

Quantum Care Limited

Willow Court

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Willow court is a care service that provides personal care and accommodation for up to 81 people, some of whom live with dementia. At the time of the inspection 67 people lived at the service. Most people lived there permanently, and there were two short stay respite rooms. The accommodation was arranged over two floors. There were four living areas which included two 25 bedded living areas and two smaller living areas one with 16 bedrooms and the other with 15. Each area had multiple communal areas, a dining room and there was a central café which was accessible to all people.

People's experience of using this service: There was a warm, welcoming and very friendly atmosphere. The registered manager had developed a person-centred culture. The care and support provided to people who lived with dementia was consistently excellent and staff worked hard to understand people's individual needs. □

Staff were extremely responsive towards people's needs and care requirements. People and relatives told us they were fully involved in the development and review of their care plans.

Staff showed exceptional care and compassion when caring for people at the end of their lives.

The service was committed to assisting people to pursue their interests which created a sense of belonging and purpose. A range of activities were on offer to ensure a variety of opportunities which reflected people's interests and differing abilities.

The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. People and relatives were empowered to share ideas to help improve the service. People and family members were asked to provide feedback and the results were positive. People's views were considered and had been used to make changes in various areas including the environment, menus and activities.

Partnerships had been developed with the community and with health and social care professionals. A range of regular checks had been completed to review the quality of the care and any areas where improvements were required. Actions were in place to make continual improvements to the service.

People's safety had been considered and risks had been assessed and measures put in place to reduce the risks. Staff had received training in relation to safeguarding and knew how to protect people from harm. Medicines were managed safely. The risk to any infection was reduced by the maintenance of high standards of hygiene.

People enjoyed the food and their nutritional needs were met. People enjoyed living at the service and told us staff were kind and respectful of their choices. There were sufficient staff to meet their needs and staff were recruited in accordance with the providers recruitment policy.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. People's cultural and spiritual needs were met and information was available in different formats to support understanding. There was a registered manager at the service and the rating was displayed at the service and on their website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

Rating at last inspection: Good (Published August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service continued to be Good, and in one area had improved to Outstanding.

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 exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Willow Court

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.'

Inspection team: Consisted of one inspector, two assistant inspectors and a specialist nurse who had experience and knowledge about the needs of people who resided at this service.

Service and service type: Willow court is a care service. People in care services receive accommodation and personal care. 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 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: We reviewed information we had received about the service since the last inspection, including the provider information return. This gives some key information about the service, what the service does well and any improvements they plan to make. Other information included a review of statutory notifications which are events, accidents or incidents that the provider must notify us about, such as accidents or incidents. We sought feedback from the local authority, and the clinical commissioning group (CCG) and other professionals who work with the service. We used all this information to plan our inspection.

During the inspection we spoke with 11 people and three relatives to ask about their experience of the care provided. We spoke with 8 members of care staff, a member of the domestic team, the cook, the care coordinator, activities staff, two volunteers, the registered manager and the deputy manager along with a representative from head office. During the inspection we spoke with two visiting professionals from health care.

We reviewed a range of records. This included five people's care and medicine records. We also looked at four staff files around staff recruitment, various records in relation to training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

- People were safe and protected from avoidable harm. Legal requirements were met: There were effective systems to help ensure people were protected from risk of harm or abuse. Staff received training and demonstrated they understood how to report their concerns. One staff member told us "We know what to look for. If someone was being abused there may be a change in their behaviour or they may become withdrawn. I would report anything that I felt was wrong."
- People felt safe: One person told us "The staff make me feel safe, there is always someone to help you or you can push the bell if you are in your room." Relatives told us they felt that the care and support people received was safe. Another person told us "I like living here, staff are very nice and very helpful. They help me with my personal care, respect my dignity and care is always done in private. The carers give me choice. I have problems with my ears and this affects my balance. The staff will walk with me and make sure I am safe. The staff are very helpful. One relative told us "I visit regularly and have no concerns about safety."
- Assessing risk, safety monitoring and management: Risks to people's well-being and health were assessed and measures put in place to help mitigate risks. Risk assessments were regularly reviewed, for example, if anything changed. Staff had been trained in fire safety and people had personal emergency evacuation plans (PEEPs) so that staff knew how to assist people in the event of a fire.
- Staffing and recruitment: Safe and effective recruitment practices were followed to help ensure staff were of good character, and suitable to work in a care setting. All staff had been through recruitment procedures which included obtaining a Disclosure and Barring check (DBS) and taking up references. People and relatives felt there were enough staff to meet people's needs in a timely way. On the day of the inspection, we noted people's needs were met in a timely way and call bells answered promptly.
- Using medicines safely: People's medicines were managed safely. Staff had received training and there were protocols for medicines prescribed on an PRN 'when required' basis. Medicine administration records (MAR) were completed correctly, with regular audits in place. We checked a sample of medicines and found stock balances were correct with what was recorded.
- Preventing and controlling infection: There were effective infection control procedures in place and regular cleaning in the service. The service was clean and there were no mal odours. Staff used personal protective equipment (PPE) when providing personal care to people.
- Lessons learnt when things go wrong: Learning from any accidents or incidents were shared with staff. For example, if a person had a fall, their care plan and risk assessment would be reviewed to check any additional equipment was required. This helped reduce the risk of an incident reoccurring.

