

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

The Willows Care Home

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Tel: 02086617653

Date of Inspection: 14 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
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Fountain Care Limited
Registered Manager	Ms. Lynn Yusufoglu
Overview of the service	The Willows provides personal care, support and accommodation for a maximum of six younger adults who have learning disabilities, physical disabilities and/or sensory impairment.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 14 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 carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

There were five people living at the Willows and we met with all of them during the course of our visit.

The people using this service had complex needs which meant they were unable to share direct views about their care. We therefore used observations and looked at care records to help us understand their experiences. We also looked at various records around the way the home was being run. We met with the deputy manager, four members of staff and a visiting professional.

We saw good interactions between staff and people who use the service. Staff were alert to changes in people's mood, behaviour and general wellbeing and knew how to respond to individual communication styles and body language.

A relative told us, "the home is fantastic, I have no concerns." A visiting professional said, "The staff treat people well and are respectful."

People's care records were person centred and up to date so that staff understood what people's needs were and how to support them. The staff showed understanding and insight into people's different needs and knew how to keep people safe. There were sufficient numbers of staff to meet people's needs and provide individual support. Staff we spoke to told us that they liked working at the Willows and that they could discuss any problems with the manager.

The care provider had effective systems for assessing and monitoring the service they provided. There were appropriate arrangements in place to manage medicines.

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.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Arrangements were in place to support people and ensure that any decisions were made in their best interests. People using the service had received assessments of their capacity to make decisions and consent to their care and support. We saw that an assessment had been undertaken each time an important decision was needed. One person was due to go into hospital for treatment under a general anaesthesia and the manager had consulted with the doctor. There was a record to show that the person's ability to understand the treatment options available to them had been assessed. The person's Consultant had confirmed in a letter that they had assessed the person under the Code of Practice in the Mental Capacity Act and concluded they did not have capacity to consent to their treatment.

In another example, an assessment was undertaken to establish one person's ability to understand their vulnerability when using the community. This was completed by the manager and a behaviour specialist due to the person showing particular behaviours that could make them vulnerable when outside of the home. Following the outcome that the person had no capacity, a best interest meeting was held to agree the best course of action for that person. Decisions had been made within a multiagency framework, involving family members and relevant professionals. This meant the service held discussions with the appropriate parties about how they could make sure people's best interests were represented.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. Staff had undertaken relevant training on the Mental capacity Act 2005 and Deprivation of Liberty safeguards so that they understood the issues faced by people who find it difficult to make informed choices about their care. We saw evidence that appropriate applications had been made where a person may be deprived of their liberty.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Not all people using the service were able to tell us directly about their experiences of living at the Willows. However, we saw that their care and welfare needs were clearly recorded and staff knew how to support them. During our visit, people were comfortable and relaxed in the company of the staff supporting them. Each person received individual support from staff. People were offered choices, supported to feel involved and staff knew how they should respond to their communication styles or body language.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at care records for three people using the service. Each person had a full assessment of their needs that they and people close to them, had been involved in. An informative needs assessment was available for a person who had recently moved in. There were also records to show that they had received appropriate support to familiarise themselves with their new home. This had included obtaining information and practical support from staff from their previous residence.

The care plans were person centred in that they contained a wide range of information informing staff of people's individual preferences and how they wanted to be cared for. Each care plan addressed people's individual needs and informed staff how they should meet these needs. The plans explained what to do to help the person live a meaningful and fulfilling life and recorded information that was important to the person.

People were provided with a range of activities to meet both their specific physical needs and social interests. We saw people had a range of specialist equipment to enable them to move around the home and in the community. An extra vehicle had been purchased to facilitate further activities for people to do. There was also equipment for therapeutic purposes to support people's sensory needs.

We saw that there were on-going reviews of people's care needs and staff had updated them accordingly to meet individual changing needs and circumstances. Staff produced a monthly report to check whether goals and activities had been achieved and highlight any other significant events or issues. Staff also completed daily records which gave a good overview of a person's daily experiences, activities, health and well being and any other

significant issues.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw evidence that staff had made timely referrals for health and social care support when they identified concerns in people's wellbeing. Records showed that staff had followed the advice and guidance provided by visiting health and social care professionals. For example, one person had a specific support plan for eating and drinking following a referral to the Dysphagia team. This helped staff know how to support the person's physical needs and preferences and manage any risks.

Each person had a health passport. This contained detailed information about how staff should communicate with the individual concerned along with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of people's individual's needs.

The risk assessment records were personalised and set out what to do to keep people safe as well as to protect other people. There was clear guidance on how to support people with their emotional and behavioural needs. We saw information about how to support people who may behave in a way that put themselves or others at risk of being physically harmed. Assessments and management plans were in place to address potential risks associated with moving and handling, vulnerability in the community, eating and drinking and accessing the home / wider community. There were specific risk plans associated with people's healthcare needs such as epilepsy, skin care and diet. This meant risks relating to people's health or welfare had been identified, assessed and managed.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records showed that staff had been inducted and trained in their responsibilities to protect people and recognise the signs and symptoms of abuse. We noted that safeguarding training was included in the induction of new staff. This included online training or 'e-learning' courses run by the local authority.

We spoke with two staff members who had a good understanding of how they kept people safe within the service. They knew what whistleblowing was and said they wouldn't hesitate to report any concerns they had. Both felt confident that management would support them.

