HC-One Limited

The Willows Residential Home (Hinckley)

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

The inspection visit took place on 13 April 2017 and was unannounced.

The Willows Residential Home (Hinckley) is a care home that provides accommodation and personal care and support for up to 40 people, some of whom were living with dementia when we visited. At the time of our inspection 31 people were using the service. At the last inspection on 17 February 2015, the service was rated good. At this inspection, we found the service remained good.

People received care and support that was not consistently safe. People felt safe but risks to their health and well-being were not always assessed and guidance was not always followed. Staff knew their responsibilities to protect people from abuse. The provider had checks in place to support people to remain safe from the environment and the equipment they used. Although people received the care and support when they requested it, most people and their relatives told us that staffing numbers were not suitable. We saw that people sometimes spent periods of time without staff checking on their well-being. We saw that staff were recruited safely and the provider had recently employed six new staff members following their own processes.

People received their medicines when they required them and in a safe manner. Staff received training and guidance to make sure they remained competent to handle people's medicines.

People continued to receive effective care from staff. Staff received guidance, training and support so that they had the necessary knowledge and skills to provide good care to people. People were complimentary about the food and drink offered to them and they were supported to maintain their health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service provided guidance in this practice.

Staff knew the people they supported and offered care in kind and compassionate ways. People's dignity was maintained and staff gave people the time they needed when speaking with them. People were involved in decisions about their care and extra support was available should this be required. People were supported to maintain their independence so that they did not lose their skills.

People received care based on their preferences and things that mattered to them. Their care plans were focused on them and contained guidance for staff. People's or their representative's contribution to the review of their care plan was not always documented.

People knew how to make a complaint and the provider took the appropriate action when one was received.

The service continued to be well-led. People, their relatives and staff had opportunities to give suggestions

about how the service could improve. The registered manager listened to suggestions and took action where required. Staff felt supported and received good support. The registered manager was aware of their responsibilities. This included the carrying out of quality checks of the service to drive improvement.

Further information is in the detailed findings below.

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 felt safe and were protected from abuse by staff who knew their responsibilities for supporting them to remain safe.

Guidance was not always followed or in place where there were risks to people's health and well-being. Staff took appropriate action when an accident or incident occurred.

People received care and support when they requested it without having to unduly wait. The provider planned to review staffing numbers to make sure there was a suitable amount.

Staff were checked for their suitability prior to working for the provider.

People received their prescribed medicines safely from staff who were trained.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remains well-led.

The Willows Residential Home (Hinckley)

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 was a comprehensive inspection. The inspection visit took place on 13 April 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with six people and with two of their relatives. We also spoke with the relatives of two other people. We spoke with the registered manager, an area manager, one team leader, two senior care workers, two care assistants and a kitchen 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. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager or provider had undertaken. We looked at three staff files to see how the provider had recruited and supported their

employees.

We asked the registered manager to submit evidence to us after our visit. This was in relation to some processes at the home as well as information on a care record that we viewed. They submitted these to us by the required timescale.

Requires Improvement

Is the service safe?

Our findings

People felt safe with the support they received from staff. One person told us, "Safe, yes it is safe. You learn to trust people don't you. The staff help me to stand and transfer me to my wheelchair using the rotunda [standing frame]. It's very good and I feel safe when they use it." Another person said, "Yes I do feel it's safe. All of the residents and staff make it feel safe. Living here is beautiful, wonderful." A relative commented, "Safe, yes he is here, when he was on his own he had loads of falls and that has dramatically reduced here."

Staff knew how to protect people from avoidable harm and abuse. The provider had a safeguarding adults procedure that staff could describe. One staff member told us, "I would report to the manager. I would expect her to follow it up and deal with it or put a plan in place to prevent it happening again. I would go to head office or report to yourselves [Care Quality Commission] if nothing was done about it." Staff knew the signs that a person could be at risk from harm or abuse and told us they were confident the registered manager would take any necessary action to help people to remain safe. We saw that the provider had made contact with the local authority when there were significant concerns about a person's well-being. This was important as the local authority would determine if further investigation or action was required of the provider.

One person using the service had a change to their diet three days prior to our visit. This was because they were at risk of choking and specialist guidance had been given to staff about the type of diet that the person required. We saw that this advice was not being consistently followed when we visited. We had to intervene to make a staff member aware of the person's dietary requirements during a mealtime. We also saw conflicting information within this person's care records about the type of diet they required. We spoke with the registered manager about how they made sure that all staff received updates about people's changing care requirements. They told us that staff attended handovers when they came onto their shift where such changes were discussed. They also told us that they would make sure this person's change to their care requirements was discussed at the next handover and that their care plan reflected the advice received.