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.
- People's needs were assessed prior to them coming to live at Willow court. This helped ensure that people's needs could be fully met. Care plans were personalised and comprehensive and contained relevant information to enable staff to provide effective care. People told us they received care that met their needs. One person told us "They (staff) care for me in the way I wish and always ask if I need anything more done."
- Staff support: induction, training, skills and experience: Staff received appropriate training and support to carry out their roles effectively. Staff had a comprehensive induction when they started working at Willow court, and had a programme of ongoing training, with regular updates when required. There were a number of 'champions' who were responsible for sharing knowledge in the service to ensure quality care and best practise was embedded throughout the service. These included Dementia, nutrition, infection control and safeguarding champions. The champion roles had developed the staff teams' knowledge in these areas giving improved care and support to people who live Willow Court.
- Staff received regular support through team meetings and individual supervisions where they received feedback about their performance and any development needs were discussed.
- Supporting people to eat and drink enough to maintain a balanced diet: People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. Snacks and drinks were readily available throughout the service. People told us they enjoyed the food. One person told us, "The food is plentiful and you always get a choice as well." Specialist and culturally appropriate diets were catered for. Where people were identified to be at risk of malnutrition or dehydration. They were monitored and if required a referral to their GP or dietician was made.
- Staff worked in partnership with health and social care professionals, appropriately sharing information about people to help ensure that the care and support provided was holistic.
- Adapting service, design, decoration to meet people's needs: The design of the service was appropriate for the people who lived there. For example, a bright spacious and welcoming reception and central café, which was accessible to everyone. This included visitors to the service. The living areas were decorated in a way which stimulated and were interesting for people, for example in the area where people lived with dementia. There were lots of memorabilia and there were items that people could engage with and pictures on walls along with memory boxes. Signage was appropriately placed and supported people with information.

- People had access to health professionals when required. There were regular GP visits. During our inspection we saw three visiting professionals visiting people. One professional told us "This is a good service. They contact us appropriately and always follow any instructions seeking advice in a timely way, and there is always something going on."
- Ensuring consent to care and treatment in line with law and guidance: People were asked to consent to their care and treatment. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 services, 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.

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.

- People were supported by kind and caring staff and were treated with dignity and respect. We observed positive caring interactions between staff and people who lived at Willow court. We observed lots of laughter and people were clearly comfortable engaging with staff in the service. The atmosphere was warm and welcoming. Staff demonstrated they knew people and their preferences well.
- People told us staff were kind and caring. One person told us, "The staff are lovely they are all very good." A relative told us "They are very kind, always polite and both approachable and available, they always keep me informed which puts me at ease." People were involved in the development and review of their care plan and could choose how they liked to be supported.
- Each person had their own key friend. This role had been developed to move away from traditional key workers. Staff had written about themselves and shared this with the people they supported to develop the key friend role. People and their relatives were asked for their opinions and their views were taken into account. People could express their views about all aspects of the service for example if they had any ideas on how to make improvements.
- People's care plans contained detailed information about their preferences, likes and dislikes. They also contained 'life histories' and this information was used to good effect especially to engage with people. One staff member told us, "We encourage people to talk about their lives, what they enjoy, who is important to them and their careers. Staff told us that they supported people to maintain contact with relatives and friends.
- Staff were passionate about the people in their care and told us they went over and above the call of duty to support people to achieve better outcomes and improved quality of lives. One staff member who worked with people who live with dementia told us "I am highly motivated to deliver outstanding care and creating a pleasing service environment. I feel very privileged to be working at such a wonderful service, the staff and residents are like one big family. I have actively promoted positive interacting and meaningful care for our residents."
- Respecting and promoting people's privacy, dignity and independence: People told us staff respected their dignity and privacy. One person told us, "The staff are very respectful, they ensure they maintain my dignity especially when helping with personal care." We observed that doors were closed when staff were giving supporting people with personal care. Visitors were made to feel welcome and were welcomed to join in events at the service.
- Information about local advocacy services was available and people and family where appropriate were supported to access independent advice when required.

