

HC-One Limited

# The Willows Residential Home (Hinckley)

## Inspection report

89 London Road  
Hinckley  
Leicestershire  
LE10 1HH

Tel: 01455615193  
Website: [www.hc-one.co.uk/homes/the-willows/](http://www.hc-one.co.uk/homes/the-willows/)

Date of inspection visit:  
13 November 2019  
18 November 2019

Date of publication:  
06 February 2020

## 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 care for up to 40 people. At the time of the inspection 27 people were using the service. Accommodation is provided over the ground and first floor with ensuite bedrooms and communal facilities.

### People's experience of using this service and what we found

All the people and relatives we spoke with commended the home. People felt safe and well cared for. People's preferences were respected, and staff were sensitive and attentive to people's needs. Staff were seen to be kind, caring and friendly and it was clear staff knew people and their relatives well.

There were sufficient numbers of staff employed to ensure people's needs were met.

Recruitment practices were safe and staff received the training they required for their role.

Risks to people's health, safety and well-being were assessed and care plans were in place to ensure risks were mitigated as much as possible.

Staff were aware of their responsibilities to safeguard people and the service had robust procedures in place.

People's care plans contained personalised information detailing how people wanted their care to be delivered.

Staff were keen to ensure people's rights were respected including those related to ethnicity.

People received their medicines safely and as prescribed. Medicine management practices were safe.

People were supported to eat and drink enough. Staff supported people to live healthier lives and access healthcare services when required.

The service was provided in a homely and clean environment.

Consideration was given to providing a variety of leisure and social activities for people to enjoy.

Quality assurance systems were in place to assess, monitor and improve the quality and safety of the service provided.

People 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 27th October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 Residential Home (Hinckley)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted 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 is a 'care home'. People in care homes receive accommodation and 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five members of care staff, the registered manager and nine people who used the service. We reviewed a range of records including four care records, medicine administration records, three staff recruitment files and training matrix. We also looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. Staff were able to explain their role in safeguarding people and could tell us what they would do in the event of any concerns.
- Staff understood when and how to whistle blow. The service had whistleblowing posters displayed around the home with clear reporting protocols.
- There was a robust safeguarding policy in place that sets out actions to take in the event of a safeguarding concern. We saw that the registered manager had raised safeguarding alerts appropriately.
- The services training matrix confirmed staff had undergone safeguarding training.

Assessing risk, safety monitoring and management

- Risk assessments were contained within care plans. These covered a wide range of areas such as falls, mobility, hydration and nutrition and skin integrity.
- Risk assessments were up to date and available to relevant staff.
- Essential services, such as gas, electricity and fire safety systems had been maintained and checked on a regular basis.

Staffing and recruitment

- Safe staff recruitment processes were in place with appropriate criminal and reference checks taking place prior to staff starting work with vulnerable people.
- There were enough staff to meet people's needs.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Only staff who had been trained in the safe management of medicines, and whose competence had been assessed, administered medicines to people.
- Additional guidance was contained within care plans for medical conditions. This gave staff additional knowledge on how to manage people's medical conditions including side effects of medicines.

Preventing and controlling infection

- Staff had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection and staff were observed using correct personal protective equipment.
- The services training matrix confirmed that all staff had received infection control training.

Learning lessons when things go wrong

- The service kept records of incidents and the registered manager was able to show us actions taken following incidents and learning shared with staff. An example of this was the manager identified an increase of falls within the home. The local authority was contacted, and each new fall underwent a route cause analyse. As a result, additional falls training was provided to all staff by the local authority which led to a falls fifty percent reduction in falls.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant 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

- Assessments identified people's care needs and provided staff with guidance on how to meet their needs and preferences. For example, people with continence needs were checked on a regular basis and this was documented.
- Care reviews took place regularly to ensure changes to people's needs were identified quickly.
- People had been involved in the planning of their care and their wishes were respected.

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

The Mental Capacity Act 2005 (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 when this is in their best interests and legally authorised under the MCA. 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.

- The registered manager confirmed several people were subject to restrictions to their liberty under DoLS. There was a system in place to record when these were applied for and when the renewals would be due. These were audited on a monthly basis.
- The registered manager was aware of their responsibilities relating to the DoLS and ensured conditions were met.
- People's mental capacity was recorded on care records.
- Staff understood the importance of gaining consent before providing care.

