

The Willows (Follett Care) Limited

The Willows

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

About the service

The Willows Home provides accommodation and personal care for 12 older people, including people living with dementia. There were 9 people living at the service at the time of the inspection.

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

People felt safe and were cared for in a way that protected them from harm. Sufficient numbers of staff were deployed to meet people's needs. People received their medicines when needed following robust procedures. People lived in a clean and hygienic environment and infection control measures were in place.

People's needs were assessed prior to receiving care. Staff were trained to meet the varied needs of people and felt supported in their role. People's nutritional needs were well supported and mealtimes were a sociable and friendly event. Staff worked in partnership with other health and social care professionals to meet people's health needs in a timely way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt that staff treated them in a caring manner that respected their dignity and promoted their independence. Staff demonstrated a passionate and committed approach to their role and ensured they listened to people's views and opinions.

Care was regularly reviewed to ensure it responded to people's changing needs. People's social needs were met in an inclusive environment that supported people to be as active part of the home as they wished. People felt able to raise any concerns or complaints with management. Where people required support with their end of life needs, discussions took place.

Management led by example and ensured staff were clear about their roles and responsibilities. People and staff were very positive about the registered managers leadership and inclusiveness. Governance frameworks required some further development to ensure they were robust. The registered manager was aware of incidents they needed to report to CQC, and their responsibility under duty of candour.

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

Rating at last inspection

This service was registered with us on 08/03/2019 and this is the first inspection.

The last rating for this service was good (published 30 March 2018). Since this rating was awarded the registered provider of the service has changed name. As this was only a provider name change, we have used the previous rating to inform our planning and decisions about the rating at this inspection.

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

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 carried out by one inspector.

Service and service type

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with

four members of staff including the registered manager, senior care workers and the chef.

We reviewed a range of records. This included two people's care records and we looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "Safe, of course, I've been here years it's my home and staff are my family."
- Systems were in place to keep people safe from harm or abuse. Staff received appropriate training and knew how to recognise abuse and the actions they should take, including reporting to the registered manager and local authority if needed. Staff also knew how to raise concerns confidentially to external organisations such as the local authority or CQC.
- Incidents were noted in the care record and referred to the registered manager. These records were completed and demonstrated appropriate action by staff. However, as these were not formally reviewed for themes or trends emerging. The registered manager took immediate action during the inspection to ensure this was completed.
- The registered manager ensured that lessons were learned and shared across the team. Staff were able to tell us where incidents had been discussed and improvements made. For example, where a medicine error had occurred. Staff discussed and reviewed their practise and no further similar incidents occurred.

Assessing risk, safety monitoring and management

- Risks to people's health, safety or well-being were identified and regularly reviewed to manage people's changing needs. For example, one person was at risk of skin damage. Staff knew that this person had days when they were more independent than others, and told us how they managed their skin integrity and pressure care. This person continued to have skin that was damage free and well cared for. Staff knew how these risks affected people's safety or well-being and were aware of how to respond safely.
- People told us the care they received met their needs and were confident that staff supported them in a safe manner. One person said, "They look after us so well, I am confident they would pick up if something wasn't right and would care for me in the best possible manner."
- Regular safety checks and servicing was carried out in areas such as fire and electrical safety, the environment, water quality and a variety of health and safety checks. People had personal emergency evacuation plans (PEEPs) in place that directed staff how to respond in the event of an emergency.

Staffing and recruitment

- People told us staffing levels were sufficient to meet their needs. One person said, "There's always staff about, even at night I can just call out or press the buzzer and they come."
- Staffing levels were consistent with long standing staff working together to provide consistency. The last staff member employed was in 2018, demonstrating the longevity and sustainability of staffing levels.
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and

references from previous employment on file.

Using medicines safely

- Medicines were managed safely and stored in line with good practice guidelines. People received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training. Competency assessments were carried out. A medicines champion ensured regular auditing was completed and any actions were reported to the registered manager.
- Some people were prescribed "as required" medicines for pain relief. Protocols were in place for their administration.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene. The provider ensured personal protective equipment (PPE) was available for all staff. This included gloves and aprons. Additional measures were in place and followed due to the recent epidemic. Staff and people were aware of actions they needed to take, such as washing their hands and monitoring others for symptoms.
- A recent audit by the pharmacy had identified good practises in relation to infection control. For example, the medicines champion ensured staff washed their hands after handling each person's medicines.
- The environment was visibly clean and presentable.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- The registered manager assessed people's needs prior to living in the service and receiving care. This ensured people's needs and expectations could be met.
- Good practice guidance was followed when providing care. For example, when people had specific health conditions such as their nutritional needs.
- People's needs were then routinely monitored regularly and care was reviewed.

