

S Kirk and G Kirk

The Willows Care Home

Inspection report

90 Uttoxeter Road
Blythe Bridge
Stoke On Trent
Staffordshire
ST11 9JG

Date of inspection visit:
09 May 2019

Date of publication:
11 June 2019

Tel: 01782399411

Website: www.thewillowscarehome.com

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Willows is a residential care home providing personal and nursing care to 12 people, some of whom were living with dementia at the time of the inspection.

People's experience of using this service:

People felt safe and they were protected from the risk of abuse. People's risk assessments were followed. People were consistently supported by enough staff. Staff were safely recruited. Staff were trained and able to support people's needs.

People were treated with kindness by staff who knew them well. People's privacy and dignity was respected, and their independence was encouraged. People could make choices about their day to day lives.

People received responsive care and support. People were listened to and had their views sought about the care they received.

The systems in place to monitor the quality of care were effective and actions were driving improvements. There was a positive culture and learning and partnership working were encouraged

The service met the characteristics of Good in all areas.

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

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 18 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Willows Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

The Willows Residential Home 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with six people who used the service and six visitors. We did this to gain people's views about the care and to check that standards of care were being met. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three care staff, the deputy manager and the registered manager.

We looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included recruitment files, incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were safe and protected from the risk of harm. One person told us, "I feel safe, everything is so comfortable everyone is so nice. If I was worried I would speak to the staff." A visitor said "Yes, [person's name] is safe here. They could not be left on their own and there is always someone around."
- Staff could describe different types of abuse and how they would recognise these. Staff could also describe the actions they would take to report concerns.
- The registered manager described how previous incidents had been investigated and reported to the local safeguarding team as required.

Assessing risk, safety monitoring and management:

- At our last inspection we found that improvements were needed to how risks were assessed and managed and the provider was in breach of regulations for safe care and treatment. At this inspection we found improvements had been made.
- People's individual risks had been assessed and plans put in place to manage the risks. One person told us, "I have a mat by my bed as I have had previous falls."
- Staff could describe the support people needed to help minimise risks to their safety.
- Risk assessments and mitigation plans were documented for individuals and reviewed on a regular basis.
- For example, one person was known to sometimes display behaviours that challenge. There was a clear plan in place for staff which gave detailed guidance and incidents were recorded and monitored as required.

Staffing levels:

- At the last inspection staffing levels to meet people's needs required improvement. At this inspection we found improvements had been made.
- People told us they thought there were enough staff to meet their needs. One person said, "No I don't have to wait too long for support and meals are always on time." Visitors also confirmed they felt there were enough staff.
- We saw there were sufficient staff to keep people safe. People did not have to wait for support and there were enough staff to meet people's needs safely.
- Staff confirmed there were enough staff to meet people's needs.
- Staff were recruited safely. The provider had systems in place to ensure staff recruited were safe to work with people.

Using medicines safely:

- People received their medicines as prescribed. One person told us, "The staff give me my medication. I have seen them writing down that they have given them to me."

- We saw staff followed procedures to administer peoples medicine safely and in line with the prescribing instructions.
- There was guidance for staff on how to administer medicines. Some people had medicines which needed to be taken on an 'as required' basis for pain or anxiety management.
- Medicine stock checks were carried out to ensure people had an adequate supply of their medicines and all medicines were stored safely.

Preventing and controlling infection:

- People told us they felt the home was clean and checks were in place to maintain the home. One person told us, "The staff wear gloves and aprons. They make sure the home is clean and tidy."
- There was guidance in place for staff on how to minimise the risk of cross infection.
- Staff received training in how to minimise the risk of cross infection and were observed following the procedures and using protective clothing.

Learning lessons when things go wrong:

- There was a system in place to learn when things went wrong. The registered manager told us when incidents occurred they were reviewed and action was taken to minimise the risk of reoccurrence.
- The registered manager shared examples of how they had made changes following an incident. For example, changes to procedures and paperwork had been changed for newly admitted people following one incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- At our last inspection we found assessments were not consistently ensuring people's needs were met effectively. At this inspection the provider had made the required improvements.
- People's needs were assessed and plans were in place to meet them using an electronic record system.
- Plans were reviewed on a regular basis and any changes to people's needs were considered.
- There was guidance from other professionals included in the plans for people where needed and this was followed by staff.

Staff skills, knowledge and experience:

- People were supported by staff who had the required skills and knowledge. One person told us, "The staff are well trained. I feel I am very lucky being here." Visitors also confirmed they were happy with the skills staff displayed.
- Staff told us they received regular updates to their training. Our observations confirmed staff were skilled in providing care to meet people's needs.

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

- People were supported to maintain a healthy diet and could choose their own meals. People told us they were happy with the food. One person told us, "The food is not bad at all. I get as much choice as I would at home." A visitor told us, "[Person's name] eats most of the food. They have put weight on since being here."
- Staff understood people's needs and preferences. For example, where people were at risk of malnutrition and dehydration there were clear plans in place and monitoring for intake of food and fluids which staff understood. Weights were also monitored and any concerns were escalated to a relevant health professional.
- Where people required a specialist diet this was provided and staff had guidance in place.

