

3A Care (Solihull) Limited

Willow Grange Care Home

Inspection report

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West Midlands
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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

At our last inspection in January 2016, the service was rated 'Good'. At this inspection, the service continued to be good.

Willow Grange Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Willow Grange Care Home provides residential care to older people. The home has three floors accommodating up to 46 people. On the day of our inspection visit 40 people lived at the home.

We carried out this comprehensive unannounced inspection on 1 August 2018.

A requirement of the service's registration is that they have 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post and had been for 17 years.

People felt safe and staff were available when people needed them. The provider's recruitment procedures minimised, as far as possible, the risks to people safety.

Procedures were in place to protect people from harm and staff knew how to manage risks associated with people's care and support. Processes were in place to keep people safe in the event of an emergency such as, a fire. Accidents and incidents were monitored and action was taken to prevent them from happening again.

Medicines were handled safely and people received their medicines when they need them from trained staff. People received support and treatment from health professionals when needed.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

The home was clean and tidy and people's needs were met by the design of the building. Staff understand their responsibilities in relation to infection control which protected people from the risks of infection.

People enjoyed the food provided. Staff understood people's dietary requirements and preferences.

New staff were provided with effective support when they started work at the home and people confirmed

staff had the skills and knowledge they needed to provide their care and support.

People were treated as individuals and were encouraged to maintain relationships important to them. People's individual religious and spiritual needs were known and respected.

People's dignity and privacy was maintained and staff supported people to be as independent as they wished to be.

Staff were caring and the atmosphere at the home was warm and friendly. People planned and reviewed their care in partnership with the staff. Staff knew people well and people confirmed their care and support was personalised to their preferences.

People chose to take part in a variety of social activities which they enjoyed and people maintained positive links with their local community.

People knew how to make a complaint and felt comfortable doing so. No complaints had been received since our last inspection. People had opportunities to share their views on the service. The management team were responsive to people's feedback which meant people were listened to.

Staff enjoyed working at the home and felt supported and valued by their managers. People spoke positively about the leadership at the home and the provider's management team.

Effective systems to monitor and review the quality of the home was in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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| Is the service safe? The service remains Good. | Good ● |
| Is the service effective? The service remains Good. | Good ● |
| Is the service caring? The service remains Good. | Good ● |
| Is the service responsive? The service remains Good. | Good ● |
| Is the service well-led? The service remains Good. | Good ● |

Willow Grange Care Home

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.

Inspection site activity started and was completed on 1 August 2018. We inspected the service because it was previously rated 'Good' and it was time for us to return to check whether the rating continued to be 'Good'.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about what the service does well and improvements they plan to make. The information reflected the service we saw and we considered it when making our judgement.

Before our inspection visit we reviewed the information we held about the home. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority commissioners who told us they were happy with the care provided to people. Commissioners are people who contract with the service, and monitor the care and support people receive when services are paid for by the local authority.

During our visit we spoke with nine people and three relatives about what it was like to live at the home. We also spoke with the registered manager, the activities co-ordinator, the deputy manager, two senior care workers, the cook, four care assistants, the house keeper and the maintenance person about what it was like to work at the home.

We looked at the care records of five people to see how their care was planned and delivered. We reviewed

two staff files to check they had been recruited safely and were trained to deliver the care people required. We looked at records of the checks the provider and the registered manager made to assure themselves people received a good quality service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People felt safe living at Willow Grange. One person said, "I have been here for 3 years, I feel very safe." Another told us, "I'm so happy. Its lovely to feel safe." A relative commented, "I feel my dad is 100% safe here with very experienced staff."

We saw enough staff were on duty to meet people's needs and people told us staff were always available when they needed them. One person said, "There is always plenty of staff around to help me, we never have to wait for anything." A staff member commented, "Staffing levels are always good here."

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Checks including references and a Disclosure and Barring Service (DBS) had been completed before staff started work in the home. The DBS is a national agency that keeps records of criminal convictions.

Procedures were in place to protect people from harm and staff received safeguarding adults training to support them to understand what constituted abuse. One staff member told us, "We don't tolerate abuse here. We are trained to recognise it, document it and report it." Staff understood their responsibilities to report any witnessed or allegations of abuse. One said, "If I was worried about anyone I'd tell a manager. If they didn't take any action I'd call social services or CQC (Care Quality Commission)."

Risk assessments supported staff to manage and reduce risks associated with people's care. Staff confidently explained how they managed risks and their practices confirmed this. For example, we saw they reminded people to use their walking frames when they walked around. One member of staff commented, "There is lots of things we do every day to keep people safe; I always make sure people can reach their call buttons and we are careful not to leave equipment lying around."

