Inspection Report

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

The Willows Residential Home (Hinckley)

89 London Road, Hinckley, LE10 1HH

Tel: 01455615193

Date of Inspection: 22 April 2013

Date of Publication: May 2013

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

Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard
Notification of death of a person who uses services	✗ Action needed

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Lisa Borley
Overview of the service	The Willows provides residential care for older people and at the time of our inspection 31 older people were using the service, which was the maximum number that could be accommodated.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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'.

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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 22 April 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 met a number of people using the service and spoke in detail with four of these and with one relative visiting at the time of our inspection.

People we spoke with were satisfied with the care and support they received and found staff to be helpful. One person told us, "The staff are very good to me. I am getting to know them all by name and I am pleased with the way they look after me." Another told us, "I don't need a lot of help but if I need them the staff are there. They are very pleasant and never grumble."

A electronic system had been introduced to help manage the administration of medication and was helping to ensure medication was given reliably.

Overall, the building was adequately maintained and people we spoke with were satisfied with the way the building and their bedrooms were furnished and decorated.

Formal recruitment processes were followed and relevant checks carried out before new staff commenced employment. Staff received support from senior staff and colleagues but they had not received all the training they should have had to ensure that there skills and knowledge remained up to date.

There were arrangements in place to monitor the quality of the service and identify areas for improvement.

The provider had not been meeting the requirement to inform the Care Quality Commission of the deaths of any people using the service.

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

What we have told the provider to do

We have asked the provider to send us a report by 01 June 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

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

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we selected three sets of care plan documents to review. The provider was in the process of introducing a new care plan format so some of the information we saw was presented in the old format and some in the new version. This meant that the information contained in care plan folders was sometimes difficult to follow and repetitive. There was also information missing as some forms were incomplete. We were assured by the manager that this transition phase would soon be completed. Overall, we found that although the care plan transition was causing some temporary difficulties there was up to date information in place and this helped to protect people from the risks of receiving care that was inappropriate or unsafe.

Records were used to confirm that essential care tasks had been completed at the specified intervals. These included repositioning charts, food and fluid charts and daily log sheets. These documents confirmed that people's care was delivered reliably.

When we observed staff carrying out their duties and spoke with them they demonstrated that they were familiar with people's individual needs and their preferred routines. Staff spoke with the people they supported in a friendly manner and demonstrated a genuine and caring approach. This was confirmed when we spoke with people who were using the service. One person, who had recently moved to The Willows, told us, "The staff are very good to me. I am getting to know them all by name and I am pleased with the way they look after me." Another told us, "I don't need a lot of help but if I need them the staff are there. They are very pleasant and never grumble." One of the people we spoke with told us that staff were available when help was needed, "I press my buzzer and they come quickly."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Risk assessments had been completed to consider the possibility of any risks to people's health or wellbeing, and plans then put in place to explain how any identified risks were to be minimised. These included risk assessments in

relation to nutrition, falls and moving and handling. This showed that the provider had considered the possible risks facing individuals and put plans in place to minimise these risks and help keep them safe.

There were arrangements in place to support people's health. Care records confirmed that medical advice was sought when there were any concerns about a person's health or wellbeing. Daily entries were made within people's care plan documents to record their health and wellbeing, which helped to monitor for any signs of concern.

All of the people we spoke with told us that they were satisfied with the meals provided at The Willows. One told us. "The food is extremely good, all cooked from scratch every day." And another said, "The food here is marvellous. You get plenty and they vary the menu." This showed that people's preferences had been taken into account when planning and providing meals.

There was some information within care plans about people's life histories, preferred leisure activities and interests. The new care plan format contained templates for this, but these were yet to be completed. An activities organiser was employed to arrange social activities and events. This person was on leave on the day of our inspection and no arrangements had been made to provide any social or leisure activities for people on that day. Staff on duty were busy with their caring roles and had little opportunity to sit and join people for any leisure activities. One of the people we spoke with, who was sitting alone in one of the lounge areas, told us, "There really isn't anything going on today. It's a shame, it's very quiet." The provider may find it useful to make alternative arrangements when the activities organiser is unavailable to ensure that people continue to have opportunities for social activity and stimulation.