Staff providing consistent, effective, timely care:

- People received consistent care. There were systems in place to ensure staff were kept up to date on any changes in people's needs.
- Staff told us there where things changed they were kept up to date and there was a record of these changes made which they could review.

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

- People had access to support with their health and wellbeing. One person told us, "If necessary the staff contact the doctor and I have my own dentist."
- Staff could describe people's health needs and we saw plans were in place to support people with any

health conditions.

- Referrals were made to health professionals when needed and the advice given was included in people's care plans and followed by staff.

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

- The environment had been adapted to meet people's needs. One person told us, "We have a say in the environment. I was surprised when I walked in here, that it was so nice."
- We saw there were clear signs in place which used pictures to help people navigate communal areas. There were items of interest on display. People could access areas of the home independently.

Ensuring consent to care and treatment in line with law and guidance:

- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed people had an MCA assessment and decisions were taken in their best interests.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- At the last inspection people were not always supported in a dignified way. At this inspection we found improvements had been made.
- People had their privacy and dignity respected by staff. One person told us, "Yes the staff are respectful and treat me with dignity. If I have a visitor I tell them give me 10 minutes privacy, they respect that."
- Visitors confirmed people were treated well. One visitor commented, "The staff are respectful with [person's name]."
- Staff were respectful in how they spoke to people. We saw staff knock doors and ensure people had their privacy maintained.
- Staff had been trained and there was information available for people about what they could expect from staff.

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

- People told us staff were nice and caring in their approach. One person said, "The staff are caring, they are all very nice. I think they know me well." Visitors also confirmed people were supported by caring staff.
- Staff demonstrated a good knowledge of people and their needs and we saw people were comfortable with the staff when they were being supported.
- We saw staff were patient with people when speaking with them and offered support in the way people preferred.
- People had their communication needs assessed and planned for. Staff could communicate effectively with people and followed the guidance in people's individual care plans.
- Peoples protected characteristics were considered and recorded in assessments and care plans. Staff understood what was important to individuals and used the information to offer personalised support. For example, people were supported to meet their religious needs.

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

- People told us they could make their own decisions and choose for themselves and were supported to maintain their independence. One person said, "I can choose what I want to wear and what I want to do." Another person told us, "If I have something to say they listen and the other way around."
- Staff could describe how they supported people to make choices for themselves.
- We saw staff offered people a choice. For example, people could choose where and how to spend their time, what to eat and drink and when they needed support.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

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

- At our last inspection people were not consistently supported when their needs changed. At this inspection we found the provider had made the required improvements.
- Information in people's care plans and their needs were reviewed on a regular basis and changes were clearly recorded and observed by staff.
- Staff knew and understood people's preferences and used this knowledge to support people as they preferred.
- People told us they had access to activities which they enjoyed. One person told us, "I go for walks, I like to keep myself fit. I take the animals for walks. I like knitting. I look after the dogs, I groom them so they are nice and clean." A visitor told us, "The staff take them out. They take them out for tea and cake."
- Staff told us they supported people to do the things they enjoyed and our observations confirmed this.

Improving care quality in response to complaints or concerns:

- People felt they could raise any concerns or complaints with staff and the registered manager. One person told us, "No complaints. I have not needed to make a complaint. I would speak to the registered manager if needed."
- There had not been any complaints since our last inspection but there was a policy in place and the registered manager could describe how complaints would be responded to.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.
- People's future wishes were considered with them and relatives and where appropriate other agencies had been involved in the discussions with people and their relatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- At our last inspection the provider's quality assurance systems were not consistently effective. At this inspection we found the provider had made the required improvements.
- There was a system in place to ensure there were sufficient staff available to meet people's needs based on people's dependency. Changes had been made to assessment, care planning and safeguarding procedures following feedback at the last inspection.
- There were processes in place to ensure staff received support and guidance on their roles. People and relatives told us they could approach the registered manager. One person said, "The registered manager is very approachable and very understanding."
- The rating from the last inspection was on display as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was aware of their responsibilities for notifying us about incidents in the home and notifications had been received as required.
- The provider had a range of checks in place to ensure people received the support they needed. For example, checks on daily recording of care provided and care plans.
- Other audits were in place for example, medicines audits were carried out with regular stock checks completed. There were checks in place on fire safety and the building. We saw these checks resulted in actions being taken to make improvements to the service.
- The registered manager understood their responsibilities and acted on duty of candour. Where incidents had occurred, relatives had been informed.

Engaging and involving people using the service, the public and staff:

- People were involved in reviewing the quality of the service and making suggestions. One person said, "I have completed a survey." A visitor told us, "We completed a survey a couple of weeks ago on the iPad."
- We saw there were regular opportunities for people to feedback about the service including discussions about menus and activities and the support people received.

Continuous learning and improving care:

- The registered manager told us they were engaged with local forums to learn from other registered managers and could give examples of how they used the forums to make improvements.
- Staff told us they were supported to continually learn and this helped them to have confidence in their role.

Working in partnership with others:

- The registered manager told us they worked in partnership with other professionals to improve the service. For example, working with health professionals to support with people's individual care.
- Professionals had given feedback on their engagement with the service. Example comments included, "This is a lovely home, the only one in the area I would place a family member into."