A system to monitor accidents and incidents that occurred was in place. Incidents including falls were analysed monthly and we saw action had been taken to prevent reoccurrence. For example, advice had been sought from health professionals such as the NHS falls prevention team to reduce risks. The registered manager told us, "We know who is at risk and we always take action to prevent falls."

Processes were in place to keep people safe in the event of an emergency such as a fire. The fire alarm sounded during our visit and we saw staff followed the provider's fire procedure correctly.

Records demonstrated regular checks of the building and equipment took place to make sure they were safe to use.

People told us and medication administration records (MARs) showed people had received their medicines when they needed them. Medicines were administered, stored and disposed of safely and in line with

manufacturer's guidelines. Some people administered their own medicines and their ability to do this had been regularly assessed to make sure they continued to be safe to do so.

Staff had completed training to administer people's medicines safely and a manager completed regular observations of their practices to ensure they remained competent to do so.

Staff understand their responsibilities in relation to infection control which protected people from the risks of infection. One member of staff said, "We use anti-bacterial sprays in the kitchen and are not allowed in the kitchen without an apron or a hair net." We saw staff wore the correct personal protective equipment, such as disposable gloves and aprons, when serving food or supporting people with personal care.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill and understanding to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and the rating continues to be Good.

People told us staff had the skills and knowledge they needed to provide the care and support they required. One person said, "They (staff) they have plenty of training here, they are good at their jobs."

All staff had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. The provider also supported staff to complete additional qualifications in health and social care. One staff member said, "I was offered all the qualifications I needed and have completed lots of qualifications through the company."

Staff had opportunities to meet on a one to one basis with their managers which they told us made them feel supported to continually develop and improve their working practices.

We checked whether the provider worked within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were met. 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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff had received MCA training and demonstrated to us they understood the principles of the Act. For example, they respected people's decisions to refuse care. People's care plans contained mental capacity assessments but it was not always clear what decisions people could make for themselves. We discussed this with the registered manager who told us they would address this issue.

Some people lacked capacity to make all of their own decisions and best interest decisions had been held with people closest to them. Outcomes of decisions were clearly recorded. Authorisations to deprive some people of their liberty had been sought and approved in line with legislation.

People told us, and records confirmed people were supported to attend health care appointments when needed. One person said, "Staff organise my appointments for me like if the doctor needs to come in. They are good at that kind of thing."

People told us they enjoyed the food provided. One person said, "Food is marvellous, I like everything on the menu." Staff knew what people liked to eat and drink and understood their dietary requirements. One staff member told us, "We know people really well; I know that some people get put off their food by large

portions so we give them a little less to encourage them to eat." Staff knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

People's needs were met by the design of the building. One person said, "We have had lots of work done inside and out. The home is so beautiful. We have a lovely garden, new seating and a new summer house to sit in." We saw extensive refurbishment work had been completed at the home and further work was planned to continually improve the home to make sure it was a nice place for people to live.

Is the service caring?

Our findings

At this inspection we found staff provided the same level of caring support as at our last visit. The rating continues to be Good.

People spoke positively about the staff and care they received. Comments included, "Staff are so caring. I love them, they are interested in what you say," and, "I am cared for with compassion. Staff are wonderful, nothing is too much trouble for them." A relative told us, "The care is the brilliant. Everything the staff do is for the residents."

The atmosphere at Willow Grange was warm and friendly. We spent time in the communal areas of the home and saw interactions between people and the staff were positive. Staff told us they enjoyed working at the home. One said, "We are like a family so it doesn't feel like I'm coming to work. Everyone is made to feel very welcome and that's why I love working here."

The management team and staff understood the importance of promoting equality and human rights as part of a caring approach. Staff confirmed they had received equality and diversity training and one staff member said, "We welcome everyone here, it's an inclusive place where we encourage people to live their lives how they want to."

People were encouraged to maintain relationships important to them and there were no restrictions on visiting times. One person said, "My visitors are always welcome. The staff always say hello to my daughter or son when they come to visit. It makes my whole family feel comfortable."

People told us their dignity was maintained and their right to privacy was always respected. One person said, "Staff are so caring when they take me to have a shower and to be weighed they really understand privacy and dignity. That is so important to me." Another person told us, "Staff always knock the door before they come in the room that's very thoughtful and shows they respect my privacy."

People told they were supported to be as independent as they wished to be. One person said, "They (staff) encourage me to go into the garden at times to have a walk about to keep my joints moving. It's a good thing because I get stiff joints."

People planned and reviewed their care in partnership with the staff. Records showed us people had signed their care plans to confirm they were happy with the content. People told us they regularly met with staff members to discuss their care and support.

Confidential information regarding people was kept secure so people were assured their personal information was not viewed by others.

Is the service responsive?

