

Prokare Limited

# The Willows

## 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

The Willows is a residential care home registered to accommodate up to eight people. At the time of this inspection the service was providing personal care to eight people who have a brain acquired injury.

People's experience of using this service:

- The provider had taken action to make improvements and comply with the breaches of regulations identified at the last inspection visit. This ensured people received safe care.
- People felt safe living at the home and staff knew how to safeguard them from the risk of potential abuse.
- The potential risk to people was assessed and minimised to protect them from harm.
- People were cared for by sufficient numbers of staff who had been recruited safely.
- People were supported by trained staff to take their prescribed medicines.
- Appropriate systems and staff's practices helped to reduce the risk of cross infection.
- Accidents were monitored and action taken to avoid a reoccurrence.
- People's involvement in their assessments ensured they received a service the way they liked.
- People were cared for by skilled staff who received regular one to one support from the registered manager.
- People were supported by staff to eat and drink sufficient amounts to ensure their health was maintained.
- Access to relevant healthcare services promoted people's physical and mental health.
- The environment was adapted to meet people's needs.
- People were encouraged and supported by staff to make their own decisions.
- People were involved in planning their care, which was delivered by staff who were kind and respected their right to privacy and dignity.
- People received care and support specific to their needs and were supported by staff to engage in social activities of their choice.
- Complaints were listened to and acted on.
- At the time of the inspection no one was receiving end of life care.
- There was a clear management structure in place and people were encouraged to be involved in running the home.
- The provider's governance was effective in monitoring the quality of the service and to drive improvements.
- The provider worked in partnership with other agencies to ensure people received appropriate care.

Rating at last inspection: The service was rated Requires Improvement at the last inspection in January 2018.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Willows

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

The Willows is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection site visit was unannounced. It started and ended on 4 April 2019.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service such as previous inspection reports and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would assist our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health

and social care services. No concerns were raised by the professionals we contacted.

At the inspection visit we spoke with four people who used the service, two care staff, the registered manager and the director of operations. We looked at two care plans and risk assessments. We looked at records relating to the management of medicines, staff training, complaints and quality assurance monitoring.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- At our last inspection the provider was in breach of Regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people were at risk of trips and falls due to the uneven drive leading to the home. A risk assessment had not been reviewed when a person sustained injuries from an accident. Guards were not fitted to all radiators to protect people from hot surfaces. We found that some staff were unaware of people's specific needs.
- At this inspection we found that the provider had taken action to comply with the regulations to ensure people received safe care and treatment.
- People told us they were involved in developing their risk assessment to minimise the risk of harm.
- Staff demonstrated a good understanding of people's needs and people told us they were happy with the care they received.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home and staff knew how to protect people from the risk of potential abuse.
- One person said, "I feel safe here because the staff keep us safe." Another person told us, "The environment is relaxed and that makes me feel safe."
- The registered manager was aware of when to share information of abuse with the local authority. This would enable the local authority to take the necessary action to protect the person from further abuse.

### Staffing and recruitment

- People were cared for by sufficient numbers of staff who had been recruited safely.
- People told us there were always enough staff available to support them when needed and we observed this.

### Using medicines safely

- People told us they received their medicines when they needed them.
- We observed that medicines were recorded and stored appropriately.
- The registered manager told us that staff who were responsible for the management of medicines had received medication training and staff confirmed this.
- Where people managed their own medicines a risk assessment and monitoring systems were in place to ensure they took their medicines as prescribed.
- We saw that written protocols were in place for the safe use of 'when required' medicines. These medicines were only administered when needed.

### Preventing and controlling infection

- People were supported by staff to keep their environment clean and tidy.
- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed PPE being used appropriately to reduce the risk of cross infection.
- One staff member told us that the registered manager assessed them on appropriate hand washing to reduce the spread of infection.

#### Learning lessons when things go wrong

- Where things had gone wrong, lessons were learned. For example, care records were completed when accidents and incidents had occurred which showed the action taken to reduce the risk of it happening again.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our previous inspection the registered manager was unable to demonstrate that staff had the skills to meet people's needs.
- At this inspection the registered manager told us that staff received monthly training and staff confirmed this.
- Staff told us they received training relevant to their role and with regards to people's diagnosis and assessed care needs. For example, conditions relating to people's acquired brain injury.
- The registered manager told us that all new staff were provided with an induction, staff confirmed this and we saw written evidence of this. Induction is a process to support new staff in their role.
- One staff member said, "My induction gave me an awareness of my role and what was expected of me."
- The registered manager told us that all staff received to one to one supervision sessions and staff confirmed this. One staff member said, "We can have supervision more frequently if I need additional support and advice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us that an assessment of people's needs was carried out before they moved into the home.
- The people we spoke with confirmed they were involved in their assessment and were happy with the care and support they received.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice of meals and we observed staff offering them a choice.
- Staff were aware of suitable meals with regards to people's individual health conditions.
- People told us they were supported by staff to buy, prepare and cook their own meals.
- People had access to specialised cutlery and crockery to assist them to eat and drink independently.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to other healthcare services such as occupational therapist and speech and language therapist to promote their wellbeing.
- We observed staff supporting people to attend medical appointments.