Staff support: induction, training, skills and experience

- Staff received the training and support they required to do their job.
- The service had a training matrix in place that identified when training was due.
- Staff had the opportunity to discuss their training and development needs at regular supervision and

appraisals.

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

- People had choice and access to sufficient food and drink. One person said, "The food is lovely and I'm having to ration myself little as I'm putting on weight." Another person stated "When I first came here I didn't eat much, [staff] in the kitchen helped me to regain my appetite and have been really good to me."
- Food preferences were recorded within care plans with people's likes and dislikes.
- Staff monitored the food and fluid intake of people at risk of poor nutrition and hydration and followed guidance from health professionals.
- The manager had developed a video that highlighted people with choking risks and gave guidance on how to manage their nutritional needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were being met.
- Records showed referrals were made to the GP and community nursing services when required.
- The service ensured people's oral health care needs were met. People had oral health assessments in place.

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

- Accommodation is provided in ensuite ground and first floor rooms with communal lounges and dining facilities. The design met the needs of the people living there at the time of the inspection.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who knew their needs, likes and dislikes well. A person told us "I'll tell you as it is! I really didn't want to come here. My family made me: I cried. Over time I have come to see their logic in making me come. I am happy here. All the girls here make a fuss of me and look after me. I've no grumbles at all." Another person stated, "Anything you want doing, they do their best to do it, they're great."
- Our observations showed staff were kind, caring, friendly and attentive. We observed a staff member asking if a resident was cold as a result she returned with a cardigan. The person then stated, "[Staff] has always looked out for me she's lovely to me."
- Staff told us they enjoyed working at the home and this was witnessed during observations.

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

- People were involved in the planning of their care. Their care plans clearly showed how people preferred to receive their care. A relative stated, "They always ask before giving care. Recently there was a phase of not asking and it bothered [person] so we commented and it hasn't happened again since. We are encouraged to voice concerns. We have found his care has evolved which is good to see, he could walk when he first came in but now he doesn't so they've adjusted his care to suit."
- People's views were sought, listened to and used to plan their care and improve the service.
- Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs. An example of this is the service supported a new resident to bring an electric scooter to the home. Adaptions were made to the home, so a charging point could be installed. This has allowed the person to access the community and maintain relationships.
- Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and used this information to tailor their support and interactions with people. An example of this is the home recently organised a party a 100th birthday party for a person. The Lord Mayor was invited as well as members of the armed forces that served in the persons regiment.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences and in a manner which promoted their independence.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified. The service could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. A person recently suffered a stroke and the home provided flash cards to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they participated in a range of activities. They were varied to meet the ability and preferences of people who used the service. The activities co-ordinator took steps to encourage and support people to participate in activities.
- Regular activities also included music, karaoke and arts and crafts.

Improving care quality in response to complaints or concerns

- There was a robust complaints procedure in place and records were maintained.
- At the entrance to the home there was an electronic screen whereby people could provide feedback about their experience of the home. These were audited regularly and comments included "very friendly staff and always there to help" and "fantastic party tonight."
- The registered manager had a complaints log in place. They used this to track trends and make

improvements to the service.

#### End of life care and support

- The service had an end of life policy in place and we could see that if people were willing to discuss it, their end of life wishes were recorded in detail on their care records.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was providing person centred care to people and this was evident from care records and talking with people.
- The registered manager was open and transparent throughout the inspection and people and professionals spoke highly of the service.

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

- The registered manager undertook quality audits in a key number of areas including falls, infection control, medication and the environment. There were systems in place to prompt supervision, training and competency checks.
- Staff were clear about their role and told us they were supported to do it.
- The registered manager had made notifications to CQC and the local authority where required to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were involved in the setting up of their care.
- The home had asked people to complete quality questionnaires so that areas of improvement could be identified.
- Staff team meetings took place and staff told us they could give their views on how best to meet people's needs.
- The home worked closely with GP's, and other healthcare professionals, to ensure people's needs were met.
- The manager was supported by a deputy and senior care staff. Each had recognised responsibilities and there were clear lines of accountability.

Continuous learning and improving care

- Quality assurance processes, such as audits and resident and staff meetings, ensured the registered manager and provider had the information they required to monitor staff performance as well as the safety and quality of the care provided.

