Care Quality Commission

Willow Residential Care Limited

Willow House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Willow House on 9 and 13 December 2016.

Willow House is a care home providing accommodation and personal care for up to 18 older people. Most of the people using the service were living with dementia. When we visited there were 16 people using the service. The service is a converted residential dwelling with accommodation over two floors. People live in single or shared rooms and bathroom facilities are shared. There is a dining room and sitting room which is also used as an activity room.

The home had a registered manager in place. 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. The service is required by a condition of its registration to have a registered manager.

Our previous inspection on 29 September and 16 October 2015 identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action to address the concerns we had identified. Sufficient improvement had been made for the provider to meet the requirements of the two previously breached regulations in relation to good governance (Regulation 17) and requirements relating to workers (Regulation 19).

The provider had introduced new quality assurance systems and additional checks had been put in place to support the registered manager and staff to continually evaluate the quality of the service people received and risks in the home. We found these systems had been effective in driving improvements for example, in staff training and supervision and monitoring of health and safety requirements in the home.

The provider had improved their recruitment practices and we found all the required staff pre-employment checks had been completed to ensure staff would be suitable to work at the home.

People received their prescribed medicines safely and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough.

Staff had a good knowledge of their responsibilities for keeping people safe from abuse. Staff sought people's consent before they provided their care and support. Where people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to know what support people required. Staff received training and

supervision to support them to meet the individual needs of people effectively.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and provided people with positive care experiences.

People knew how to make a complaint. People told us the manager and staff would do their best to put things right if they ever needed to complain.

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.

People felt safe living at the home and staff understood their responsibilities to report abuse.

The environment was safely maintained and staff knew how to protect people from the risks associated with their care.

There were enough suitably skilled staff deployed to meet the needs of people. Recruitment processes for new staff were robust to ensure they were suitable to work with vulnerable people.

The provider had appropriate arrangements in place to safely manage people's medicines and people had received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received effective care from a staff team who had received the training and support they needed to meet people's needs.

People's rights were respected because staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

Where people lacked mental capacity families and other professionals were consulted when decisions needed to be made about people's care and treatment.

People were appropriately supported and encouraged to eat and drink a balanced diet that met their individual needs, preferences and wishes.

People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

Is the service caring?

Good

The service was caring.

People gave positive comments about staff and how caring they were when supporting people. We observed staff offer support that was kind and compassionate.

People received care from staff who knew their history, likes, needs, communication skills and preferences.

People felt, and observations showed, people's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans detailed how people wished to receive the support they needed.

People had access to activities and events which they enjoyed. They were supported to maintain their personal relationships and faith needs.

People told us they felt involved in their care and they felt if they had any concerns that they would be listened to and their complaints acted upon.

Is the service well-led?

Good

The service was well-led.

The provider had put new systems in place to monitor safety and drive improvements in the quality of the home.

People and staff were positive about the leadership of the registered manager and staff were clear about their role and responsibilities.

There was an open and transparent culture in the service. Staff and people who used the service were encouraged to identify concerns and to support the improvement of the home.

CareQuality Commission

Willow House

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 checked 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 took place on 9 and 13 December 2016 and was unannounced. The inspection was carried out by one inspector.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We also observed care, including support at a mealtime and the administration of medicines.

During our inspection we spoke with six people using the service. We also spoke with the registered manager, three senior care assistants, a care assistant, the cook, the provider, an external entertainer and a healthcare professional that was visiting the service. We received feedback from one relative and the local authority's governance team who had identified no concerns relating to the home.

We reviewed care records and risk assessments for six people. We also reviewed training records for all staff and personnel files for two staff, medicine administration (MAR) records and other records relevant to the management of the service such as health and safety checks and quality audits.

Good

Is the service safe?

Our findings

At our previous inspection on 29 September and 16 October 2015 we found the provider had not implemented safe recruitment practices as all of the required staff pre-employment checks had not been completed. This was an ongoing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 25 December 2015. At this inspection we found improvements had been made in this area and this regulation had been met.