- People's confidential medical and personal life histories were kept secure. Staff were aware of the confidentiality policy and the need to only share information with people who were legally entitled to access it.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

- People's needs were met through exceptional organisation and delivery. Planning personalised care to meet people's needs, preferences, and wishes. People were encouraged and supported to retain as much control over their lives as possible.
- Staff told us they had regular 'cultural days' – staff dressed up in ethnic/cultural costumes, generally from the country of their origin and specialist food from their country was cooked for people. People and their relatives told us they really enjoyed these events. One visiting relative told us "They really do make these events enjoyable, everybody gets involved. They even dress in their national costumes. It is lovely to see everyone getting involved."
- The chef told us people were able to assist with food preparation if they were interested by donning a white coat and hat. They confirmed this would only be done if it was safe to do so and the person had expressed a wish to be involved.
- Staff told us the activity coordinators support people with outdoor activities where possible. If a larger group of people were taken out in the minibus for instance then other care staff would need to be involved. This meant that days out were available to larger groups of people. If more people wanted to go on outings they would arrange more dates.
- A visiting professional told us "This is such a vibrant place. There is always so much going on. There is lots and laughter and a real buzz about the place." A second professional told us "People are very engaged with plenty to keep them occupied."
- The activities coordinator told us they provided 'Namaste' a special hand massage as part of their 1-1 therapy. They explained that they put a 'do not disturb' sign on the door, to enable people to be in a total state of relaxation. The massage included using a special light, a favourite smell of people's choice and soft music. People told us how much they enjoyed this therapy which was available to all people. Staff explained it had been therapeutic for those receiving end of life care.
- The registered manager and staff had introduced a small steps initiative to support people to overcome obstacles and barriers in their lives. This was available to anyone who wanted to achieve something, but was unable to do so without input or specialist support from another person. This enabled and supported people to do things they wanted but had been unable to do through a loss of confidence or were unable to do because of a physical restriction. For example, one person who had not left the service for many years was supported to gradually overcome their fear of going out through one to one support. Recently they were

able to attend an event at a venue in the community. This was a massive achievement for them personally and has greatly improved their quality of life.

- □ Staff told us about the 'Let's get talking initiative' which was a way of involving people and supporting them to talk about any ambitions or aspirations they have. One person had a wish to go to the seaside, and this was arranged. Other people wanted afternoon tea at the park, we observed photos of people looking extremely happy and having fun. Another person was being supported to develop a wedding portfolio, which they could keep in their room and staff were supporting them with this. Other people who were keen gardeners were supported through a gardening club and recently people had suggested getting window boxes, in particular to bring the garden closer to people who were unable to go out into the garden, so they could see these from their individual rooms and also to make the external areas more pretty for people to enjoy.
- □ People who lived with dementia received exceptional care. Activities and events were specifically tailored to their needs and abilities. We saw that the living environment was stimulating and interesting. Staff were passionate about achieving the impossible and overcoming any barriers. We saw that people were brought into the community and the community brought into the service to engage with people.
- □ The Pat the dog service regularly visited the home and staff told us people enjoyed this.
- □ Multi faith services were regular events. On the day of our inspection there was a service which was well attended. The pastoral person told us they had developed some meaningful relationships and people engaged so positively through talking, singing and developing a real rapport and connection with people and their families. They had also been a great source of comfort and support when people were at the end of their lives and families often approached them to help make funeral arrangements, including taking the funeral service.
- □ Children from a local school visited the service and engaged with people. Various topics were discussed. For example, on the day of our inspection the children were discussing what people's favourite football teams were. People were showing really positive reactions to these events. People told us they looked forward to Thursdays when the 'Dinky dancers' (young children's dance group) visited.
- □ The provider introduced a children's Stay and Play session which had led to positive relationships, for example – adopt a nanny, where a family with children visit the service and befriend a person. Activities staff told us "One person is even going to a family's house for Sunday lunch. The family have been DBS checked and a staff member is going with them."
- □ Teachers from a local school also attend a 'Book Buddy' session. Staff told us "We also take the residents to the school and they spend time at the library in the school – the kids really enjoy this interaction with people from the service. One person who had visited the school told us "It was a lovely experience to have time to spend with the little ones in their Library."
 - A manager from head office went to the school and did a talk on dementia. This really helped children and staff understand more about caring for people who live with dementia."
- □ The whole of year 5 took part in an activity (30 children) where the children learn new craft skills with the support of people living at Willow Court.
- □ People were supported to maintain family contact through social media and SKYPE, for example a weekly

Skype Chat to keep in touch with relatives living abroad.

