The Willows Care Home (Shepshed) Limited

The Willows

Inspection report

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Shepshed
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Tel: 01509650559

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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

About the service
The Willows is a 60-bed nursing and residential home providing personal care to 41 people, some with mental health needs and with a learning disability. The care home supports people in a purpose-built residential property.

People's experience of using this service and what we found
Risks had been assessed prior to people moving into the home. Medicines were stored and administered safely, people were supported their medicines in a safe way. People will be re-assessed for their ability to self-administer their own medicines. Recruitment checks had been carried out to ensure staff were suitable to work with people. Staffing levels were adequate to provide individual support and good overall levels of care, however staffing deployment could be improved.
We have made recommendations in the report around checking the environment for any necessary changes to infection controls.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Training for staff was linked to people's individual support needs. The staff team felt involved in the running of the home and felt supported by the provider, registered manager, nursing and senior staff. Staff had supervision to ensure they met people's needs. Staff respond to and supported people's health and care needs.

People were provided with a varied diet which met their individual cultural needs. Healthcare was supported by the staff and people were provided with treatment following consultations.

People were fully involved in making decisions about their care and their consent was obtained prior to offering care. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner. Staff promoted people's privacy and dignity.

Staff were knowledgeable about people's individual needs informed by well detailed care and support plans. There was a complaints process in place which was managed effectively. People had complimented the staff on the care provided for people. Staff had considered people's end of life choices and made reference to this in care plans.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings and surveys. The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

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

Why we inspected
This was a planned inspection based on our 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?

Good

The service remained safe.

Details are in our effective findings below.

Is the service effective?

Good

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our effective findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our effective findings below.

Is the service well-led?

Good

The service remained well led.

Details are in our effective findings below.

The Willows

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector, a specialist adviser, assistant inspector and an Expert by Experience. Our specialist adviser and expert by experience's area of expertise was the care of elderly people. This specialist adviser was a registered nurse with expertise in the care of elderly people. 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 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 registered manager registered with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. They were at the home at the time of our inspection and we were assisted by them throughout the inspection.

Notice of inspection
The inspection was unannounced. The inspection site visit activity started on 3 October 2019 and ended the same day. We visited the service on 3 October 2019 to see and speak with the people living there, the registered manager and office staff; and to review care records and policies and procedures.

What we did before the inspection
We reviewed information and notifications of incidents we 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. 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 spent time observing the care and support being provided throughout the home. We spoke with nine people who lived in the home and five visiting relatives. We also spoke with the provider, registered manager, two registered nurses, a senior support worker, three care staff and the cook.

We looked at the care records for four of the people who lived in the service. We also looked at records that related to how the service was managed including staffing rotas, recruitment, training and quality assurance.

After the inspection
We asked the registered manager to send us further documentation following the inspection which included copies of the training records, the staff rota and minutes of meetings for the people who lived in the home, and staff meetings. These were supplied and considered when writing this report.

Good

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing levels and recruitment

● People and their relatives gave us mixed opinions if there were enough staff to care for people. One person said, "I really don't think they have enough staff to cope with everyone and I can feel a bit cut off [where my room is situated]." A second person said, "I don't have to wait very long if I need help. There is always someone around, you just have to ask." A relative said, "Getting [named] up and washed in the morning can sometimes end up being nearer lunch time which must be due to staffing now that they have more residents." We spoke with the registered manager about this who indicated some people preferred to rise later, however, not all people's relatives were aware of this.

● Staff felt there were usually enough staff on duty to support people, but if staff were sick, they were not always replaced making caring more difficult. We spoke with the registered manager who said staff were always replaced where there was enough time to arrange replacement staff. However, where staff called in sick near to the shift commencing, the staff on duty were re-deployed.

● We found there were enough staff to undertake care and to provide regular opportunities for people to undertake activities. The provider demonstrated a range of activities that had taken place both in and out of the home.

● The registered manager followed the company's policies and procedures in safe recruitment and selection processes, and had the appropriate checks in place, to ensure people were safe.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe, people's relatives agreed about people being safe.

● The registered manager had training and observation systems and processes in place to ensure people using the service were safeguarded.

● Staff had received training in safeguarding people, and staff demonstrated they were aware of their responsibilities for keeping people safe.

Assessing risk, safety monitoring and management

● Regular safety checks had been carried out on the environment and on the equipment used in caring for and protecting people.

● Risks associated with people's care and support had been assessed when they had first moved into the service and were reviewed regularly. Reviews took account of professional advice.

● Emergency plans were in place to ensure people were supported in the event of a fire or untoward event.

