

Unity Homes Limited

The Willows

Inspection report

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Salford
Greater Manchester
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09 January 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 08 and 09 January 2019. The inspection was unannounced which meant the home did not know we were coming. We informed the home we would be returning on the second day to complete our inspection. We last inspected The Willows in January 2018, when we identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to staffing. This was because the provider had not provided training for nurses who worked at the service from an agency or on a self-employed basis. We rated the home as requires improvement in the effective and well led domains. We asked the home to provide an action plan to show what they would do and by when to improve these key questions to at least good. We reviewed the action taken during the inspection and found all the nursing staff were receiving training and competency assessments. The home was no longer in breach of this regulation.

There had been a change to the home's registration since our last inspection which meant Bluebell Court was now registered separately. The Willows provided residential and nursing care to up to 50 older people, some of whom were also living with dementia.

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Currently there is no registered manager in post, the home is managed by a deputy manager who is supported by the registered manager for Bluebell Court which is on the same site. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people continued to be protected from the risk of harm and abuse by staff who were knowledgeable about safeguarding concerns and how to raise them.

Risk assessments were thorough and addressed all areas of a person's needs and activities. Risk management plans had been reviewed and evaluated to a good standard on a regular basis.

Staffing levels were calculated using a system based on the needs of the people who used the service. Staff appeared to be very busy and reported they felt more staff would be better but felt able to provide care and support safely.

The home continued to manage medicines safely. Regular competency checks were completed to maintain staff skills and knowledge.

Infection control policies and practices were effective in keeping people safe from the risks associated with infection and cross contamination.

Prior to admission people's needs were fully assessed and care plans had been developed which were thorough and reflected good practice.

Staff told us they received enough training to support people effectively, and had access to regular training. The home would benefit from having a clear record of all training done and the date including the date of renewal in one place. Records were kept in different places. We have asked the home to provide us with an up to date training matrix which will review at our next inspection. The nursing staff had received some training in relation to key areas with further training planned.

Staff received supervision to support them in their roles. Staff spoken with felt they were part of a good team and could rely on each other's skills and knowledge. We saw evidence of working with other professionals in people's care plans.

Records had been kept of all food and drink taken by those assessed as at risk nutritionally. The staff and kitchen were clear about who needed modified/enriched diets and ensured they received this and recorded it. People were supported to maintain their nutritional needs and referred to appropriate health professionals when needed.

People had been supported to live healthier lives and had access to health professionals and support to attend appointments.

There had been some adaptation of the premises which reflected good practice for people living with dementia.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were.

The home continued to support people in kind and caring ways. We observed staff throughout the inspection and saw they took their time to respond to people and reassure them.

People had thorough care plans which were person centred and ensured people received care based around their needs and preferences. Care plans were evaluated to a high standard in response to any changes in people's needs.

The home ensured people knew how to raise any concerns. People reported feeling able to raise any concerns they had.

The home provided support to people at the end of their life following good practice principles. The home ensured people had been supported to consider their end of life preferences which had been recorded in their care plan.

There were clear shared values within the team who were committed to achieving positive outcomes for people. The manager promoted good practice and encouraged staff to understand and follow policies.

An effective governance framework was in place and there was evidence that where issues were identified

they had been addressed. Roles and responsibilities were clear.

The home had supported people to engage through surveys, questionnaires and meetings.

The deputy manager had worked with partnership organisations to share skills and knowledge and best practice learning which were then implemented in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People had been protected from the risk of harm and abuse by a staff team who were knowledgeable about identifying and responding to concerns.

Medicines were managed safely by trained staff who received regular competency assessments.

The risks people needed support to manage had been assessed and managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate training and supervision to meet their needs.

The home were working within the principles of the Mental Capacity Act (2005) and people's rights had been protected.

The team worked together effectively which ensured people received consistent care and support.

Is the service caring?

Good ●

The service was caring.

Staff supported people in kind and caring ways.

People were involved in making decisions and choices about their care and support.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive

People received personalised care that reflected their needs and

preferences.

People needs and preferences were regularly reviewed and evaluated to a high standard which ensured they received optimum care and treatment.

People were supported at the end of their lives in sensitive ways by staff who had received additional training to ensure they could remain in the home as far as possible.

