

## Willow House Residential Home

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### 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection of Willow House took place on the 23 November 2017. The inspection was unannounced and undertaken by one adult social care inspector. At the last inspection, in August 2015, the service was rated Good overall and Requires Improvement in the safe domain as we could not always reconcile medication stocks with records. At this inspection we found the service had improved where required and has been rated Good in all five domains.

Willow House provides accommodation and personal care for up to 30 older people, some of who were living with dementia. There were 29 people living there at the time of our inspection.

There was a registered manager in post. 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.

People were protected from the risks of harm, because staff understood their responsibilities to protect people from harm and to share any concerns with the registered manager. The registered manager checked staff's suitability for their role before they started working at the home and made sure there were enough suitably skilled staff to support people safely and effectively.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. Medicines were stored, administered and managed safely and the registered manager regularly checked the premises and equipment were safe for people to use.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff worked within the principles of the Mental Capacity Act 2005 because people were encouraged to be as independent as possible and empowered to take responsibility for their own lives and make their own decisions.

People were treated with dignity and respect by staff who demonstrated a caring, kind and compassionate approach. Staff understood the needs of people and people and their relatives were involved in the planning of care and support. A variety of opportunities were provided for people to enable them to enjoy meaningful social interaction and reduce potential risks of social isolation. Care was planned to meet people's individual needs, abilities and preferences. Care plans were regularly reviewed and updated when people's needs changed.

The service had an open and inclusive culture and people, their relatives and staff were positive about the way it was managed. The provider and registered manager had established quality assurance systems and regular audits were being completed. Issues identified were addressed in a timely manner. People's feedback was sought in order to improve the service.

## 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.

Staff knew how to keep people safe from the risk of abuse.

Necessary arrangements and improvements had been made to ensure that medicines were safely managed.

Sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Robust recruitment procedures were in place for new staff.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# Willow House Residential Home

## **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 was planned to check 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.

This inspection took place on 23 November 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we reviewed the Provider Information Return (PIR). 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 used this information to plan the inspection.

During the inspection we spent time and spoke with five people who lived at Willow House. We gained feedback from one relative and a visiting nurse who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We reviewed six people's care records including their medicines administration records. We looked at four staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

## Our findings

At the last inspection in August 2015 this key question was rated as 'requires improvement'. We previously found that we were unable to reconcile some prescribed medication stocks with medication records. At this inspection we found that improvements had been made and determined that the rating is 'good'.

Everyone we spoke with told us they felt safe at the home and said they trusted the staff. Staff understood the provider's safeguarding and whistleblowing policies and procedures for keeping people safe. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff also told us they would not hesitate to share any concerns with the registered manager. One staff member said, "I would report any concerns immediately." The registered manager understood the requirement to notify us of any safeguarding referrals and shared information with us when safeguarding investigations were concluded. The provider's recruitment process included making all the pre-employment checks to ensure staff were suitable to deliver personal care.

The service was fully staffed at the time of this inspection and were not using any agency staff. Any short notice absence was covered by existing staff or management team. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly. We heard bells ringing during the inspection and these were responded to effectively. Staff told us they were happy working at Willow House and felt they were a good team. One staff member said, "We are a good team who are supportive of each other. The harmony between staff has a positive effect on everyone here."

Risks to people's personal health, wellbeing and safety had been assessed. Risk assessments were held within all of the care records we reviewed. These included risks related to falls, pressure damage; nutrition; behaviour; cognition; mobility and moving and handling. Risk assessments were designed to minimise the risk to people and provided staff with information about the actions to reduce any risk.

The provider's policies to keep people safe included regular risk assessments of the premises and regular testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety to ensure they knew what actions to take in an emergency. People told us they knew how staff would support them in the event of an emergency.

The environment was clean, tidy, and well maintained. Equipment used to support people's care, such as

hoists, were regularly serviced by external professionals to ensure they remained safe and fit for purpose. Fire safety checks and personal evacuation plans were completed. Sanitising liquids and protective clothing such as aprons and gloves were available throughout the home for staff use.

The service held medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it could be seen that people received their medicines as prescribed. Any handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and ensured people always received their medicines safely. Some people required medicines to be given as necessary or occasionally (PRN). There were clear records to show when such medicine might be indicated and when it was administered. The service stored medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored. The service had robust ordering, storage and disposal arrangements for medicines. Regular audits helped ensure the medicines management was safe and effective.

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

During our inspection we observed people received effective, safe and appropriate care which was meeting their needs and protected their rights. They were supported by an established and trained staff team who had a good understanding of people's needs. We spoke with staff members and looked at the service's training matrix. This confirmed training covered safeguarding, moving and handling, fire safety, first aid, pressure ulcer prevention and end of life care. Comments received from people who lived at the home included, "The staff all know what they are doing, very professional." And, "I have total confidence in all the staff who care for me."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had a contract with an outside catering company for the provision of meals. This ensured that meals were well balanced and of good nutritional value. People and relatives told us there was always a choice of meals. One person said, "The food is very good." People could go the dining rooms for their meals, so they could socialise with others. People who preferred to eat in their own rooms or who were unable to go to the dining room were supported according to their needs. At breakfast and lunch time, we saw staff sat beside people who needed assistance to eat and supported them calmly, talked with them throughout the meal, and did not rush them. People were offered hot and cold drinks and snacks throughout the day.