Staff support: induction, training, skills and experience

- People told us staff had the skills, knowledge and experience to support them effectively. One person said, "All the staff are lovely, top notch care here, it's the best place. Staff must be happy and well supported by [registered manager] because we can't fault their care."
- Systems were in place to provide any new staff with an induction. Staff were then provided with training following nationally recognised certification. Staff then received regular refresher training in areas such as safeguarding, mental capacity and moving and handling.
- Staff said they felt supported by the registered manager. Staff received supervision and appraisal to discuss their performance and set objectives. One staff member said, "[Registered manager] gave me my confidence back when I started working here and I love the job, I wouldn't do anything else now. Training is good, support has been brilliant and I feel part of a team."
- A medicines champion was trained and in post. A champion role is to act as a mentor in a specific area to other staff. Plans were in place to further develop these roles in areas such as safeguarding, falls and mental capacity.

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

- People enjoyed the meals they were provided with. One person said, "The food is homecooked and there is always plenty of it. Snacks and cakes are homemade and [cook] also knows the little things we like and makes sure they are bought in."
- Lunchtime was a sociable experience. Tables were nicely laid with condiments and bunches of flowers. People chose whether to eat in their rooms or in the dining area. Those who ate together did so chatting, laughing and enjoying one another's company.
- People's nutritional needs were known by the cook. They had undertaken specialist nutrition training for older people and were aware of the need to fortify foods and specific consistencies. No person at the time of the inspection had any specific dietary requirements.
- People were provided with ample snacks and drinks throughout the inspection. One staff member said,

"[Person] refuses fluids and had a lot of urinary tract infections. We [staff and cook] were able to talk about it and try fruity waters, milk and milky teas as a good way to get fluids in. We found that jelly's are good and now there are a lot less UTI's."

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

- Staff knew people well and were able to identify quickly when people's needs changed and sought professional advice. Information was shared appropriately to ensure care and support provided was effective and in people's best interests.
- People were supported to attend appointments with healthcare professionals where necessary.
- Staff worked in partnership with health and social care organisations.

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

- People lived in homely environment that met their needs. There were communal areas for people to use as well as their private bedrooms which had been personalised with their pictures, photos, furniture and mementos.
- The home was accessible and had a lift so people could access the upper floors.

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.

- No person at the time of the inspection was considered to lack capacity. However we saw records from people who had previously lived in the home that demonstrated the requirements of the MCA were met.
- When a person was considered to lack capacity to make a specific decision, best interest decisions had been made with relatives and health and social care professionals.
- DoLS applications had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety.
- Staff supported people to make decisions and choices and sought their permission and consent before providing any care or support. People were consulted about their daily choices and routines and were free to spend their day as they chose.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- Staff had developed close relationships with people over a number of years. This enabled staff to know people well and support them in a sensitive and caring manner. We saw numerous warm interactions throughout the inspection. Staff knew how to care for people and provided reassurance when needed. The home was relaxed and calm throughout, and people were at ease and comfortable in the presence of staff.
- People told us staff were caring and treated them well. One person told us, "All the staff are caring, they go above and beyond, you couldn't wish to be in a better place really."
- Staff spoken with clearly understood how to support people's diverse needs, particularly in areas such as diet and spirituality.
- Staff supported and enabled people to make as many decisions and choices about their care as possible. Staff had developed a clear understanding of people's likes, dislikes, personalities and behaviours to understand what people wanted. One person said, "I like it here because it is that personal touch we get. Staff want to know what we think and want and let us choose what we want and when."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful and supported their dignity when assisting them. One person said, "They are so good with us, so gentle and kind. They treat us as people and with dignity and respect, never rush or make me feel awkward or uncomfortable. If they ever did, I would tell them."
- Staff talked about people in a passionate and respectful manner when they talked about people's support needs. They were able to give examples of how they provided dignified care and what treating people with dignity meant. One staff member said, "My residents make me happy when I come to work, and I hope I do the same for them. That's how I make sure they are treated with dignity because they are like family to me. We promote their dignity by making sure everything is how they want."
- Staff supported people to be as independent as possible and do what they could for themselves. For example, with washing, dressing or eating.
- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; Support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People received care that was personalised and provided in a way that met people's likes, dislikes and preferences. Staff knew people well and regularly reviewed people's care to provide care that responded to people's changing needs.
- People said they felt very much in control of their care and were free to spend their day as they wished. One person said, "Because as a small group of residents who have been together for so long, they [staff] know what we need and how. They have a respect for us so we talk about what needs to be done and agree things together."
- People's care was regularly reviewed with them, and their relatives where appropriate.
- People told us they were happy with the activity provided. People said they enjoyed impromptu activities rather than following a rigid schedule. We saw staff lead a singing and dancing session in the lounge. Staff and people danced and sang together and all were seen to be having a thoroughly enjoyable time. People told us they enjoyed having talks and discussions, socialising, afternoon tea and cake and watching a variety of music videos for a sing along. Staff knew people well and where necessary supported people to pursue individual activities or hobbies.
- People said that birthdays and social events were celebrated. People told us these events were important and that they valued these being remembered. One person said, "Birthdays are a thing here that we all get involved in. We look forward to a get together and a bit of a party, it's important that the normal things like a birthday are celebrated to give us all memories of good times."
- People were supported by staff to maintain relationships with their families.