Is the service well-led?

The service was not always well led.

The deputy manager was knowledgeable and skilled. Both residents and staff found them to be approachable and helpful.

Effective governance systems ensured there was a clear oversight of the quality of care provided and ensured the facilities in the home were well maintained.

Not all notifications had been submitted to CQC.

Requires Improvement ●

The Willows

Detailed findings

Background to this inspection

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

The inspection took place on 08 and 09 January 2019 and was conducted by two adult social care inspectors from Care Quality Commission (CQC), a Nurse specialist advisor (SPA) with specialist knowledge of pressure care, and an expert by experience (ExE). An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert who attended this inspection had experience in dementia care.

The inspection was prompted in part by some concerns we had received in relation to pressure care. We also wanted to see if the home had made the improvements, identified in their action plan, since our last inspection in January 2018.

Prior to the inspection we reviewed information we held about the home in the form of notifications received from the service, including statutory notifications and any safeguarding referrals submitted by the service.

We did not request a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at a selection of records the home maintained including; policies and procedures, the recruitment records of six staff two of whom had been employed since the last inspection, the care records of ten people, supervision and training records, staff rotas and other records relating to quality and audit checks completed by the service. We spoke with, seven people who lived in the home, one of their relatives and ten members of staff which included nurses, care workers both on days and night shifts, the deputy manager and the registered manager for the sister home, Bluebell Court, who is overseeing The Willows due to there not being a registered manager in post. We spoke with one visiting professional. We also contacted the local safeguarding team who had no specific concerns to raise.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We observed four lunch and two breakfast services. We spent time in communal areas observing how care was provided.

Is the service safe?

Our findings

People living in the home told us they felt safe. Comments included; "I am well looked after...there is always someone here to attend to me and in bed at night." and "I feel safe because there are always a lot of people about."

People continued to be protected against the risks of potential abuse. Staff had received safeguarding training and understood safeguarding adults' procedures and what to do if they suspected any type of abuse. Staff demonstrated a clear understanding and knowledge of safeguarding principles. Staff told us they would not hesitate to report any bad practice they witnessed or suspected, and they would report it to a manager or external agency straight away.

A safeguarding policy and whistleblowing policy were available and staff were aware of it. Safeguarding referrals had been made appropriately. Other risks to people's safety and welfare continued to be well managed. People had been supported to manage the risks in their daily lives. The home had used a range of tools to assess specific risks to people, for example, a mobility care plan to manage falls risk and the Malnutrition Universal Screening Tool (MUST) was used to assess nutritional risks. Risk management plans had been developed and were regularly evaluated and updated to a high standard.

Staff took appropriate action following accidents and incidents which ensured people's safety. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action had been shared and analysed to look for any trends or patterns. This showed the home were learning from incidents and seeking to improve their practice.

The provider had robust recruitment processes which ensured staff were suitable. We reviewed six staff files and found they included all necessary documentation, including clinical registration details for nursing staff. In addition, Disclosure and Barring Service (DBS) checks had been undertaken to ensure staff did not have any criminal convictions that prevented them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out before staff started employment.

The home used a system to calculate the number of staff needed to support people based on their needs. We saw this had been reviewed and updated when required. Staff we spoke with said they felt able to support people safely but would prefer more staff on duty.

Medicines continued to be managed safely. People received their medicines as prescribed, including; time sensitive medicines. Where people needed medicines when required, for example, pain relief or support with managing distress, there were clear protocols in place which described when to administer the medicines. Staff who had responsibility for medicines had received appropriate training and regular competency assessments to maintain their skills and knowledge.

People remained protected by the prevention and control of infection. There was a detailed cleaning schedule and this included regular routines for cleaning of the premises. Spot checks were regularly

undertaken to ensure cleaning standards were maintained. Equipment such as wheelchairs and commodes were also regularly cleaned. On the day of inspection, the cleaner was present and the home was clean. People told us staff followed good infection control routines and we observed this in practice.

We toured the building and found it to be well maintained and free from any obvious hazards, such as cluttered spaces. We reviewed the premises and environment checks the home completed. We found they had an up to date fire risk assessment and all people had their own personal emergency evacuation plans which identified the support they needed to get out in an emergency. We found recent safety checks had been completed in relation to the lifts, water temperature, legionella risks and nurse call system. This ensured the facilities were maintained and safely operational. There was a handyperson in post who ensured maintenance tasks were reported and completed.

