

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

About the service

Willow House is a residential care home providing personal care for 15 people at the time of inspection who may be living with dementia.

Willow House accommodates up to 18 people in one adapted building.

People's experience of using the service and what we found:

People received a service that was safe. Systems and processes were in place to manage medicines safely and protect people from the risk of abuse.

Staff had the right skills and were trained efficiently to support the people they cared for. People's care and support led to good outcomes.

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

Care workers had developed meaningful relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.

People's care and support met their needs and reflected their preferences.

Management processes were in place to monitor and improve the quality of the service. There was an empowering, positive and open culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 good.

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 ●

Willow House

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

One inspector carried out this inspection.

Service and service type

Willow House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three family members. We spoke with the registered manager, the team leader and three staff members. We looked at the care records of four people. We looked at four staff records, including training and recruitment records.

We looked at other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

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

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. They were confident the provider would manage any safeguarding concerns effectively.
- The provider's systems, processes and staff training made sure people felt safe.
- People and relatives we spoke with said that people felt safe.
- One person told us, "Yes I feel safe and well looked after. They [staff] are always there, whatever we need."
- One person's relative told us, "Yes I think [Loved one] is completely safe here, the manager came in when she was not working when [loved one] hit her head, she stayed with her in hospital for six hours."

Assessing risk, safety monitoring and management

- People had risk assessments in place to manage risks such as with the risk of falls. We noted that some risk assessments were missing. We spoke with the registered manager who told us they would update them now and it had been an error due to the electronic systems they were recording on. These were updated.
- Environmental risk assessments were carried out to ensure people were safe in the premises.
- We noted in people's files that where necessary people had body maps to monitor and bruises or redness on their skin.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Using medicines safely

- We observed staff following procedures that were in place to make sure people received medicines safely, according to their needs and choices, and as prescribed.
- People received their medicines from trained staff who had their competency checked.
- Records relating to medicines were accurate, complete and up to date. The provider had a system to audit records and follow up any gaps or mistakes in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and we noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed all safeguarding reports to identify lessons and improvements to people's care.
- Incidents were logged and included details of the type of incident, who was involved and any actions taken.
- Where accidents and incidents happened, the registered manager reviewed them to identify any trends or if there were any changes needed.

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

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

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

- People's care needs were assessed and comprehensive care plans were created which were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, contained clear instructions and reflected best practice guidance.
- People and their relatives told us they received effective care.
- One person told us, "The staff are great and my care reviews are certainly person centred".

Staff support: induction, training, skills and experience

- Staff completed a thorough induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider offered to fund and supported staff if they wished to gain a higher qualification in health and social care to progress them professionally.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as epilepsy and dementia.
- The management team had an effective system to monitor that staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- We observed staff supported people with eating at mealtimes if required.
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People were given choices of meals and if someone had a specific dietary requirement this was catered for.
- One person told us, "The food is excellent! Well cooked, and well served. Delicious."
- If people were at risk of poor nutrition their care plan documented their needs and choices around food and drink, and appropriate records were kept to check their intake.

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

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, pharmacies, GPs and social workers to meet people's needs, we saw evidence of this in people's care files.

- We noted in people's care files that there was effective joint working and communication with other agencies to meet people's individual needs.

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

- The service is a house located in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had personal belongings and family photos in their rooms.
- In the areas near people's rooms the provider had added decorative items such as pictures that were to the person's taste. This included butterflies and flowers as one person loved these.
- The home had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs. Décor and signage had been changed to support people who may be living with dementia.

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

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as specialist nurses. There were folders with specific guidance for staff to follow such as for keeping people hydrated in the warmer weather.

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.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity a best interests decision was documented. Discussions and decisions had been documented in people's care files, however these did not include joint best interests decisions with other professionals. We spoke with the registered manager who told us they would log these decisions as a multi-agency decision in the future.
- Deprivation of Liberty Safeguards had been applied for where someone's liberty was being deprived. We discussed with the registered manager that although people were not being deprived of their liberty that some would need to be if they tried to leave the home. The registered manager was going to contact the local authority to review whether applications needed to be made for some people.

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One person told us, "Staff are caring and all very friendly. If you want to discuss a problem they are always there for you."
- People had developed caring and meaningful relationships with staff. People had allocated keyworkers to go to if they wished. We observed all staff being very kind, caring and warm with the people they were supporting. One relative told us, "[Loved ones] keyworker is amazing, well they all are but [staff name] is so calm, [Loved one] calls her daughter, she really does go over and above. She has come in on her day off if [Loved one] is having a bad day. We put her forward for an award for outstanding carer of the year."
- People's individual needs, preferences and beliefs were respected by the service. Any specific requirements were catered for where possible, such as having a vicar visit the service support people to access the church and have access to a bible in larger print.
- The registered manager had taken people to family events on numerous occasions so they did not miss spending time with families or significant family events.