The provider had reviewed their recruitment and selection procedure. All of the required information was available in the staff files we reviewed. Records showed appropriate checks had been undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. A full employment history with written explanations of gaps in employment was available. References had been obtained from previous employers to alert the provider to any concerns in relation to staff's conduct in previous employment that might make them unsuitable to work with people using care services. The measures in place prevented unsuitable staff being employed.

People were protected from the risk of abuse and they told us they felt safe living at Willow House. Staff had knowledge of the types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the senior care staff, registered manager or the provider. One staff member said, "I will tell one of the senior carers". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "The telephone number for the local safeguarding team is in the office on the wall and I will call them if I feel the manager is not taking action''. If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "I will call the police and emergency services and let the social workers know."

The registered manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted upon.

People's care plans contained assessments of their risks and support needs in relation to their health and well-being. Assessments included mobility, agitation, health, nutrition and hydration. Staff told us people's risk assessments gave them sufficient guidance on how to protect people from their individual risks. For example, mobility plans were in place for people at risk of falls. One person needed to be reminded by staff to use their mobility aid to reduce their risk of falling. We observed staff supporting them in accordance with their risk management plan throughout our inspection. Staff understood people's individual risks and took appropriate action to keep them safe.

Records demonstrated that when incidents occurred such as people having experienced a fall; staff acted promptly to ensure people were checked by medical services. Any accidents or incidents were documented

and the actions taken recorded. Incident and accident forms were then checked by the registered manager to identify risks or any changes that might be required for the person's safety. Staff had a good understanding of their responsibilities for responding to and reporting accidents, incidents or concerns about people.

People told us they received their medicines as prescribed. One person told us ''I only take one tablet and staff always make sure I get it'' and another person said ''They are really good at reminding me to take my pills''. People received their medicines safely from staff who had been trained in medication administration. Medicines were stored securely and in accordance with manufacturer's guidelines. This meant the risk of people's prescribed medicines being inappropriately used was reduced. People's prescribed medicines were checked by two senior staff members when they were delivered to the home by the pharmacy and arrangements were in place to safely dispose of medicines when it was no longer required. This reduced the risks to people from mismanagement of their prescribed medicines.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records seen, were accurate and showed that people had received the correct amount of medicine at the right times. The service had not identified and the registered manager confirmed there had not been any medication administration errors since our previous inspection. A pharmacy audit was completed on 14 April 2016 by a community pharmacist and resulted in no recommendations or requirements.

People were satisfied there were enough staff deployed on a daily basis to meet people's needs. Their comments included: "There are always staff about" and ''They come quickly when I ring my bell''. There was a calm and homely atmosphere in the home on both days of our inspection with staff visible in the communal areas and spending time chatting and doing activities with people throughout the day. Staff did not appear rushed, responded to people's requests for assistance promptly and had time to assist people in a calm and dignified way.

Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "We are always fully staffed on each shift'', Staffing levels are good'' and ''The manager will always cover if needed and there is always a senior care worker on shift over the weekend''. We saw senior staff allocated tasks and directed staff throughout each shift to ensure people received support when they needed it. There was always a staff member allocated to the lounge area to ensure people would not be left unattended.

The registered manager continuously reviewed staffing and dependency levels and adjusted staffing levels according to the needs of people living in the home. The service seldom used agency staff and any shortfalls in staffing were covered by 'over staffing' to allow for sickness and holidays, staff working additional hours and the registered manager covering the care rota, if necessary.

People were cared for in a safe environment. Systems were in place to routinely check the environment and the building to ensure a safe environment was provided. If any repairs were required, this was organised and attended to. Gas, electrical and water safety checks and maintenance were undertaken by suitably qualified contractors to make sure the premises were safe.

Good

Is the service effective?

Our findings

People spoke positively about the skills and knowledge of staff. Their comments included: "They are very helpful'', ''They always know what to do if I am having a bad day'' and ''They are very professional and confident''. Staff we spoke with said they received guidance from the registered manager and senior staff when they needed it. One member of staff said, "The senior care workers are always about to give me advice and I know there will always be someone on shift that would be able to answer my questions''. Staff had received regular one to one supervision meetings with the registered manager, where they could receive feedback on their performance and discuss their development needs.