Is the service effective?

Our findings

People who lived in the home had confidence in the staff. Comments included; 'Oh yes, they are quite capable.' and 'The staff are very nice'

When we last inspected The Willows in January 2018 we had identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to staffing, and rated the home as requires improvement in this domain. This was because the majority of the nursing staff, who were either self employed or from an agency, and had not received training or had their competencies assessed in key areas of their practice by the registered provider. There had also been a lack of clinical supervision to ensure nursing staff maintained and developed their skills and practice. The home provided an action plan which showed what they intended to do to improve to at least good in this domain. We checked whether the home had achieved the necessary improvements.

We interviewed four nurses including, permanent staff, agency staff and self employed staff. All the nurses we spoke with reported they had received training appropriate to their roles, including end of life medicines and PEG feeding. We could see catheter care training had also been planned. One of the nurses we spoke with said they had found the training to be useful and, as a result, had more confidence in supporting people at the end of their lives. We reviewed the nursing competency assessments and found these had been completed regularly. We reviewed the nursing records and evaluations of treatment plans which we found had been completed and maintained to a high standard. This meant we were confident the nursing staff had received the necessary support and guidance. The home was no longer in breach of the regulations in relation to staffing.

We spoke to care staff who told us they felt they had enough training to support people and had access to regular training. It was difficult to identify when training was due for refreshing. Records were kept in different places. Staff had received a variety of training, including; safeguarding, mental capacity, infection control, moving and handling dignity in care, equality and diversity, nutrition, pressure care and dementia awareness. Training had been delivered in face to face sessions and electronically; on-line.

The home provided staff with supervision. Supervision is a one to one meeting with a member of staff and a senior member of the team to discuss any development needs and identify any areas which are going well and any areas which could be better. We reviewed the supervision matrix and found supervision was sometimes provided in groups and more often related to concerns about practice. Staff spoken with felt part of a good team and able to rely on each other's skills and knowledge.

We looked at ten people's care files. We found prior to admission people's needs and preferences had been fully assessed and care plans developed which were thorough and reflected good practice. This included descriptions of how to provide support in the most effective way for the person.

People had been supported to eat and drink. Records had been kept of all food and drink taken by those assessed as at risk nutritionally. The care staff and kitchen staff were clear about who needed

modified/enriched diets and ensured they received this and recorded it accurately. People had been referred to appropriate health professionals when needed, for example, in relation to weight loss or swallowing difficulties. We observed breakfast and lunch services, including meals provided for people who ate in their rooms. We found people received their food and drink in the correct consistencies.

People had been supported to live healthier lives and had access to health professionals. Nursing records in relation to key areas of people's health needs had been maintained to a high standard which meant accurate information was provided to community based health staff which ensured people received treatment in timely ways. We saw evidence of effective working with other professionals in people's care plans.

We attended a handover between the night staff and incoming day staff. Information was communicated clearly and tasks were allocated to ensure people's needs were met. The handover was recorded which ensured tasks could be updated and followed up.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

The home had an effective system in place which ensured applications for authorisation to deprive people of their liberty (DoLS) had been submitted to the local authority and renewals had been applied for in good time. Conditions attached to the DoLS authorisations had been followed, for example, reapplying if someone had been in hospital for more than 72 hours. We spoke with the DoLS team in Salford who advised the home were very effective at ensuring they met their obligations.

Staff had received training on key areas of the MCA and understood the importance of people giving consent. Where people had not be able to give their consent we could see clear records had been made of any decisions taken on people's behalf which followed the best interests principles in the Act. We saw staff asking people before providing support and offering choices to people.

There had been some adaptation of the premises which reflected good practice for people living with dementia, including; plain floor coverings and photographs on bedroom doors to support people to find their room. The deputy manager was actively pursuing funding in the form of grants from the local authority to improve facilities further.

Is the service caring?