- The lounge in the living area where people who lived with dementia resided was sensitively arranged to replicate a lounge in an individual's home. Seating was around a fireplace and small table to make it a more inviting area for people to sit. One relative told us "It is so nice for [Name] because they do not like large areas with lots of people. They prefer a small cosy environment where they can sit and watch what is going on." By having various seating areas this ensured people were always given choices about where they wanted to sit and spend time.
- Each living area was decorated with all kinds of sensory objects, colourful and interesting things which people engaged with. We observed staff to be sensitive when dealing with people. However, the atmosphere was happy and inspirational, where staff consistently worked hard to achieve the impossible and always go the extra mile.
- Staff supported people to have relationships. The registered manager told us how staff ensured people's privacy and gave them space. For example, they had 'Do not disturb signs' to place outside people's bedrooms if they requested some personal time with a partner.
- People received sensitive personalised end of life care. People's end of life wishes were recorded where possible and care provided was dignified and respectful. Relatives were happy and thankful for the personalised care and support people received. Where people were nearing end of life plans were in place to care for them at the service and to keep them as comfortable as possible, while supporting families at this difficult time. This included sensory factors soft lighting, candles burning creating a relaxed atmosphere and or soft background music playing.
- One regular visitor to the service told us "The staff are fantastic when it comes to end of life care. Being a regular visitor, I had got to know many of the people who live here. Recently a person we had got to know passed away. I must say how impressed I was with the compassionate care they provided both to the person and their family members. It made the entire experience so dignified for them."
- People knew how to complain if they had any concerns. One person told us, "I have no complaints. I would let staff know if I was not happy about anything." People's relatives thought the management team were responsive and they dealt with any concerns promptly. Complaints we looked at were responded to appropriately.
- People told us the registered manager was proactive in dealing with grumbles or any areas of dissatisfaction. One person and their family member told us "The registered manager has a visible presence She does a daily walk around the home and this gives us an ideal opportunity to raise anything with her." This meant that things were addressed before they elevated to a formal complaint.

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 well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.
- The registered manager worked tirelessly to make continual improvements to the service. They had created an open and transparent culture which promoted high-quality, person-centred care. The registered manager had introduced various initiatives including recognizing staff who went the extra mile. Care staff had won an internal company award for providing care over and beyond the call of duty and had also been nominated for another award.
- People, their relatives and staff told us that the service was managed well. People knew who the registered manager was, and also other members of the management team. They also told us they felt the registered manager was visible and had a presence.
- Relatives were happy how the service was run. One relative told us "I visit regularly and I do feel it is a good service. The staff and management they are all very kind and really do work hard to make continual improvements. They are always asking for suggestions."
- Staff felt valued and were motivated. They felt the management team appreciated them and their individual contributions. One staff member told us "We can always speak to [name of registered manager] they have an open-door policy and are very supportive." Staff embraced the values and culture created by the registered manager and repeatedly told us how much they enjoyed working at the service.
- The registered manager had a clear vision for the continued development and improvement of the service. Everyone had clear roles and responsibilities, and understood the various functions of their roles. There were clearly defined roles for staff working in the service. Staff told us there was good team work. Staff felt listened to by their managers and had regular support.
- Accidents and incidents were monitored and reviewed and used as an opportunity for learning and improving. For example, the registered manager had completed a case study in response to medicine errors. This had included an analysis more arm's length work based observations and more stringent audits.
- Engaging and involving people using the service, the public and staff. Working in partnership with others: There were opportunities for people who used the service and their relatives, family and friends to share their views about the quality of the service provided. People and staff told us there were regular meetings, and we saw meeting notes and actions.
- The registered manager told us they were committed to providing people with an excellent service

encouraging and supporting people to be the best they can and achieving their maximum potential. We saw evidence of various initiatives and improvements throughout our inspection. For example, we saw that in one living area an umbrella and raindrops had been painted on the wall people had been asked about what makes them feel safe their and their feedback had been attached to the raindrops making a very stimulating décor in the main corridor area. Additionally, other similar décor was observed in other units with resident's quotes printed on decorative flowers. There was evidence throughout the service that people were at the heart of everything the staff and management did.

- The registered manager had a range of quality assurance checks in place. This included auditing records, medicines, the cleanliness of the service. Monitoring staff training and development. Environmental checks and ensuring the building and external areas were well maintained. Surveys were sent out seeking feedback from people about the quality of the service provided. Where any negative comments were made these were factored into an action improvement plan.