Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Willow Grange Care Home

19 St Bernards Road, Olton, Solihull, B92 7DH

Tel: 01217080804

Date of Inspection: 18 June 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Alpha Health Care Limited
Registered Manager	Mrs. Nicola Jayne Pudney
Overview of the service	Willow Grange Care Home provides residential care for up to 46 people. Rooms are located over three floors. The majority of the bedrooms are single occupancy with en-suite facilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited Willow Grange Care Home on 18 June 2013. Nobody knew we would be visiting. During our visit we spoke with people living in the home, four visiting relatives, two visiting health professionals, four care staff, the cook and the manager. We also spent time observing how staff supported people around the home. Comments we received from people included:

"I think X is having excellent care. They are very caring."

"I liked it ever since I started – the first day."

"I think it has improved since X first came. At first they didn't seem very welcoming. Lately we have seen an improvement."

Care plans were detailed and provided staff with sufficient information to deliver care in a way people preferred. Risk assessments were in place to assess and manage any risks identified. Records confirmed that people and their families were involved in planning and reviewing their care and had signed to consent to the care and support provided.

The service had systems in place to ensure medication was administered safely.

We were satisfied the service had good recruitment procedures and checks in place to ensure staff they employed were safe to work with vulnerable people. Newly recruited staff completed full induction training.

The service had processes in place to gather the views of the people as to the quality of the service provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at the care records of four people living at Willow Grange Care Home. We saw documents in place to obtain people's consent to the care and support provided. This included their signatures on documents consenting to the taking of photographs and medication consents. Where people were unable to give consent, relatives had signed on their behalf.

We saw that people and their families were involved in planning their care. We saw their signatures on risk assessments and care plan reviews to demonstrate this. We saw records were kept of the level of involvement relatives wanted in their family member's care and in what circumstances they wished to be contacted. A record of communications with relatives was being maintained.

Care records contained information about what people liked and disliked and their preferences including hobbies and interests. They included information about people's preferred routines. For example one person's care plan for their morning routine read 'X enjoys her breakfast in her bedroom at approximately 7.15am sitting in her chair'. This demonstrated that people had been consulted about how they would prefer their care and support to be delivered.

We saw care plans in place to support people in making decisions about their every day care. Staff we spoke with understood the importance of seeking people's consent before providing care. One staff member told us," You ask before you do anything just to make sure they are comfortable. It is always nice to have a little chat before you do anything." Staff understood the importance of balancing people's right to refuse support with risks to their health and wellbeing. A staff member said, "If it was a risk to their health and hygiene I would ask for support from a senior."

The Mental Capacity Act 2005 (MCA) provides legal safeguards to ensure that people who do not have the capacity to make decisions are supported and protected. Records demonstrated that over 50% of the care staff had received training in the MCA. Some

ancillary staff such as kitchen staff and domestics had also receiving MCA training. The provider may find it useful to note that training for all staff would ensure they understood how the act impacted on their practice.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our visit we spent time talking to some of the people living in the home. We spoke with four of those people in greater detail. We also spoke to four visiting relatives. People were generally positive about the care provided. Comments received included:

"I think X is having excellent care. They are very caring."

"They take time to talk with X. Whatever they ask for they try and sort it out."

"I liked it ever since I started – the first day."

"They are very good. They know what they are doing."

"I think it has improved since X first came. At first they didn't seem very welcoming. Lately we have seen an improvement."

During the morning we observed there was a quiet atmosphere in the lounge area. The television was on but the sound was turned down so people could not hear the programme. After a while a member of staff put some music on for people to listen to.

One of the comments we received from a visitor was that they would like to see people being more involved in activities. They told us, "Any time we come they are always just sitting." The manager and staff told us that one of the care staff had recently taken on the role of activities co-ordinator. On the morning of our visit we saw the activities co-ordinator giving individual people a hand massage. Some people were having their hair done by the visiting hairdresser. During the afternoon people enjoyed a game of bingo. Some people then joined in an activity with a 'parachute' which provided them with exercise whilst they were sitting in their chairs. We also saw the activities co-ordinator and other staff preparing for a cheese and wine party they were holding later that evening.

We looked at four people's care records. We saw people had an assessment of their needs prior to moving to Willow Grange. We saw detailed care plans had been developed based on that assessment. The care plans provided staff with information about how they were to deliver support in a way people preferred and which kept them safe.

We saw evidence of risk assessment tools for falls, nutrition, moving and handling and pressure sores. We saw assessments and support plans were evaluated monthly to ensure they remained relevant to people's needs.

One person who lived at Willow Grange had poor skin integrity. We saw that in May 2013 they had been referred to the district nurse to be assessed for pressure relieving equipment. We saw that an airflow mattress and cushion had recently been supplied. We saw the person sitting on the cushion in the lounge area. The provider may find it useful to note the care plan had not been updated to provide staff with information about how this equipment was to be used and maintained.

People had emergency call bells in their bedrooms. We asked if staff responded quickly to the bells. One person said, "Very quickly." A visiting relative told us, "I was there yesterday when X rang and someone immediately came on the tannoy."

We saw people were referred to other health care professionals when a need was identified. A district nurse visited the home twice a week when staff could raise any concerns they had about people. There were two district nurses at the home on the day of our visit. They confirmed that staff raised issues in a timely manner and were good at bringing any red areas on people's skin to their attention.