Our findings

Most people living in the home praised the caring nature of the staff. Comments included; 'If you need anything they are there for you' and 'I am well cared for they look after me properly.' and 'Oh yes, they are excellent.' and 'They are definitely kind and caring, they are brilliant.' The home continued to support people in kind and caring ways. We observed staff throughout the inspection and saw they were polite and took their time to respond to people and reassure them. However, when staff were very busy they did not have the same time to respond to people as they would have preferred to. One person said 'They don't take time to listen sometimes.' We discussed how busy the staff were with the manager who agreed they would consider how this might be improved.

People told us the staff supported them to maintain their privacy and dignity. We observed staff taking time to speak with people in discreet ways when offering support. Staff we spoke with were able to explain how they supported people to maintain their dignity when providing personal care. One member of staff said, 'I make sure they understand what we are doing and are happy with it. Respect them for their individuality and treat them with dignity and respect.' Another member of staff said, 'I try to tempt people and go back later and try again.'

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. Assessments and care plans included information about what was important to people about their background, culture and lifestyle choices which ensured people received the appropriate support.

Communication guides included in people's care plans ensured staff understood the best way possible to support people to be involved in decisions about their daily lives. Where a person did not communicate verbally, their non verbal communication such as, facial expressions and gestures had been detailed to provide guidance to staff about possible meaning. We saw where people were living with dementia the staff had followed the advice provided by a dementia specialist nurse in relation to how to support the person's communication. This showed the home was committed to supporting everyone to have a voice.

Care plans included descriptions of people's strengths and identified what they could do for themselves. Staff encouraged people to maintain their independence by ensuring they had support to manage some tasks for themselves.

Is the service responsive?

Our findings

People received person centred care which reflected their needs and preferences. Care plans had been developed in consultation with people who had support from their relatives if required. We reviewed the care files for ten people to check whether their needs were being kept under review and changes made to the care plans to reflect these changes. We found care files were very clearly indexed and easy to follow. There was clear information which ensured staff knew what people's needs and preferences were and could identify any changes in people's needs quickly and respond appropriately. For example, detailed observations being made of people's skin and a 'react to red' strategy to identify any potential skin breakdown before it happened and to ensure the right treatment was provided.

A section in each care plan titled 'This is your life' provided further background information this included; a family tree, work and employment history, school and educational background and details of special events in the person's life. This meant staff could see a full picture of the person at a glance and would know when the person may need support to celebrate family occasions.

People told us staff ensured they had a choice about when to get up, comments included; 'When they wake you up, if I want to stay in bed they will leave you.' We looked at how regularly people had support to shower or bathe. Records we looked at showed people had support each week.

Nursing staff ensured people's nursing needs and treatment were monitored and evaluated to a high standard. This ensured people received optimum care and treatment in a timely way. Care staff also updated nursing staff at handovers and during each shift of any changes they had noticed. We could see people had been referred to community based health professionals promptly, including tissue viability nurses, speech and language therapists when people appeared to have swallowing difficulties and the GP.

People living with dementia had an additional dementia care plan which had been developed by the dementia nurse specialist working with Salford care homes medical practice. This identified best practice in relation to meeting the health and social care needs of people living with dementia. We could see how this had been incorporated into practice within the whole team.

The service was committed to providing support to people at the end of their life and had supported people to consider their end of life preferences. This had been recorded in their care plan and included decisions relating to resuscitation, which were regularly reviewed with health professionals. Where people had chosen not to discuss this their wishes had also been recorded and respected. We could see people's decisions had been reviewed and updated regularly. Additional training for nursing staff about end of life medicines had increased their knowledge and confidence. Further training had been planned to ensure the team could support people as they preferred.

The accessible information standard (AIS) was introduced by government to ensure people with disabilities received information in ways which were accessible for them. We found the service had met this standard. The service had made information available in different formats and produced easy read versions of their

literature. Care plans included the use of symbols and pictures to support people to be involved and make choices.

There was a complaints policy which detailed how the service would respond and included information about when people could expect a response by. People we spoke with felt able to raise their concerns, comments included; 'I would find out who the head nurse is and tell her about it.' and 'If I had any worries, I can ask any staff and they will listen to you. Quite comforting.' and 'If I had any problems, I would see the staff.'