Staff monitored people's appetites and weight and obtained advice from GPs and dieticians if they were at risk of poor nutrition or not drinking enough. Records showed staff followed the specialists' advice. For example, when a person was at risk of not eating enough, staff regularly recorded what foods the person was offered, accepted and how much they ate.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had



documented the reason for the visit and what the outcome had been. A visiting healthcare professionals told us care provided at the home was very good. They told us staff listened and worked closely with them ensuring people received good healthcare.

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People were treated with kindness by staff who knew them well and understood them. One person said, "They [staff] are all wonderful." A relative told us, "The staff all seem to be kind and patient."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They were also able to describe the importance of promoting each individual's uniqueness and there was a sensitive and caring approach observed throughout our inspection visit.

People who chose to spend time in their own rooms were supported by staff regularly checking whether they needed or wanted anything. We saw people were supported to maintain their independence. Staff offered assistance with everyday actions but respected choice and independence when people said they wanted to do those things for themselves.

People were supported to maintain their dignity and were treated with respect. Everyone we saw was well presented, wearing clean clothes, clean and manicured nails and brushed hair. People's care plans included guidance for staff to support people to maintain their preferred routines and how to promote their privacy and dignity. Staff told us how they maintained people's privacy and dignity when they supported them with personal care. A member of staff told us, "Ensuring we knock on doors and wait to be invited in, closing curtains during personal care and all small but essential elements of dignity."

Staff encouraged people to maintain friendships and relationships with those who were important to them. One person told us, "My [relative] comes quite often. They come any time they want." A relative said, "I can visit whenever I want, there are no restrictions and I am always made to feel welcome."

Care plans confirmed the service promoted people's independence and involved them in decision making about their care. We saw people had signed their care plan confirming they had discussed their support needs and confirmed they agreed with care being provided.

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People, relatives and healthcare professionals were very positive about the care and support provided at Willow House. Comments included, "I would not want to be anywhere else," "Staff give me all the help I need." A healthcare professional told us, "I have no concerns at all about the care provided here, the staff and manager are proactive in seeking advice and guidance."

There was a full assessment process before people moved to the home to ensure their care needs could be accommodated by the staff team and to check they would integrate with the people already living there.

Care records contained a variety of information and a range of assessments and care plans about people's individual health care needs and their preferences, to help care staff support their individual wishes. For example, information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People, and where appropriate, family members, were given the opportunity to sign in agreement with the content of care plans.

Handovers and daily notes were consistently completed and enabled staff coming on duty to get an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered.

The service had a complaints procedure which was on display around the building for the attention of people who lived at the home and their visitors. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. People who lived at the home were aware of their rights to raise complaints and were aware of who was responsible for dealing with complaints. One person we spoke with said, "I know I could speak to any staff member or the manager but I've got nothing to complain about."

People were supported to maintain their interests, preferred pastimes and to socialise with their visitors.

The provider had staff and external people to make sure people had opportunities to engage in pastimes they enjoyed and were supported to socialise. We saw photos of people celebrating their birthdays, seasonal events and external trips. During our inspection we saw people enjoying a physical activity of a floor based darts game. We saw the activities staff knew people well and subtly adapted their approach according to people's abilities.

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People who lived at the home told us they were happy with the way in which the home was managed. One person who lived at the home said, "The manager and her staff are all very nice."

There was a registered manager in place. 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.

There was a clear vision and strategy to deliver high quality care and support. The registered manager was visible and available to staff, people and their families. There were clear lines of accountability and responsibility. The registered manager was supported by a care manager and senior staff who undertook some management tasks including administering medication. The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported.

People, relatives and health professionals were invited to take part in annual surveys to make their views of the service known. The most recent survey demonstrated people were happy with all aspects of the service. The provider had made the results of the survey available in the reception area. There was also a suggestion and comments box for any resident or visitor to use if they so wished.

People and relatives were invited to attend meetings to talk about how the home was run and any suggestions or plans for improvements. Records showed topics discussed included, food and planned activities. At the most recent 'residents and relatives' meeting, the registered manager had explained the plan for the refurbishments to the bathrooms that were in progress during our inspection, and the actions they would take to minimise disruptions to people's daily lives during the work.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, pressure care, accidents/incidents, nutrition, infection control and maintenance of the building. Care plans were also regularly reviewed as well as checks that the premises and equipment were safe, regularly serviced and well-maintained. The management team spent time working with staff and observing staff's practice to make

sure people received good quality care.

There were systems in place to support all staff. Staff meetings, supervision and appraisal took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes and discuss personal development.

Staff felt well supported by the registered manager who they described as approachable and available to discuss any concerns. One staff member told us, "I think she is very approachable. I wouldn't have a problem going to her if I needed to."