We saw that one person could display behaviour that could cause injury to themselves or others. We found that this person was prescribed medicines when they were anxious or upset. However, guidance was not available for staff on how to support this person to relax in times of distress before medicine was considered. The registered manager told us that they would update the person's care plan to include guidance for staff on how to safely support the person in times of distress and to manage the risk.

Other risks associated with people's care were assessed and reviewed. They contained guidance for staff to help them to reduce the likelihood of an accident or injury occurring. For example, where people were at risk of falling, staff were guided about the type of support each person required as well as any equipment needed. We saw staff following the guidance available to them. Some people required assistance to move from one position to another using equipment. Staff did this carefully and followed people's assessments making sure that they spoke with people throughout to make sure they felt safe.

Staff took action to help people to remain safe when an accident or incident had occurred. We saw that

medical assistance had been requested where this was required and staff completed forms that were then passed to the registered manager. We saw that the registered manager analysed these and took any additional action to try to prevent a reoccurrence from happening. For example, in one instance, they had instructed staff to increase the observations for one person following an incident.

Checks on the environment and equipment people used were in place. For example, routine maintenance and servicing had taken place on moving and handling equipment that people used, the gas and electrical safety were tested and the temperature of both the hot and cold water was taken routinely to make sure they were safe. Any improvements required were undertaken. We saw that the provider had plans in place to support each person based on their specific requirements during an emergency, such as a fire. Arrangements were also in place in case alternative accommodation or extra staffing was required.

Most of the people we spoke with and two relatives did not feel there were a suitable number of staff available. One person told us, "Not enough staff, you have to speak the truth don't you, though they usually respond fairly quickly when you press the call button." Another person said, "They are too busy to sit and have a chat with you. Staff being so busy sometimes lose their patience but I have never seen any abuse." Another person told us, "No I don't think there is enough staff on. When I have an appointment at the hospital I would like a staff member to go with me but there isn't enough staff on duty." A relative commented, "I don't think there is ever enough staff." We observed on one occasion that people were sat in a lounge for 25 minutes without any interaction from staff. We also observed that after a mealtime, some people were sat waiting to be assisted to another area of the home for a long period of time. At other times staff were seen checking that people were comfortable and settled.

Staff members had mixed views on the staffing numbers. One staff member told us, "Yes, there's enough. Five in the morning, and four at night. The afternoon is normally quieter." When we asked another staff member about any improvements the service could make they said, "More staff for a start. There have been times, on nights, when there were two staff when there should have been three." They confirmed that people received the support they required when this had occurred. They went on to explain, "We don't get enough time to talk with residents, that frustrates me." We saw that staff were busy on the day of our inspection preparing for a large activity that was planned. We also saw that requests for assistance and responses to call bells were responded to without undue delay.

We spoke with the area manager and registered manager about the feedback we had received about staffing numbers. They told us that six new staff had been recruited recently. They also told us that a tool to work out staffing numbers that the provider used in their other homes, had not been used at The Willows Residential Home (Hinckley). The area manager told us this would be completed to make sure staffing numbers were sufficient for the people using the service.

We found that the provider had followed its procedures to safely recruit new staff members. This included checks on their suitability. The area manager told us that the provider was considering updating staff members' Disclosure and Barring Service (DBS) check. This was because some staff had been employed for several years and had only received a check when they started to work for the provider. The provider told us that they needed to be sure that staff remained suitable to be employed. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support.

People received their medicines when they required them. One person told us, "Yes I get my tablets on time and if you need pain relief you just ask. Usually the one who gives you your tablets will ask if you want any pain relief. " We observed a staff member offering people their medicines. They did this safely, followed

people's individual preferences and sought consent when offering them their medicines. We found that people's medicine records were mainly recorded accurately. We did see that people's allergies were not always recorded in people's care and medicine records. The registered manager told us that they would make arrangements to amend people's records.

We saw that staff received training and guidance and their competence was checked to make sure they continued to handle people's medicines safely. One staff member described the check they had received and their responsibilities. They said, "I had a competency assessment about a year ago. It included ordering, booking it in, where you find information, what to do if people refuse. If someone refused I would record on the MAR [medicines administration record] chart and inform the GP and let the rest of the team know." This meant that people could be sure they would receive their medicines safely and that staff knew their responsibilities.

Good

Is the service effective?

