfortable to raise a concern. This meant that people were able to raise concerns or complaints.

There was a comments book in the reception area. Relatives had written comments and the manager had replied to each one. Three formal complaints had been made and the manager had detailed what action they had taken in line with the complaints policy. The relatives we spoke with were able to describe how to make a complaint. One relative told us, "I made a complaint about hot food coming out cold to the manager…I had feedback on this." Another relative said, "One staff gave me an envelope containing an assessment for [person's name]. They saw this and it caused [person's name] distress. I asked them not to give it to me in front of [person's name]. They were ok with this." We looked at the complaints in relation to the service before we visited. Some of these were about the environment which was felt by some needed an upgrading. We could see evidence that the home had taken this feedback on board as thee were positive improvements occurring to the physical appearance of the home.

Good

Is the service well-led?

Our findings

Staff told us they could make suggestions for improvements. One staff member said, "I asked if we could get another member of staff and this was considered." Other staff stated they had not made any recommendations for improvements but felt they could do this. We saw that a 'memory and wish tree' was in the reception area for people and visitors to offer feedback on what they would like to do.

Staff told us the manager's style was open. We were told the manager was, "Supportive", "Approachable", and, "Contactable". Relatives described the manager as, "A very good manager" and, "…seems quite helpful, I can go in the office to speak to [person's name]."

Staff told us they could raise concerns to the management. One staff member said, "I can raise any concerns to the manager". Another member of staff said, "If I have a concern I will go to the management if needed. I feel very comfortable to do this". We saw that there was an employee of the month incentive scheme where an employee is given a gift for their hard work or for something they have done that has made a difference to a person's life.

We spoke to the manager who had been in post since August 2015 and was applying to become the registered manager. The manager described how there was an on-going maintenance programme for the home to make improvements and described regular meetings with the owner to make this happen. We saw that the service's Statement of Purpose was displayed which showed good leadership in describing what the home's aims were to people who lived at the service and for visitors.

We asked staff what they felt were the main challenges for the service. Staff described staffing as the current issue. Management agreed with this and described the steps they were taking to address this. We also asked staff what they felt was the key achievements of the service. Staff and the management all described the quality of care offered to people. This shows that the staff and the management team have a shared understanding of what was working and what was not which supports the team to work together to improve.

Staff meetings had taken place. We saw that these included the giving of information to staff and reminders on good practice. Staff were asked for comments during the meeting and management fed back on what was going well. Management also gave feedback to people who used the service and visitors in the form of a regular newsletter; the most recent one was being displayed in the reception. This contained general updates about the home and activities that had been undertaken.

We spoke to the manager and looked at records they had produced in relation to reporting events they were required to report to CQC. We found that the manager understood their role and responsibilities and was taking action to remove a regulated activity registration that was no longer offered at the service, that being the treatment of disease, disorder or injury.

We saw that regular audits had taken place, for example, relating to people's finance and the cleanliness of

the kitchen. The manager stated these were carried out to make sure people received good quality care. We found quality assurance systems to be in place. We saw customer service surveys in people's files asking for feedback on staff and ideas for improvements. There were also 'listening forms' in place for people who used the service which enabled people to discuss their care and if they were happy with it. We also saw relatives' surveys had been completed with no actions needing to be taken by the management team. We saw blank copies were available in the reception.