Using medicines safely

● People were provided with their medicines in a safe way. One person said, "I get my medicine like

clockwork and they always remind me what they are for because I forget sometimes." However, one person questioned why they were unable to administer their own medicines. A staff member said, "Nobody here is allowed to self-medicate as we have nurses on site for that." We spoke with the provider who said there was currently no one able to safely support their own medicine regime. They said they would re-assess people's capabilities for self-administering medicines and ensure any risk was adequately assessed to ensure people's continued safety.

● Staff administered people's medicines in line with the provider's policies and procedures.

● Detailed guidance was in place to assist staff in administering medicines, the storage environment and observe for any reactions or side effects to medicines.

● Staff received regular training and competency checks on the medicine administering process.

Preventing and controlling infection

● Staff received training in infection control, though one member of staff was unable to fully recall their training and was unclear about specific infection control protocols. We spoke with the provider and they said all staff had been fully trained, but staff would be retrained to ensure people's safety.

● Staff were provided with personal protective equipment to help prevent the spread of infections. One person said, "My room is kept nice and clean. No complaints there."

● Good practice around prevention of infections was shared as part of team discussions or personal supervisions.

We recommend the environment of the home is regularly assessed and any changes to controlling infection are planned into the refurbishment programme.

Learning lessons when things go wrong

● Information from investigations or company updates was shared with staff through individual supervision or staff meetings.

Good

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 has 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

- People's needs and preferences were assessed prior to their admission. Assessments included information about the support people required for their physical, mental and emotional health; their ability to communicate and relationships.
- This information was then used to inform peoples' care plans. Some people had lived in the home for an extended period of time so had their needs re-assessed, information provided by visiting professionals was also added to care plans. Any changes made were communicated with staff.

Staff support: induction, training, skills and experience

- The range of training offered to staff ensured they were enabled and informed to safeguard and protect people from abuse. Some staff had yet to complete these courses, however these were planned to be completed within an acceptable timescale following the inspection.
- Staff told us they felt induction training was good and enabled them to commence their roles effectively.
- Staff had regular supervision with the registered manager or another of the senior staff team. There was a systematic plan of competence checks to ensure nursing and care staff adhered to the updated training and remained proficient.

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

- People were offered a suitable diet that met their nutritional and cultural needs. People told us the food was good and provided varied choices. One person said, "The food isn't too bad."
- People's requirements around eating and drinking were clearly documented in their care plan. Changes to menus were discussed regularly which ensured staff provided varied options taking people's choices and preferences into consideration.

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

- People were supported to access timely healthcare. People had detailed care plans that had been developed to include information why people had developed specific conditions, and what staff could do to alleviate symptoms.
- People received good planned care when transferring between services. For example, each person had an 'emergency grab sheet' which included information for a hospital admission. This contained detailed information about how they best communicated their health and medical needs.

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

● The home was in a good state of repair and equipped to meet people's needs. Communal areas were bright and comfortable and led to an outside area with a large pleasant garden. The registered manager had plans in place to improve areas throughout the home. There were changes planned to the bedrooms to provide up graded accommodation. There had also been some adaptations to the dining room and lounge to allow a larger communal area.
● People's rooms were decorated according to their preferences and included personal items such as photographs and ornaments. The registered manager said people could bring in items of furniture as long as they met the fire regulations.

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.

● People's capacity to make decisions had been considered at the time of their assessments and was updated regularly. We heard care staff seeking consent from people before offering support to them.
● Staff demonstrated they were aware of how to safeguard people and explained how they protected them.
● Where people's freedom was restricted we saw the registered manager had applied for, or been granted, a DoLS. Where these had been granted we saw that some conditions had been set by the local authority, based on best interests' decisions.

Good

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 has remained the same. This meant 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

● People's dignity and privacy was mostly recognised. One person said, "Staff always knock first if you are in your room." A second person said, "The staff do a difficult job. They certainly never talk over me when they are helping. I get included in the conversation."

● We observed staff respected people's privacy and dignity when knocking on people's bedroom doors before announcing themselves and entering. That demonstrated staff were aware of the need to ensure people's privacy and dignity. However, we noted that a clipboard with people's personal confidential information was left in a public area. We spoke with the provider and registered manager about this. They demonstrated where staff had been reminded recently about ensuring such information was kept securely.

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

● We observed people were treated with kindness and compassion by the staff group. Interactions with people throughout the inspection showed that they were treated respectfully. A relative said, "Staff are very kind on the whole, but some of them are definitely not used to conversing with people and work in silence. Others make time to chat with residents and seem to know them well." We mentioned the to the provider who said they would remind all staff about involving people within the care and communication process.

● The provider met their obligations under the Equalities Act and provided people with a service that met their individual diversity needs. One person said, "It was the monthly church service in here yesterday." We ascertained the non-denominational service was open to all in the home. Some people attended the local church assisted by their relatives.