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

- People were actively involved in their care and support decisions and their relatives where this was appropriate.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face to face with an open door policy, or through residents meetings.
- The provider had acted on feedback to improve the service and to meet people's needs. Changes included were to the menu and activities.

Respecting and promoting people's privacy, dignity and independence:

- People, relatives and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible. One person told us, "I like to have quiet time and not to socialise too much, the staff respect that and let me do what I want to do but always offer activities to me."
- Staff we spoke with told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "We close doors and curtains and cover people up when giving personal care. We always explain what we are going to do and ask if that's ok."

- We observed staff treating people with dignity and respect and encouraging them to be as independent as possible such as at mealtimes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Staff planned care and support in partnership with people.
- People's needs were captured in comprehensive care plans which contained detailed information about how they wished to receive care and support.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services. All people supported by the service were respected and there was no evidence of any discrimination in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as pictures of food on the menu to choose through sight instead of reading.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider arranged activities that supported and encouraged people to join in.
- The registered manager chose activities that met people's interests such as outdoor bowls. Outside agencies would come in and hold specific sessions such as music sessions and a reminiscence project that specifically was tailored to people with dementia and focused on times and events that encouraged good memories. We observed this and this had a positive impact on people.
- The registered manager previously arranged visits where guinea pigs came in for people to 'pet'. This was no longer available so the registered manager did research, found and acquired a house rabbit as people in the home really enjoyed animals being around. A staff member's dog was there daily also. Children from a local nursery also visited.
- People had requested a quiet area for reading. The registered manager had created an area for this.
- This helped minimise the risk of social isolation. One to one activities were also offered to people who did not wish to engage in group activities.
- One relative went away for a holiday but was going to find this hard as they saw their [Loved one] every

day. The registered manager arranged to do a 'face time' call every day so they could still see each other.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had not been any complaints since our last inspection, the deputy manager told us this was due to the 'open door' policy so any concerns are dealt with prior to it becoming a complaint. People and relatives confirmed this.
- People and relatives told us they were aware they could complain but had not needed to. One person told us, "If I have any problems I just go to [registered managers name] so I don't need to complain." One relative told us, "I'd never need to (complain), if there are ever any problems they [Willow house] call and let us know, they are just amazing."

End of life care and support

- Where the provider had supported people at the end of their life, they worked closely with the person's GP and the community nursing team to make sure people were kept comfortable, dignified and pain-free.
- People's families were given emotional support during and after their loved one's final days.
- The provider was not currently supporting anyone at the end of their life.
- We spoke with a visitor who used to visit a friend at Willow House and has continued to go in and visit people. She told us, "[friends name] was happy and safe, it's home from home. At [friends name] end of life they [Willow House] supported her wonderfully and called the vicar to be with [friends name] which is what their wishes were."
- One professional told us, "I have to say that the home has always done end of life care beautifully and show just how much they care, they also have a very good working relationship with the district nurses."

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.

At the last inspection this key question was rated good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff consistently told us the service was well-led. There was a warm and 'family' like culture within the service with a clear drive to provide high quality care. One person told us, "They [staff] are always there for anything needed. Staff are happy and so good."

One staff member told us, "They [management and staff] give presents to people and us, you wouldn't get this in bigger homes. It's like a family here." One relative told us, "It's all the extra things they do, the manager came in once as [Loved one] was unwell. She came in her PJ's!"

- There was a robust governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.

- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The provider had systems and processes in place to monitor the quality of the service.

- There were regular quality checks on care files, care logs, medicines records, staff files and other records.

- Spot checks and competency checks were carried out on staff to monitor the quality of the care being given.

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

- In addition to day-to-day contact with people who used the service, surveys were given to people and relatives to gain feedback to improve the service. The feedback was that people were 100% happy with the quality of care in the home. People had asked for more outside activities through the survey, this had been actioned.

- Residents meetings were held so people who use the service could discuss and request changes. We noted that menus had been changed and in the summer strawberries and cream given to people as requested. We also noted changes to décor following these meetings.
- The service encouraged links with the community. People from a local college came in to gain work experience or to 'befriend' people. There were links with the local church as well as a nursery.
- Staff had the opportunity to share their opinions on the service in team meetings, supervisions and with the managers 'open door' policy. We observed a very open culture within the staff team and the registered manager. One staff member told us, "I just love it here so much, it's like a second family and I cannot imagine working anywhere else."
- The registered manager gave out staff awards to celebrate great work.
- Staff felt valued and cared for. We noted there were many members of staff who had been working at Willow House for many years so staff retention was high.

Continuous learning and improving care

- The management team had a service improvement plan.
- Actions in the plan came from audits, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving improvements.

Working in partnership with others

- There was a good working relationship with the local authority.
- The provider worked in partnership with other agencies such as community nurses, GPs, pharmacies and specialist healthcare providers such as mental health services. One professional told us, "The layout of the house has been changed and had some much needed decorating – in keeping with the residents who are there."