New staff completed an induction programme that met the requirements of the Care Certificate standards. The Care Certificate standards are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. Staff told us they had also shadowed experienced staff before they worked unsupervised to ensure they understood how to support people effectively.

Staff were complementary of the training opportunities they were provided. Their comments included ''There is always some form of training going on'', ''We are having some refresher medicine training again'' and ''I have had enough training to know how to do my job safely''. Training covered health and safety related topics and topics relevant to people's support needs. Training included health and safety awareness, infection control, moving and handling, falls, skin health and nutritional awareness. All staff were encouraged to complete further qualifications and most have completed qualifications in health and social care.

Most people at Willow House lived with a diagnosis of dementia and staff had received training to assist them to understand how to support people living with dementia. We saw good communication skills and dementia friendly practices were evident when staff supported people with dementia. For example, we observed three care staff supporting people during lunch time. They spoke with people throughout, such as telling them what they were eating, or asking where they would like to eat. One person was becoming anxious and found it difficult to settle in the dining room. Staff kept them company and sat with them in the lounge area until they were ready to have their lunch. This meant people living with dementia benefitted from meaningful and effective support from skilled staff who understood their needs.

Some people did not have the mental capacity to independently make decisions about their care arrangements. Staff had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to tell us about their responsibilities under the MCA. One member of staff told us, "I always make sure that I choose a time when people are relaxed to ask them to make decisions this way they are more likely to understand what is being asked''. Staff were observed seeking consent and explaining the tasks they were about to carry out, for example when asking

people if they wanted their medication, giving people time to ask questions and understand what is being asked of them.

The registered manager had identified that some people's mental capacity to consent to their care had not been recorded in their care plans. They were reviewing people's decision making capability and where staff were concerned a person did not have the capacity to make a specific decision, they were completing the appropriate mental capacity assessment in the home's new care planning system. These assessments clearly documented if the person had capacity to make the decision. For two people a best interest decision had been made as they no longer had the capacity to understand the risks to their health and safety if they left the home without support. The registered manager made an appropriate Deprivation of Liberty Safeguard (DoLS) application for these people. 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). This meant people's rights were respected because staff understood their responsibilities in relation to the MCA.

People were supported to stay as healthy as possible, for as long as possible. People told us the staff looked after them well and made sure they called the GP or other professionals when people needed or asked for input from health services. We saw that people were supported to attend outpatient and health and wellbeing appointments in the community, as necessary. The service invited some well-being specialists such as a community eye care scheme into the home for the convenience of people who were unable to access the community, easily.

Referrals to GPs, community psychiatric services, the continence team and other healthcare professionals were made in a timely way. Specialists, such as the Specialist Community Nurse for Care Homes, were approached for training and advice, as necessary. People had a summary of their health care needs that could be taken to hospital and/or shown to paramedics in the event of an emergency. When spoke with a healthcare professional visiting the home at the time of our inspection and they told us staff followed their guidance and understood when to raise concerns about the person's health that they were visiting.

People spoke positively about the quality and quantity of food available to them at Willow House. Their comments included: "The food is good"; "I am very picky and they get me smoked salmon and the things they know I will like'' and ''There is always enough to eat''. We observed the dining room experience of people at a lunch-time. There was a calm pleasant atmosphere with most people sat at the dining tables and it seemed a sociable and supportive event whilst other people preferred to eat in the lounge. People received encouragement when needed to eat and were reminded to eat slow when they were at risk of choking.

We saw if someone did not like the menu options offered the cook would offer them an alternative of their choosing and people's preferences were met. The kitchen was clean and well organised. Staff were aware of people's food and portion preferences. At the time of our inspection no one needed a specialised diet. People's weights were monitored regularly and staff knew who were at risk of losing weight. The service held a monthly clinic with the Specialist Community Nurse for Care Homes to discuss any areas of concern or issues with individuals' weight or nutritional intake

Good

Is the service caring?