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

● People told us they were involved in reviewing their care plan. We saw evidence where people and at times their relatives had been involved in reviewing and confirming the changes to care plans.

● We saw that people had the opportunity of involving an independent advocate, and advocate's contact details displayed in the home. An advocate can assist people who have difficulty in making their own, informed, independent choices about decisions that affect their lives. We were assured that people were supported adequately to make informed choices due to visits from local authority staff and individual advocacy support.

Good

Is the service responsive?

Our findings

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

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.

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

● Most people were enabled to continue with relationships with family, friends and others important to them. One person said, "There was a coffee morning the other day. That was nice because there were people from the Village here." A second person said, "I would like to go down to the village, but I would have to go in a wheelchair and there are not enough staff to do that now there are more residents." A relative said, "The activities here seem quite good and the ladies that deliver them are very encouraging. It can't be easy getting people to do things if they are just sat in a chair."

● However, none of the people accessed the community independently. A relative said, "The activities are excellent and [named] enjoys those, it's just not being able to get out and about that seems to frustrate [named] most." We spoke with the provider about this, they agreed to look at people's abilities and ensure those who could access the community independently would be encouraged to do so.

● People told us relatives and friends could visit the home and told us they were made welcome by the staff team.

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

● Care plans were detailed, included risk assessments and provided staff with information based on people's personal care needs. Pre-admission assessments informed people's care plans and there was detailed information about people's life history; likes and dislikes. Care plans included a recent photograph and documentation which could be used in an emergency. For example, if the person was admitted to hospital. Staff demonstrated they were aware of people's individual needs.

● We spent time and observed people in the public areas of the home. Some watched television and conversed with staff, whilst others were entertained by one of the activities staff. We spoke with several people as individuals and small groups. That demonstrated that people were relaxed about sharing information about the home and interacting with staff.

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.

● We asked the registered manager about the accessible information standards. The accessible information standards allow staff to formally recognise, assess and record the communication needs of people who have been affected with a hearing and /or sight loss, or communication debility caused by a life changing

event. The registered manager had adapted some documents in pictorial form to assist people with this process.

Improving care quality in response to complaints or concerns

● People were enabled to make complaints about the service. One person said, "I never complain. It ticks along nicely here." A second person said, "I have never complained. I'm quite easy going, but staff will always listen to you."

● The provider had copies of the complaint's procedure placed throughout the home and copies were provided when people moved into the home.

● The provider had systems in place to record complaints. Records demonstrated the service had received one complaint in the past 12 months. The registered manager had responded to the complainant in writing. The provider told us, "As we have an open-door policy people tend to come and talk with me, so it doesn't get as far as a complaint."

● There were also 12 compliments in the same period from family members and professional sources.

End of life care and support

● End of life planning had been recognised in care and support plans. The registered manager said staff had discussed people's end of life care preferences. People had varying levels of participation within this process, some people had detailed plans which included their care prior to, during and following their death.

Good

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 has 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

- The service was well led. The registered manager had developed person centred processes which ensured people were cared for and supported safely in line with current legislation.
- People were encouraged to participate in questionnaires and suggest changes and improvements to the home.

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 registered manager understood information sharing requirements. Records showed information was shared with people or people's relatives as well as other agencies. For example, when the service had identified concerns, and the registered manager had sent us notifications about events which they were required to do by law.
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home and on the providers website.

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

- The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

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

- People who used the service, their relatives and staff were engaged in developing the home focus on improvement.
- The registered manager provided questionnaires outcomes which were sent regularly to people in the home, and where appropriate their relatives, home's staff and external professionals.
- The registered manager sent us the outcomes from people, their relatives and staff questionnaires which provided the basis for changes in the home. These included changes to the menu and trips away from the

home using the transport supplied by the provider.
● Staff felt the management team were supportive and promoted good practice. They had commenced a 'heart award' where staff

Continuous learning and improving care
● People, their relatives and staff told us there were regular meetings to discuss any issues that had arisen at the home and these had been acted on.
● Most people and staff we spoke with said the registered manager was accessible, approachable, was regularly seen in the home and dealt with any concerns they raised. However, one person said, "The manager is very approachable, but I suspect they are under pressure from the owners a lot of the time." A second person said about the registered manager, "[Named] is lovely. She's not one to sit in her office." We spoke with the registered manager about the initial comment, they agreed that their job was pressured, but stated there was no direct pressure applied from the provider.

Working in partnership with others
● The registered manager demonstrated how they worked in partnership with local hospitals, the clinical commissioning group for health care admissions, the local authority social care and safeguarding teams, mental health and other healthcare professionals.