During our visit we joined people in the dining room for lunch. We saw tables were set with tablecloths, cutlery and condiments. We saw adapted cutlery was in use to support people in eating independently. Staff offered people drinks and jugs of juice were placed on the tables so people who were able could help themselves. We saw there was a choice of white fish or a pasty for lunch. Some people had chosen to have smaller portions. Meals were brought out already plated up. This included fish which was covered in parsley sauce. The provider may find it useful to note that this did not promote people's choice. We saw that one person did not want the sauce.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

During our visit we looked to see if people were receiving their medication when they needed it and in a safe way. We saw medicines were stored securely in a medicine trolley. There were suitable facilities for storing controlled medications. Medication that was required to be kept at a low temperature was stored in a medication fridge. The temperature was recorded daily to identify changes in temperature which could compromise the effectiveness of the medicine.

We saw that when staff administered medication they wore red tabards advising people not to disturb them. Medication was administered using a handheld 'Protective Care System'. This system used barcodes on medication specific to the individual person at the point of medication administration. All medication administration records were maintained electronically. The system was designed to reduce the risk of accidental drug administration errors or missed dosages. It linked to prescription ordering, stock management and gave an audit trail for medication administration. We observed staff doing a 'stock take' of one person's medication. The medication in stock tallied with the electronic records. Staff spoke positively about the system. One staff member told us, "It is good because you can't give a wrong medication."

We checked the records for the controlled drugs and noted staff had been recording administration correctly. We found the amount of controlled drugs tallied with the records.

We saw some people were prescribed medication on an "as required" basis for pain relief. There were no protocols or guidelines in place to support staff in identifying when this pain relief should be administered. The provider may find it useful to note that such a protocol would reduce the possibility of unsafe or inconsistent administration.

In one person's records we saw there was a care plan in place for the administration of eye drops following an operation. Another person had recently been prescribed antibiotics. There was a care plan in place for the administration of the antibiotics which was evaluated daily. Staff explained this supported them in identifying any side effects.

We saw one person was refusing a prescribed medication on a regular basis. This had not been followed up with the GP to establish whether there were any risks to the person in

not taking it. The provider may find it useful to note that people should have regular medication reviews to ensure their prescriptions are up to date and reflect changes in their condition.

The manager told us that only staff who had completed appropriate training were able to administer medication. Following training staff were given a competency assessment. This was confirmed by the staff we spoke with. We asked whether further assessments were completed to check whether care staff remained competent to administer medication. The manager confirmed that whilst staff received refresher medication training each year they did not complete any further assessments. The provider may find it useful to note that section 9.4 of the home's medication policy stated 'the competence of the staff should be reviewed periodically'. We did not see this was happening to demonstrate staff followed safe procedures when administering and assisting people with medication.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the personnel files of two staff, one of whom had recently been recruited. We saw there was a detailed recruitment and selection process. In interviews, applicants were asked set questions which ensured all applicants were treated equally.

Each file contained evidence that satisfactory pre-employment checks such as Criminal Record Bureau (now known as the Disclosure and Barring Service) and references were obtained before staff started working with people who used the service. These checks were to ensure staff were deemed safe and suitable to work with vulnerable people.

A photo and proof of the staff member's identify were available in each file.

Staff told us and records showed there was an induction programme in place. New staff initially attended three days of training at the head office of the provider company. The training covered areas such as manual handling, infection control, safeguarding, health and safety, fire awareness, communication and dementia. During their initial period in the home, new staff shadowed an experienced worker who acted as their mentor. The induction training met the 'Skills for Care' induction standards. New staff signed to confirm they had received a copy of the staff handbook which contained the home's policies and procedures. Staff were required to read these to make sure they had the necessary skills and knowledge to work with people safely.

Staff confirmed they received regular training. One staff member told us, "If you feel you want to know a bit more they are willing to help out." The staff training matrix confirmed the training staff had received.

Staff told us they received regular supervision and spoke positively about the support they received from the management. One staff member said, "It's good – they are nice seniors." Another described the support from the manager as "really good" saying, "You can talk to her whenever you want."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at how the service assessed and monitored the quality of service provided. We saw there were processes in place to assess the views of the people who used the service.

In March 2013 people who lived in the home had been asked to complete a questionnaire about the service provided. We saw these had been analysed by the manager. We saw two of the responses were "I do some things I value but not enough. More entertainment required. I get bored" and "Some social contact but not enough". We saw action plans had been put in place that included the home's activities co-ordinator spending time on a one to one basis with residents and organising trips outside the home. The day before our visit some people had visited the butterfly farm at Stratford upon Avon.

We saw the home had a complaints policy which was displayed in the home. We looked at the record of complaints the home had received. We saw they had received three complaints in the last six months. We saw records of how the complaints had been investigated, actions taken and records of information provided to complainants as to the outcome of the investigation.

Relatives were invited to a manager's surgery every Tuesday between 4.00pm to 6.00pm if they had any issues they wished to raise informally. The manager explained that she also had a surgery for staff every Friday between 2.00pm and 4.00pm.

We saw records of accidents and incidents in the home which were audited once a month by the manager. The audit identified any risks, the level of risk and any actions taken to reduce that risk.

Risk assessments had been carried out to assess and manage any risks to people's health and wellbeing.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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