Our findings

People had positive views on the caring nature of the staff. Their comments included: "The staff are brilliant!'', ''They are all very kind, I never feel rushed and they take time to talk to me'' and ''Staff are all good''.

People enjoyed positive relationships with the staff and the registered manager. The atmosphere was friendly and lively in the communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed and reassured about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person liked to read the newspaper, staff supported this person and the newspaper was available and took time to discuss the articles with them.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. For example, people were encouraged to manage their personal hygiene and appearance. When people chose to spend time in their rooms we saw people's tables were near them and their reading glasses, drinks and books were within easy reach. People had been involved in decisions about the décor of their rooms and were surrounded by objects they held dear.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us about one person and the support they needed. They said, "They like to have someone close to them it just reassures them''. We saw during lunch time that staff sat with this person while they ate their meal. The external entertainers also knew people well and knew what songs people liked and where they liked to sit during each activity to enhance their enjoyment.

Staff were supported to spend time with people and they spoke positively about this. Their comments included: "We are encouraged to spend time with people and we get to know them very well'', "We have good relationships with people and their relatives'' and ''We really all are like one big family''. We observed staff sitting with people talking, playing games, listening to music or having a dance. People clearly enjoyed discussing their views and lives with staff and enjoyed jokes. For example, one person entered the sitting room in a new shirt and a staff had a friendly joke with the person. The person was clearly comfortable to joke with staff and replied ''Yes you are right, I look dashing''.

People told us their dignity was respected by all staff at the home. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand instructions, we saw this was done appropriately and people seemed comfortable and reassured through physical contact with staff. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit or when people appeared not to understand what was asked of them. Staff explained to us that an important part of their job was to treat people with dignity and respect. Our observations confirmed that staff respected people's privacy and dignity. When people required support with personal care tasks this

was done discreetly, behind closed doors to ensure their dignity was maintained.

Good

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs. One person said, "I get up when I like and I go to bed when I like''. Another person told us, "I can go in the garden when I want I really like it and staff will walk with me and keep me company. I could not stay here if I could not go into the garden''. Staff told us they organised each day and their time to ensure they would remain responsive to people's changing needs. For example, some people required prompting throughout the day to have a bath or shower and we saw staff were flexible with care tasks to ensure people would receive their support when they needed it.

Each person's needs had been assessed and were used to develop a personalised care plan which reflected people's needs and preferences. This included an assessment of the person's needs before they were admitted to the home. The registered manager understood the skills of the staff team and the needs of the people already living in the service. They gave us examples of how they took this into account when making decisions about whether the home could meet the needs of new people.

Where possible people were engaged in creating their care plans. People not able to or unwilling to engage in creating their care plans had nominated friends and relatives who contributed to the assessment and the planning of the care provided. The provider had introduced a new electronic care planning system and we saw they had used this opportunity to review people's care plans with their representatives. Personal information was available for each person, which included details of the person's background and preferences, such as bed time routines so staff would know how to plan and deliver care. There were care plans for personal care included specific details of how staff should support people. These included tasks which people could do for themselves regarding their personal care and what staff needed to help people with. Staff could explain how they used the information in people's care plans about their life and employment history to initiate conversation and were familiar with the care instructions in people's care plans.

Staff understood how to support people to meet their emotional needs and how to reassure people whose behaviour might put themselves or others at risk when they became anxious. Some people had specific routines for example during bath time or lunch time, that supported them to manage their anxiety and staff could describe how they ensured people's routines were kept to. We observed staff during lunch time supporting people with humour, distraction and reassurance when they became anxious until they were at ease and could enjoy their meal. Staff explained how they identified people becoming upset and told us speaking calmly and reassuring people were the most effective ways to support people through a difficult time

People spoke positively about the activities provided and were comfortable to raise concerns with management should they have a concern or complaint about the service they were receiving. One person told us, "There is always something going on here. I like the hymns and the music'', another person said ''Staff are always about for a chat and I go out often to have my hair. Structured activities were available for people every day and they were able to choose whether they wished to join in or not. Events were held throughout the year and relatives were encouraged to take part in celebrations and events at the home. On

the first day of our inspection two music activities took place led by external entertainers. We saw staff reminded people of the activities and encouraged them to join in and provided support throughout the sessions to ensure people could take part. Song sheets were provided so that people who might have forgotten some of the words could join in. People were laughing and chatting throughout and staff used it as an opportunity for people living with dementia to reminisce and share their memories associated with the music.

Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to have regular and frequent contact with relatives. People's faith needs were respected and a monthly Christian church service and communion was held at the home. One person told us ''My faith is very important to me and they make sure I get to see the church people''.

People told us they would feel comfortable raising concerns with staff if they had any. One person told us "I would speak to (naming senior support worker or registered manager).'' The provider's complaints process was available to people and their representatives. This set out how people could make a verbal or written complaint and how their complaint would be dealt with. The registered manager told us they had received no complaints since our previous inspection relating to the care provided. There was a process for ensuring people's complaints were logged, investigated and responded to.

Good

Is the service well-led?

Our findings

At our previous inspection on 29 September and 16 October 2015 we found quality monitoring in the home was not effective. Shortfalls had not always been identified and where action plans had been drawn up to drive improvement these had not always been completed. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 25 December 2015. At this inspection we found improvements had been made in this area and this regulation had been met.

As part of the registered manager's drive to improve standards following our inspection they had introduced and completed routine checks to identify areas for improvement. These included checking the management of medicines, infection control practices, health and safety in the service and care plans and risk assessments. We saw where these checks had identified shortfalls improvements had been made to the home for people. For example, new fire doors had been installed, additional bins had been purchase to improve infection control practices and the provider had purchased a new care planning system when the registered manager identified that the current system did not allow staff to easily record people's daily care notes. A new community pharmacy had also been sourced when the registered manager identified concerns with the prompt delivery of medicines. They had also used this opportunity to review medicine practices in the home and were introducing a new medicine audit and medicine competency checks.

Staff received regular support and opportunities to develop their practice and understanding of people's needs and their role. Since our previous inspection the registered manager had ensured these meetings were always documented so that the registered manager and staff could have a record to refer to when managing and developing staff performance.

The registered manager met monthly with the Specialist Community Nurse for Care Homes to review all falls, infections, wounds and weight loss concerns and to review people's care plans to ensure these reflected current best practice so that people would always receive care in line with current quality and safety standards. Records showed the registered manager had effectively reviewed each of these incidents and there had been no trends or patterns had been identified that might indicate improvements in care practice was required.

People and relatives were given the opportunity to influence improvements in the home. An annual service satisfaction survey was completed to provide an opportunity for people and relatives to provide feedback. The results of the 2016 survey indicated that people were very satisfied with their care but some thought improvements were needed to the back garden. We saw the provider had acted on people's feedback and a wooden path had been laid in the back so that people could safely use the garden independently and benches were placed throughout the garden. People and staff told us this had resulted in the garden being used more often. One staff member told us ''The garden had made a big difference for people who can feel restless at times because they can now just go for a short walk and feel they have some freedom and independence''.

During our inspection the registered manager and senior staff had a visible presence around the home. They talked with people and relatives and gave advice and guidance to staff to ensure people were happy and received a good standard of care. Staff were complimentary about the leadership in the home and told us they received clear direction and understood their roles and responsibilities.

People told us they appreciated the registered manager's ''open door policy'' and felt encouraged to give their feedback about the service. One person told us ''The manager is always here. I will just pop my head into the office for a quick chat or she will just come sit and talk with me''. Staff worked well together and told us they were motivated to ''make people happy'' and ''provide the best care possible''. Monthly staff meetings were held and staff told us they were happy and confident to express their views and offer their ideas to the manager. For example, their ideas to introduce new activities to encourage people to remain active had been positively received.

Staff, people and relatives told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.

The registered manager was aware of the requirements of their registration with the Care Quality Commission. They adhered to their registration requirements and submitted statutory notifications as required, for example, of incidents resulting in serious injury to people. The registered manager had ensured the rating of the service's previous inspection was clearly displayed on the provider's website and in the service so people would be aware of the outcome of our inspection.