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.

- Assessments and continual care reviews identified where people may require additional support with their communication. At the time of inspection all people were able to communicate with staff. People did not require any forms of assistive technology or information in an accessible format.
- Where verbal communication was limited, staff told us people were supported to use alternative methods. This included non-verbal cues, such as facial expressions or gestures, objectives of reference and other communication aids.

Improving care quality in response to complaints or concerns

- People told us they could raise their concerns and complaints to the registered manager. People were confident they would respond to their complaint and use these to improve quality. One person said, "I would talk straight away to [registered manager] if I wanted to complain. They don't mess about and if I did complain would sort things very quickly. But I don't need to."
- Where complaints had been raised, they had been investigated appropriately, in line with the provider's policy.

End of life care and support

- No end of life care was being delivered at the time of this inspection. However, people had been supported at the end of their life prior to this inspection.
- People's end of life preferences and choices were known by staff and the registered manager said they worked with people's families to put plans in place, when this was appropriate.
- Further end of life training was being arranged to further support staff knowledge.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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;

- People and staff were central to the management of the service. The registered manager was committed to providing good care to people and a personal level of support to staff. The management team were knowledgeable about the service, the needs of the people living there and where improvements were required.
- People told us the registered manager was supportive and visible and led by example. One person said, "All the good care we get is because of [registered manager]. They set the benchmark.
- Staff felt supported and told us there was a good team spirit. One staff member told us, "I think [registered manager] is an intelligent manager who leads the home well, leads us, and is a huge part of the team. The care in the home comes from them, they have a big heart and I think that shows."

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

- The registered manager provided the leadership needed to enable staff to be clear about their roles and responsibilities. One staff member told us, "I know what I need to do and [registered manager] leaves me to do it, but I know the door is always open."
- Audits of the quality of care provided were carried out. These reviewed areas such as medicines, health and safety and care plans. Actions were identified but not always recorded or monitored for progress. The registered manager was able to verbally confirm what actions had been done and said they would develop a service action plan to keep track of improvements needed. The provider visited the service, and although they also reviewed key areas this did not form a robust improvement plan that was reviewed. The registered manager took action to ensure this was completed.
- Quality checks had also been completed by the local authority. The service had been rated as good and both positive and negative feedback was shared with the staff team. This open approach ensured areas of learning could be identified and changes embedded.
- The registered manager was aware of their responsibility to report certain events to CQC. We found only one event required reporting which was completed.

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; Continuous learning and improving care.

- The registered manager and staff understood what it meant to be open and transparent, particularly if

something went wrong. However, no incidents in the previous twelve months required the registered manager to act on any duty of candour.

- Staff were able to tell us where they had discussed issues, errors and people's care in supervisions, handovers and team meetings. The open culture among staff meant they were able to learn from mistakes and continually develop their practise.

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

- People, their relatives and other stakeholders had opportunities to regularly give feedback about the care and support provided.

- Staff told us there were regular meetings that they attended where they could discuss matters relating to the management of the service. People told us that although they did not have a formal meeting, staff and the registered manager regularly kept them up to date with changes.

Working in partnership with others

- The service worked in partnership with organisations including the local authorities that commissioned the service and other health and social care professionals.

- The registered manager was working with a local training provider to develop their training packages to support staff to further develop. This organisation would also support them to develop an effective service development plan.