There was an activities coordinator in post. People gave us mixed views on whether they had enough stimulation. Comments included; 'We have something, drawing or colouring in. It is up to you.' and 'It is up to the individual, I just want to sit and rest.' During the inspection we saw details of some planned and past activities, including; pet therapy and singing groups from the girl guides and church. The deputy manager was also exploring taking people to dementia swimming sessions. We could not see any notices of activities on display, for example, a board which people would be able to refer to. We spoke with the deputy manager who advised there were a variety of activities and the board was being updated.

Is the service well-led?

Our findings

Since our last inspection in January 2018 there had been a change to the registration of the service. The Willows had included Bluebell Court under the same registration. Bluebell Court had registered separately in July 2018. The provider organisation had said they would have a separate registered manager for each service. At the time of this inspection there was no registered manager in post at The Willows. There was a deputy manager who had taken on the role of the manager, for an interim period, and was supported by the registered manager from Bluebell Court. The service was actively trying to recruit a registered manager.

The registered provider had a responsibility to notify CQC of incidents. We checked our records before the inspection. We found the provider had not notified CQC of applications for Deprivation of Liberty authorisations or the outcomes of these applications, as required by the regulations. We were satisfied that all appropriate applications to the local authority had been made and that no one had been unlawfully deprived of their liberty. We are considering our response to this outside of the inspection process. However, because of this we cannot rate the Well Led domain any higher than requires improvement.

People who lived in the home praised the deputy manager, comments included; 'They are easy to talk to', and, 'Oh yes, they are great. Helps you any way they can.' We asked people if they felt the home was well run, people told us; 'Oh yes, it is excellent, and 'Oh yes definitely.' and 'Yes, it is nice here.' Staff we spoke with praised the quality of the management in the home. Comments included; 'I love it here, the deputy manager is fabulous and always around to listen to us and support us.' and 'There is a very nice atmosphere, the deputy manager is lovely and the staff work well together.'

The deputy manager had undertaken additional training and participated in professional forums to ensure they had the necessary skills and knowledge to manage the service. This included the safeguarding adults forum 'Saints', which had led to new ways of working being developed and brought into practice in the home. The deputy manager also attended HAELo a safer care in care homes forum in conjunction with Salford council, and was working closely with the quality assurance team in Salford to develop knowledge and access funding for improvements including improvements to the facilities and environment. The deputy manager also kept up to date with current trends and developments through subscription to professional journals.

There were clear shared values within the team who were committed to achieving positive outcomes for people based on best practice principles. Staff had been given a code of practice which identified the values of the organisation and the standards and quality expected. The manager promoted good practice and encouraged staff to understand and follow the home's policies and procedures.

The deputy manager was also looking to develop the role of champions within the team to improve their knowledge and skills around key areas, including; dignity, dementia, safeguarding and advocacy, infection control, diabetes and activities. This showed they were committed to improving practice and empowering staff to take on leading roles.

An effective governance framework was in place which ensured the deputy manager had a clear oversight of the service. Regular audits addressed all aspects of care. These included; checks of care plans and daily records, infection control, checks of bedrooms, communal areas and the treatment room. Spot checks and competency assessments in relation to medicines had also been completed. We could see where any issues had been identified there had been an action plan to ensure this had been addressed and when this had been achieved. Where necessary group supervision had also been provided to ensure staff were able to learn from each other. The provider organisation completed regular quality assurance audits which addressed all areas of the service including staffing, training and supervisions. This ensured the deputy manager had support and guidance and could identify and prioritise management tasks.

We looked at staff meeting records and found these had been completed regularly. Staff meeting minutes included a broad range of topics, including, individuals, practice and updates. Nurses had their own meetings which focussed on practice, treatment and areas for improvement. This ensured the team were consulted regularly and kept up to date with any developments.

The home had supported people to engage through surveys and questionnaires. We looked at an example of the questionnaires for residents to complete and found they had been provided in an easy read version which included pictures. This showed they had endeavoured to include feedback from as many people as possible. We could see the home had responded to people's concerns.

There was a business continuity plan which described what action to take should there be an event which might disrupt the service. This included, power failure, fire, flood and failure of facilities including the lifts.

The provider organisation ensured there were clear policies and procedures available which addressed all aspects of service delivery. People's personal information was protected. Care plans were kept in a locked office and individual charts stored in people's rooms had been stored in drawers which ensured their privacy was protected.