Our findings

People were supported by staff who had the required skills and knowledge to provide good care and support to people. One person told us, "The staff do know how to support me I have no problems at all." Staff members told us that they received an induction when they started working for the provider and we saw that they shadowed more experienced staff before supporting people on their own. We found that staff also received on-going support and guidance from the registered manager and they received feedback on their work.

Staff completed training that was relevant to the people they supported. This included training in assisting people to move position and on specific health conditions. We saw that there were plans in place to refresh the knowledge of staff. Staff members were mainly complimentary about the training they had received. One staff member told us, "I've done moving and handling practical with hoists [equipment to help people to move position]. It was very useful. There was a new sling and we have had additional training on that." Some staff felt that although they received the training they required, improvements could be made. One staff member said, "Training is mainly on-line. Classroom training would be better as you take it all in better." We shared this feedback with the registered manager and area manager who said they would consider it.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager had made applications and any conditions where an authorisation was in place, were being met.

People were asked for their consent before care was undertaken. One person told us, "Staff always ask before carrying out my care." Staff knew how to respect people's choices and wishes. One staff member said, "One person can refuse personal care. I leave [person] and give them time to breathe and then go back. I could also ask a colleague if they didn't want me to help them. These things always work. When [person] declines I always respect it."

We saw that the registered manager had completed assessments on people's mental capacity where there were concerns about a person being able to make a decision for themselves. Where decisions had been made on people's behalf, these were in the least restrictive way to each person. Most of the staff understood their responsibilities under the Act. One staff member told us about a person who lacked the mental capacity to make decisions. They said, "We have one person who has bedrails. The family wanted them on. We got DoLS [Professionals who authorise restrictions upon a person's liberty] involved to assess it all." We saw that there were plans to refresh the knowledge of staff in relation to the Act.

People were complimentary about the food and drink offered to them. One person told us, "The food is very nice, it's nutritional and a good variety. There are enough snacks and drinks." Some people were unsure if

alternatives to the two main meal choices were available. We saw that alternatives were available to people and a staff member told us, "We let the chef know and they provide an alternative if we know people don't like something." Staff knew about people's preferences for food and drink. We saw that drinks were offered to people at set times throughout the day. Cold drinks were available to people at other times. We found that most people would not have been able to help themselves to these drinks due to their mobility or memory difficulties. We also saw that people were not offered snacks between mealtimes. We shared this feedback with the registered manager who told us they would remind staff about the importance of this.

People were supported to maintain their health. One person told us, "You can see the doctor when needed. Staff listened to me and recent medical issues have been addressed." A relative said, "Health care services are no problem to access. Mum saw a doctor last week." Staff knew what action to take should they have concerns about a person's health including seeking specialist advice. We saw that people had access to a doctor and other healthcare professionals such as speech and language therapists.

Good

Is the service caring?

Our findings

People received care from staff who were kind and compassionate. One person told us, "The staff definitely treat me with dignity and respect they are all so kind and friendly. Staff don't offer me care as if it's just a job, it's like a vocation for the staff they treat me well." Another said, "Yes I feel the staff do listen to me, they are so professional. I could not give you a bad example of them." A relative told us, "I find the staff welcoming and friendly. I have asked about dad's care and staff keep me informed about everything, any changes etc."

We saw that when staff spoke with people they did so in a gentle and caring manner. They listened to people and offered reassurances where a person was upset. We saw that people's privacy and dignity was respected. For example, staff knocked on people's doors before entering their room and made sure that people's clothing covered them appropriately when assisting them to move from one place to another with the use of equipment. We did see that some people's confidential care records were left unattended in a communal area. When we raised this with staff, they arranged for them to be stored securely immediately.

We saw that people were involved in decisions about their day to day care such as what they wanted to eat and how they spent their time. One staff member told us, "It's what they want to do. Clothes, what time they want to get up or what time they want their breakfast." Staff spent extra time with people to explain their choices where this was needed. Where people required extra support to make decisions, this was available. We saw staff altering their approach, tone and volume when speaking with people to make sure that people's specific requirements were met.

Staff knew the people they were supporting. They had a good understanding of things that were important and that mattered to people. A staff member told us how they got to know people and developed relationships with them. They said, "I know people really well. I chat to them. One person talks about their hobbies. One lady is cared for in bed and we have a shared experience that we talk about." This staff member was able to talk about the person's life history and we found that it matched their care plan.

People were supported to remain independent. One person told us, "I am encouraged to do things for myself but they help when I ask." We saw that staff encouraged people to eat for themselves where they were able to. We read in people's care records about things that people could do for themselves as well as the level of assistance they required each day. This meant that people were encouraged to do things for themselves wherever they could to maintain their skills.