There were systems in place and relevant policies to safeguard people's welfare. We saw the home had policies and procedures in place to show staff the action they needed to take if they suspected any person was at risk of harm. There was displayed information and contact details for the local safeguarding adults' team.

The service had appropriate arrangements in place to monitor the management of people's money to reduce the risks of financial abuse. In addition to daily checks of people's money by staff, there was a mixture of random and regular audit checks by management to make sure people's money was dealt with appropriately.

The support plans included guidance on how staff should support or manage behaviour which challenged the service people required. These guidelines were routinely updated to enable staff to support the person appropriately. Specific training around dealing with challenging behaviour had also been undertaken by staff. This was arranged through a behaviour specialist employed by the provider. Staff gave us examples of how best to approach people and how to support them when they were anxious or distressed.

Our records reflect that no safeguarding incidents or allegations of abuse had been reported to us at the time of this inspection.

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

At the time of our inspection we were told that none of the people using the service were able to administer their own medication. We saw that there were appropriate assessments in people's records to show whether they were able to manage their medicines. Records also told us that a relevant healthcare professional undertook regular medication reviews for supporting each person's health and wellbeing.

Medicines were kept safely. The home used a monitored dosage system with medication delivered by a local pharmacist once a month. Medicines were stored in a locked metal cabinet securely attached to the wall in people's rooms. Each person had a profile entitled 'Medication I take'. This gave staff important information about the type of medicine, the required dose and the reasons for prescription.

Medicines were prescribed and given to people appropriately. Staff completed Medicine Administration Record (MAR) charts for each person. The records we checked were fully completed and showed that people received their medicines as prescribed. These charts had been prepared by a local pharmacy that delivered all medicines to the home. The MAR charts included details of when PRN (as and when required medicine) should be given. There were also guidelines signed by the GP to support this. On occasions where people had not received their medication, staff had consistently recorded a definition on the MAR chart for the reason it was not administered.

There was a signature list for those staff authorised to administer medication. We saw that these staff had completed a course in the safe handling of medicines which was refreshed every year. The manager also carried out an observation of their practical competency.

Appropriate arrangements were in place in relation to the recording of medicine. Medicines were handled and disposed of appropriately. Staff showed us how they recorded the medicines received, administered and disposed of. Various checklists for managing medication were in use and an audit trail was being maintained for medicines received into the home and returned to the pharmacy. There was a system for checking all prescribed medication and records for the running balance of medication and any remaining stock. This meant that the records could be audited by the provider to determine whether people

received their medicines as prescribed.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. There were five staff on duty during our visit which meant that people received one to one support. We observed staff treat people with affection, warmth and kindness. Staff were attentive and their work centred on the people who lived at the home. A relative told us, "the staff are excellent, absolutely wonderful." They told us that staff did lots of activities with people which were stimulating for them.

The registered manager and majority of staff had worked at the Willows since it opened in 2011. They were familiar with people's needs and knew how to support them. Since our last inspection, two more people had moved in and staffing levels had been adjusted accordingly. We were told that there was a minimum of five staff in the morning, four in the afternoon and two staff at night. We checked some of the staffing rotas which showed that these levels were consistently maintained. We noted that where new staff were on induction training they were not included in the staffing numbers. This meant they were able to work alongside a senior staff whilst people using the service were appropriately supported.

Staff we spoke to felt there was enough staff on duty to support people. They were happy working at the service and said they had received relevant training to meet people's needs. One staff told us their induction to the home was thorough and prepared them for their role. They felt they got a good insight into each person's different needs and preferences and found the care plans easy to use.

The deputy told us that twenty staff were employed and there were no vacancies. The home did not use agency staff and covered unexpected absences such as sickness and emergencies with its own staff team. This meant people benefitted from consistent care.

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 received.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

Due to their needs, the people using this service did not have the capacity to share their views regarding their care. We gathered evidence of people's experiences of the service by reviewing care records, surveys, audit reports for the home and speaking to relatives.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that people using the service and their relatives were given satisfaction surveys once a year. The most recent surveys were sent out to people's relatives, the staff and other professionals involved with the service in October 2012. We sampled some of their responses which reflected positive feedback and that they had rated the standards of care as 'excellent'.

We were sent a copy of the Willows annual quality assurance report for 2011/2012. This included comprehensive information about the home's achievements, feedback from people's relatives, the staff and other professionals. The report also gave a summary of each person's achievements over the year such as their activities and holidays as well as their plans for the future. The service had also identified its objectives for 2013 and plans for improvement.

There were a range of quality checks in place to ensure that people were safe and appropriate care was being provided. Staff had designated responsibilities to help audit and monitor service provision. These routine checks looked at areas such as health and safety, care planning, food hygiene, medication and infection control. We saw evidence of regular health and safety checks on all aspects of the premises and equipment. This included appropriate maintenance contracts concerning fire, gas and electrical safety and for servicing equipment such as the hoists and wheelchairs.

The provider took account of complaints and comments to improve the service. We saw that monthly unannounced visits were being undertaken by other managers from the

owning company. These reports followed essential standards set by the Care Quality Commission and considered the experiences and outcomes for people using the service. These audits captured a detailed report on the standard of care provided and showed that the provider took action on areas that needed attention. A relative said they were confident that the service would deal with any concerns they raised.

There was a record of all accidents, incidents and complaints and details of how these had been investigated. As required by law, our records show that the service has kept us promptly informed of any reportable events.

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.

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