Adapting service, design, decoration to meet people's needs

- The home was situated on two floors which, were accessible by stairs or a lift.
- We observed that people were able to design their bedroom to reflect their interests.
- All bedrooms were equipped with an en suite. People also had access to a shower room and a bathroom

with an assisted bath.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to healthcare services when needed. One person said, "I can make my own GP appointment." Another person told us, "The staff take me to all my medical appointments."
- Another person told us, "I'm not too well at the moment but I see the community psychiatric nurse when needed."

Ensuring consent to care and treatment in line with law and guidance

- 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.
- All the people we spoke with said they were able to make their own decisions and staff respected this.
- Staff told us they used different methods to assist people to make decisions. For example, using flash cards to enable people to point at their preferences.
- One staff member told us, "I always listen to people and respect their choice."
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager told us that six people had an authorised DoLS in place. This was to ensure people received the appropriate care and treatment.
- Mental Capacity assessments were in place to ensure the application for the DoLS was appropriate.
- The restriction on people was limited because staff supported them when they wanted to go out.
- Two people did not have a DoLS in place, they told us they were able to go out when they wanted without staff supervision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- One person described the staff as "helpful and caring." They continued to say, "Staff are always there when I need someone to talk to." They told us that the staff supported them with their mental health needs.
- Another person told us, "It's brilliant living here, the staff are wonderful. Staff often sit with me and ask if I am happy living here."
- We observed staff were caring and took the time to acknowledge people when they entered the room.

Supporting people to express their views and be involved in making decisions about their care

- People told us about their involvement in planning their care and their involvement in their care reviews.
- People told us that staff listened to their views and they were happy with the support provided to them.
- A staff member told us where necessary people were provided with support to access the advocacy service to help them make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "I am able to maintain my own personal care but if I need help, the staff do respect my dignity." They told us they had a key to their bedroom and could be alone when they wished.
- We observed one person was not dressed appropriately and the staff member quickly rearranged their clothing to preserve the person's dignity.
- The staff spoken with demonstrated a good understanding of the importance of promoting people's right to privacy and dignity.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs  
People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person told us they were always involved in their care review and other meetings relating to them. They said, "I always feel listened to."
- People were supported by staff to pursue their social interests.
- A detailed activity schedule was in place to assist people with their memory. However, people told us this was flexible to reflect their preferences.
- Where people had expressed an interest in obtaining employment they were supported to do so. The provider worked with local colleges to give people the opportunity of further education.
- One person told us they could not cook. They told us, "I will be discussing this at my next review and my goal is to learn to cook."
- A staff member said, "We encourage people to do domestic chores, everything they do is an achievement and part of their rehabilitation." Just saying well done puts a smile on people's face."
- We looked at how the provider promoted equality, diversity and human rights of people who use the service and staff.
- The provider had reviewed their official documents such as forms used in staff recruitment to include gender and sexuality.
- People who used the service and staff said they were treated fairly.
- The registered manager told us they had a mixed ethnic staff team. They said they were discussing plans to review festivals in relation to staff's culture to see if people who used the service would like to celebrate these.
- People had access to literature relating to non-discrimination for lesbian, gay, bisexual and trans that were located in the home.
- The registered manager had subscribed to an independent agency that promoted equality.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record and respond to complaints.
- The people we spoke with were confident to share any concerns they had with the staff or the registered manager.
- One person told us, "If I am unhappy I would tell the manager and they would sort things out."

End of life care and support

- At the time of our inspection visit no one required end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- At our last inspection the provider was in breach of Regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's governance was ineffective in ensuring staff had the necessary skills to undertake their role. We found systems were ineffective in ensuring good practices were promoted to maintain people's right to privacy and dignity. Monitoring systems were not in place to ensure staff were aware of people's specific care needs, how to meet them and the individual's aspirations. The provider's governance did not review or identify whether people were lawfully being deprived of their liberty. Systems were not in place to ensure all staff were aware of suitable meals for people. Audits failed to identify safety issues such as the need for guards on the radiators to protect people from the risk of burns.
- At this inspection the provider's governance was effective in reviewing and improving the service to ensure people received safe and effective care. The provider had taken action to address all the shortfalls identified at our previous inspection visit.
- The provider had audits in place to review and monitor the management of medicines to ensure people received their medicines as prescribed.
- Audits were in place to review and monitor care planning so people could be confident their assessed needs would be met.

### Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of people's specific needs and encouraged people to be involved in all aspects of their care.
- The provider worked with other professionals to ensure people received the appropriate care and support. People told us about links they had with other professionals such as social workers and district nurses.
- People were supported by staff to maintain links with their local community. People told us about their aspiration of getting a job and learning new skills.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. One person who used the service said, "The manager is brilliant, they are a really nice person." A staff member told us, "The registered manager is very supportive."
- The registered manager told us they were supported in their role by senior management and obtained support and advice from relevant healthcare professionals that helped them in their role.
- A staff member described the culture of the home as "Lovely and everyone gets on with each other."

- The registered manager said, "The culture is nurturing for both people who use the service and staff members." They told us, "It is important to give people the opportunity to learn new things."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us that meetings were carried out with people who use the service and the people we spoke with confirmed this.
- People's involvement in meetings gave them the opportunity to tell the provider about their experiences of using the service and where improvements may be needed.
- People were involved in staff recruitment. This meant they had a say who worked with them.
- The registered manager carried out meetings with staff. The staff we spoke with told us meetings were frequent and they felt listened to and valued.

Working in partnership with others

- The provider worked in partnership with health and social care professionals to achieve positive outcomes for people who used the service. These included the local authority safeguarding team, GP's, consultants and community nurses.