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

Appropriate arrangements were in place in relation to the recording of medicine. The provider had adopted an electronic system, Pharmacy Plus, for the recording of medication. Instead of paper based medication administration record (MAR) charts the information relating to people's medication regimes was stored on hand held electronic devices. Staff referred to this information when carrying out the administration of medication and entered information onto this device to confirm whether medication had been given.

Medicines were prescribed and given to people appropriately. This electronic system contained various safeguards to minimise the risk of errors occurring. When medication was administered prompts were given for staff to check the contents of pots were correct. Intervals between doses were monitored to avoid people being giving medication outside of specified timeframes.

The provider may wish to note that this electronic system did not included information relating to people's preferences and requirements about how they took their medication. For example, whether they preferred to take their medication with a particular type of drink or whether they were to be observed. The member of staff we spoke with explained this information was instead shared at handover.

Appropriate arrangements were in place in relation to obtaining medicine. There were arrangements to ensure that medication was ordered at the necessary frequency and so that stocks were available when needed. We were told that the pharmacy service was not always able to provide deliveries at short notice. Therefore local arrangements were made for any short term medication that was required quickly, such as a course of antibiotics. In these cases paper based MAR charts were used.

Medicines were kept safely. There were two medication storage trolleys and, when not in use, these were secured to the wall and kept in the locked treatment room. There was also lockable storage for controlled drugs and a lockable fridge for medication that needed to be stored at a cool temperature. Daily checks were made and recorded to monitor the fridge temperature so that this medication was stored safely.

Medicines were safely administered. The electronic system produced reports and email

alerts to notify the manager of the service of any concerns over medication administration. For example, these would highlight if stock levels were running low or if there had been a delay in administering a medicine. The manager explained to us that the reporting of errors was on occasions inaccurate as it occasionally reported errors when none had occurred. The provider was working with the pharmacy provider to improve the reliability of this information. The electronic system has only been introduced to the home in recent months and it was felt that this issue was part of the settling in process. In the meantime the provider was taking steps to ensure all information was reviewed carefully and that administration of medication ran reliably.

Medicines were disposed of appropriately. There were arrangements in place with Pharmacy Plus for the proper disposal of unwanted medication. This avoided any stocks of unwanted medication being held on the premises for longer than necessary.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had ensured that most aspects of the environment were adequately maintained. People who used the service, and staff working there, told us that if any maintenance work was needed, such as replacing a light bulb or a minor repair, this was dealt with promptly.

During our visit we inspected communal areas of the home, including corridors, lounges, dining rooms, bathrooms and toilets. Overall we found that these were clean, tidy and adequately maintained but the provider may find it useful to note that there were some exceptions to this. Some of the paintwork in the building was badly scuffed and skirting boards and door frames showed signs of extensive wear and tear. Plastic fascias on the corridor wall, designed to protect the décor from damage, were badly damaged and jagged pieces of plastic protruded from the wall. This presented a risk of harm to people using the service. When we raised this with the manager immediate action was taken and a temporary repair made to remove the protruding plastic. The paintwork in a newly refurbished bathroom was not washable and after repeated cleaning it had worn away in some places and could not be properly cleaned.

When we spoke with people using the service they told us that they were satisfied with the cleanliness of the building and with the facilities available to them. All bedrooms were single occupancy with en suite toilets and washbasins. This promoted people's privacy and provided them with a private space where they could spend time, if they chose to do so.

Some people we spoke with were in their bedrooms when we met them. These rooms were appropriately furnished and personalised with people's own belongings, including furniture, ornaments and photographs. These bedrooms reflected people's individual tastes, interests and preferences.

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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

There were effective recruitment and selection processes in place and appropriate checks were undertaken before staff began work. We reviewed two sets of staff recruitment documents. These showed that a formal recruitment process had been followed, including completion of an application form and an interview, prior to an offer of employment being made. Appropriate checks were then carried out before the person began work. When we spoke with staff they confirmed this process had been followed and that they had not commenced their duties until checks, including references and criminal records checks, had been completed.