Our findings

At our last inspection the home was rated as 'Good' in their responsiveness towards people. At this inspection people continued to receive good, responsive care.

People described how they received individualised care which met their needs and preferences. For example, one person said, "The care workers know my likes and they give me a lovely glass of wine every day. They know I enjoy that."

Staff knew people well and were responsive to their needs. For example, during our visit we saw a staff member noticed a person's trousers were loose and they quickly supported the person to put on a belt which secured their trousers.

Staff described people's preferred routines in detail and confirmed they had enough time to read people's care plans. Care plans we reviewed contained up to date information which supported staff to provide personalised care. For example, one person liked to drink tea without sugar and another liked to listen to jazz music. Jazz music was played during our visit and we saw the person responded positively to this by clapping their hands, singing and tapping their feet to the beat of the music.

Staff told us communication in the home was good because any changes in people's health or wellbeing were shared with them when they arrived for their shift. This was important because it meant they had up to date information to provide the care and support people needed.

People chose to take part in social activities which they enjoyed. A variety of activities took place on the day of our visit which included bingo, and a quiz. We saw some people had hearing impairments and the activities co-ordinator used a microphone which made sure everyone could hear the questions that were being asked. The activities co-ordinator explained they did this to, "Make sure everyone was included."

People maintained positive links with their local community. One person said, "We go to the theatre, I love that and we go the pub too." Another person told us a community garden party was being planned. They added, "We are having live entertainment and a barbecue at the party. It gets the local people to come into the home to see what we are all about. It puts us on the map."

People's individual religious and spiritual needs were known and respected. A variety of religious services took place at the home. Two people were also supported by staff to attend their chosen place of worship each week.

People received information about the home in a way that they could understand. Information was available in large print and different languages (on request) to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

People knew how to make a complaint and felt comfortable doing so. One person said, "I would make a complaint but I have never needed to. I am happy with everything here." A copy of the provider's complaints procedure was on display within the home. Records showed no complaints had been received since our last inspection.

Is the service well-led?

Our findings

At this inspection, we found the home continued to be as well-led as we had found during the previous inspection. The rating continues to be Good.

The home was rated highly on a care comparison website with an average rating of 9.7/10. This comprised of 19 reviews made up from people who used the service and their families in the last 12 months. We looked at a selection of these comments which included, 'Willow Grange staff and management have been excellent in terms of looking after my father. The facilities are really good but it is the staff interaction with the residents that make all the difference. They treat people with care and dignity.'

Everyone spoke positively about the quality of care provided and the provider's management team. Comments included, "You really couldn't get any better than it is here, the managers are lovely," and, "Managers always have time for us, they are the loveliest people."

Staff described the management team as 'approachable and supportive'. One said, "The manager here is so professional and I can speak to her about anything." Staff told us managers led by example and promoted an open and caring culture at the home. The registered manager told us, "We have high standards. We set an example to staff so they are clear of our expectations."

We saw the management team worked alongside the staff team to support people during our visit. For example, they assisted people to eat their meals at lunchtime. This approach ensured they had an overview of how staff were providing care and support to people.

Staff attended regular team meetings which they told us gave them opportunities to discuss any issues of concern and areas improvement. One staff member said, "Meetings are really positive. We all get on so well and have a really good relationship, so you feel you can talk about anything." Staff feel valued by the management team. One staff member said, "They (provider) runs an employee of the month award which is given to staff who demonstrate dedication to their role."

The management team welcomed and were responsive to people's feedback about the service they received. Meetings for people and their families were regularly held and meeting minutes of the residents committee demonstrated people were involved in developing the service. For example, the committee had been involved in making decisions about the home's refurbishment.

Quality questionnaires were also sent out to gather people's views on the service. The feedback gathered in January 2018 showed us people were either extremely satisfied with the service they received.

There were effective systems to monitor and review the quality of the home. We saw audits and checks such as, infection control, medication and health and safety were completed. If audits had identified actions required, these were put into an action plan which was monitored by managers to drive forward improvement.

The service had 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. The registered manager had been in post for 17 years and was supported by a deputy manager who had worked at the home for 20 years.

The registered manager understood the responsibilities and the requirements of their registration. For example, they knew which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received notifications as required.

The registered manager felt supported by the provider because they received the support they needed to carry out their role. They told us, "At the moment, I've got everything I need everything. The home is the [provider's] pride and joy."

The registered manager and deputy manager attended local managers forums to keep themselves up to date on best practice. The registered manager told us, "It is quite useful to meet other managers and local commissioners. The forum delivers different training sessions such as safeguarding and employment law."

It is a legal requirement for the provider to display their latest CQC ratings so that people are able to see these. We found their rating was displayed on their website. However, the rating was not on display with the home. We brought this to the attention of the registered manager who took immediate action to address this.