People's family and friends could visit without undue restriction and were made to feel welcome. One relative told us, "You can visit when you like, the staff have even said we can have a meal with dad if we like."

Good

Is the service responsive?

Our findings

People received care that was based on their preferences. A relative told us, "Staff seem to know my dad really well and how to respond to him. Photos in the home tell me what dad has been up to, it's really good." We saw that people's rooms reflected their personal preferences and individual choice. Where people had memory difficulties, the provider had arrangements in place to assist them. For example, there were photographs on people's doors to aid their orientation around the home. We saw that one person requested to speak with a staff member about changes to their preferences for their night time routine. The staff member responded to the person saying that they would make sure staff knew about their request and that they would update their care plan.

Before people moved into the home, the registered manager completed a pre-admission assessment. This was important so that they could be sure that they could meet each person's specific requirements. We saw that following this, a comprehensive care plan was developed. A relative confirmed their contribution to this. They told us, "Staff consulted with me regarding [person's] likes and dislikes when we first came here." We saw that people's care plans were centred on them as individuals and contained information about their likes, dislikes and things that mattered to them. Staff demonstrated a good understanding of these and they offered their support in ways that people responded to well.

We saw that reviews of people's care occurred so that staff had up to date guidance about people's care requirements and preferences. It was not always documented how people or their representatives had been part of reviewing the care provided. The registered manager told us that people were involved where they were able to or their relatives were and that they would make improvements to the recording of this.

People were mainly complimentary about the activities available to them. One person told us, "The entertainment person comes in Monday to Friday and we do a lot of different things. I don't get bored." Another person said, "On occasions we go out on day trips or even the local supermarket for a coffee." One person told us they sometimes did not have enough to do but that activities were available. When we visited, staff were busy preparing the day for a 'Mad hatters tea party' as part of the service's Easter celebrations. There were various decorations throughout the home and staff dressed in themed costumes and people were offered hats to wear. People gave us feedback that they thoroughly enjoyed this activity.

We saw that there were planned upcoming group activities for people to take part in should they want to. We read that two people did not enjoy group activities and their records documented that they had declined these. We spoke with the registered manager about this as well as our observation that we did not see individual activities offered to people. They told us that one to one activities were provided for people who preferred this but during our visit staff were busy organising the Easter celebrations.

People told us they knew how to make a complaint should they have needed to. One person said, "I would tell the manager if I was not happy with anything." We saw that the provider's comments and complaints procedure was displayed so that people or their visitors would know the process. Where a complaint was received, the provider took action including apologising and making improvements where required.

Good

Is the service well-led?

Our findings

People told us that the service was operating well and that there was an open approach to providing care. One person said, "I do think the home is well run." Another person told us, "I do attend the residents meetings and have my say when I feel the need." We saw that the service had received many compliments about the quality of the service being offered in the areas of staff, activities and food provided. The provider welcomed feedback to be received and there were a range of opportunities for people and their relatives to do this. This included residents meetings and an annual quality questionnaire which had been completed by some relatives and returned to the provider. We saw that where there were suggestions for improvements, the provider responded detailing any action they planned to take.

Staff received good support and felt supported. One staff member told us, "Any problems there is always someone available." Another said, "She's a good manager, approachable and takes action." We saw that staff were able to give their feedback and to offer ideas for how the service could improve. This included staff being given a questionnaire that was then analysed by the registered manager who responded to any ideas suggested.

Staff knew what their responsibilities were as they received feedback on their work through individual meetings with a manager and through staff meetings. They also had a range of policies and procedures available to them. Staff could describe their responsibilities including what they would do should they have concerns about a colleagues' working practices. One staff member told us, "I would chat to them if it's not too serious or let a senior know." We saw that staff had the contact details of other organisations available to them should they have needed to contact them about their concerns.

Staff worked to the provider's aims and objectives. We read that people could expect personalised care and a service that respected their dignity and individual requirements. We saw some good examples of this when we visited.

There was a registered manager in place. It is a requirement that the service has a registered manager. 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.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.

The registered manager and provider carried out quality checks of the service to make sure the care offered to people was of a high standard. We saw that checks occurred on people's care records to make sure they contained all of the information that staff required. We also saw checks when accidents and incidents

occurred to make sure the required action was taken to help people to remain safe. Other quality checks occurred including auditing people's medicines, falls that people experienced, checks on the care people received and the safety of the building. We saw that where improvements were required, the registered manager took action. This meant that people could be sure that they would receive a service that was driving improvement.