Staff who were no longer fit to work in health or social care were referred to the appropriate bodies. The provider had policies in place to address any concerns over the performance or capability of any member of staff. This included follow disciplinary processes when the need arose.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

Staff were not fully supported to deliver care and treatment safely and to an appropriate standard. This was because they had not completed all the relevant training they should have had to help keep their skills and knowledge up to date.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff we spoke with told us that they received good support from senior staff and colleagues. Many expressed to us that they were satisfied with their jobs and enjoyed working at The Willows. They told us that they received regular one to one supervision meetings, which gave them an opportunity to discuss their performance and development with a senior member of staff. This was confirmed when we reviewed the notes of some of these supervision meetings. Staff meetings were also held on a monthly basis and notes of these meetings were available for those who were unable to attend in person. These meetings were used to share information with staff and update them on any changes relating to the running of the home.

Not all staff had received appropriate professional development. Staff participated in a range of training to support them in carrying out their job roles, including safe people handling, infection control and safeguarding of vulnerable people. Staff spoken with confirmed that the training they received was relevant and supported them in their job roles. The provider had arrangements in place to monitor the training staff had completed and to plan refresher training, to ensure that staff skills and knowledge remained up to date. The training information we reviewed showed that some of this refresher training was overdue but that arrangements had already been made to provide some of this. However, there was more that needed to be done. Some staff had not received the up to date training they should have had in safeguarding, fire safety and infection control and at the time of our inspection no arrangements had been made to address all these gaps.

Staff were able, from time to time, to obtain further relevant qualifications. Some of the staff we spoke with told us that they were studying for national vocational qualifications, which were being supported by the provider. These staff were pleased that they had the opportunity to work towards these qualifications.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People we spoke with during our inspection told us that if they had any concerns they felt able to raise these with staff and had confidence they would be responded to.

Meetings were held so that people who used the service had an opportunity to meet together with senior staff and discuss the running of the home. This meant people had an opportunity to give feedback and make suggestions. One of the people we spoke with told us, "Sometimes they have meetings and we can tell them what we think about things, like the food, and the activities." This person told us that in the past meals had sometimes not been quite hot enough, but having given feedback at these meetings this had now improved. New arrangements had been introduced to improve the staffing arrangements for the evening meal. This showed that the provider took account of comments to improve the service.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. Care plan documents showed that senior staff completed assessments and drew up the documents to confirm how people's individual needs were to be met. Care staff completed daily records and logs to confirm that people's care and support had been delivered in line with their care plans.

The provider used an assessment tool to monitor the quality of the service, which was completed by the provider's own quality monitoring inspector. This had last been completed in January 2013. This was a comprehensive document which showed that regular checks and audits were carried out and acted upon. This demonstrated that the provider had arrangements in place to monitor the quality of the service and to indentify and achieve improvements.

Notification of death of a person who uses services ✖ Action needed

Adult social care and independent healthcare services must tell us when somebody dies in their care. NHS services must tell us when somebody dies because they have not been given the right care

Our judgement

The provider was not meeting this standard.

The provider had not notified the Care Quality Commission without delay of the deaths of people who they were providing services to.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had not notified the Care Quality Commission when people using the service had died. The manager confirmed to us that 15 people who had been using the service had died between the period 1 January 2012 to 22 April 2013, but only two statutory notifications had been submitted to the Care Quality Commission in this period.

The Care Quality Commission use information relating to the deaths of people using health and social care service to monitor whether any action needs to be taken. We have asked the provider to submit retrospective information to ensure that we have a complete record of people who have died when using the service at The Willows.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: Staff were not fully supported to deliver care and treatment safely and to an appropriate standard. This was because they had not completed all the relevant training they should have had to help keep their skills and knowledge up to date. Regulation 23 (1) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 16 CQC (Registration) Regulations 2009** **Notification of death of a person who uses services**
	How the regulation was not being met: The provider had not notified the Care Quality Commission without delay of the deaths of people who they were providing services to. Regulation 16 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 01 June 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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