

Methodist Homes

The Willows

Inspection report

Warford Park
Faulkners Lane
Mobberley
Cheshire
WA16 7AR

Tel: 01565880180

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12 April 2018

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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

We undertook an unannounced inspection at The Willows on 10 and 12 April 2018.

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 Willows accommodates 61 people across two separate units. One of the units specialises in providing care to people living with dementia. At the time of the inspection there were 50 people living at the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained good.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 and their relatives were very complimentary about the care they received.

People were protected from abuse and avoidable harm. Staff had completed safeguarding training and understood the provider's safeguarding policy. The culture was open and staff told us they felt able to report any concerns which would be acted upon by the management team.

There was enough staff to support people effectively. Throughout the inspection we saw staff supporting people, meeting their needs and spending time socialising with them. There was a recruitment plan in place, especially for night staff.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks

when they employed staff.

Appropriate arrangements were in place for the safe management and administration of medicines.

Staff assessed risks to people's safety and developed plans to manage and mitigate those risks. Risk assessments were regularly reviewed and in line with changes in people's health and/or support needs. The home was very clean and well maintained.

Staff were supported to provide care to people through regular training, supervision and appraisal.

People were offered appropriate support with eating and drinking. Overall people were satisfied with the food available although some comments received suggested that the food could be variable. People's health needs were kept under review and referrals were made to health professionals where required.

Staff understood the importance in seeking people's consent. During the inspection we heard staff asking for people's consent before they assisted them with any support. Staff had received training in and understood the principles of The Mental Capacity Act 2005 (MCA).

The provider and staff team placed emphasis on the importance of people's well-being. Throughout the inspection we observed staff who were friendly and caring in their approach. They knew people well and talked about things that were important and relevant to the person.

People told us that they were treated with dignity and respect. Staff had a good understanding of how to respect people's right to privacy.

There was a wide and varied range of activities available for people to take part in should they choose. There was a programme of activities, including music therapy and reflexology. People were supported to maintain their spiritual well-being and a chaplain was employed by the service. There was a "seize the day" initiative which supported people to achieve specific goals.

Staff were responsive to people's needs and provided support in an individualised way.

Care plans were being re-written onto new documentation. We found that the care plans contained personalised information to help staff support people as individuals in a way that suited them best. There were some variations and some contained more individualised information than others. Staff received appropriate training in care planning.

We found occasional gaps in charts which recorded the care that staff had provided to people. The registered manager told us she would address this.

Staff told us that communication was good and that a handover was undertaken at the start of each shift to update staff and share important information.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable.

The provider had a robust quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service remains good.	Good ●

The Willows

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 was a comprehensive inspection which took place on 10 and 12 April 2018 and was unannounced on the first day.

The inspection was carried out by one adult social care inspector, a nurse specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications contain information about changes, events or incidents that the provider is legally required to send us. We contacted the local authority who had no concerns about the service. We also read the latest Health watch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we met and spoke with 11 people who used the service, as well as five visiting relatives. We also spoke with 11 staff, including the deputy manager and the registered manager. As some people living at The Willows were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us

understand the experience of people who could not talk to us.

We spent time looking at documents and records related to people's care and the management of the service. We looked at nine people's care plans and other daily charts.



Our findings

People told us that they felt safe, comments included, "I'm happy here. It makes me feel safe, as everything is taken care of"; "Staying here definitely makes me feel safe. It gives me security knowing somebody is around. I don't feel lonely" and "I feel I get to know staff, and not have too many new faces." A relative said "Staffing seems fine, they work in teams and I know all their names."

We found that people were protected from abuse and avoidable harm. Staff had completed safeguarding training and understood the provider's safeguarding policy. The culture was open and staff told us they felt able to report any concerns which would be acted upon by the management team. They were also knowledgeable about whistleblowing procedures. Safeguarding issues were regularly discussed with the staff team during meetings and supervision sessions. We saw that where necessary the registered manager had reported any safeguarding concerns and appropriate action had been taken.

There was enough staff to support people effectively. Throughout the inspection we saw staff supporting people, meeting their needs and spending time socialising with them. Staff told us that whilst they were busy at times overall there were sufficient staff. People's relatives said they always found there were adequate staff available when they visited. The registered manager told us that staffing was based on dependency levels and undertook a regular audit of staff response times to call bells to ensure that people did not have to wait too long for a response.

The recruitment of new staff was required especially for night staff and this was being addressed through a recruitment plan. At times we saw that the provider used agency staff to manage any staff absences. We saw evidence that agency staff received an initial induction to the home. We did receive a comment that agency staff were not always as knowledgeable as regular staff. However, people told us that generally they felt well supported.

There was a safe system of recruitment in place. The provider completed pre-employment checks before they offered staff employment to ensure people were protected from the risk of unsuitable staff being employed.

Staff assessed risks to people's safety and developed plans to manage and mitigate those risks. Risk assessments were regularly reviewed and in line with changes in people's health and/or support needs. We found that risk assessments were completed in most areas such as use of lap belts, risk of pressure damage and risk of falling, amongst others. However, following our observations we noted that one person displayed

behaviours which other people may find challenging. Whilst staff were clearly aware of this and took action to manage the risk, there was no specific risk assessment in place, we raised this with the registered manager who told us that they would address this.

Any incidents or accidents were reported by staff members and monitored by the registered manager and the provider. This was to identify any trends or patterns which required further action. The provider had collaborated with the local Commissioning Care Group (CCG) and actively engaged in a prevention of falls project. We saw that movement sensors were used in some rooms to help prevent the risk of falls. However during the inspection, we found one which was not working effectively. Further investigation indicated that the sensor had very recently developed a fault which was addressed immediately. There was a system in place to check these.

The home was clean and well maintained. Risks associated with the safety of the environment and equipment were managed appropriately. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan which gave details about how to evacuate each person with minimal risks to people and staff. The home had an emergency continuity plan.

Safe medicines management processes were in place and people received their medicines as prescribed. Medicines were stored securely and at the correct temperature. Accurate records were maintained of medicines administered, including controlled medicines. Processes were in place to support people with medicines prescribed to be taken 'as and when required'. Staff securely and appropriately disposed of medicines. We saw that some people had topical creams prescribed. Medication administration records (MARS) indicated that details of creams being administered were recorded in people's charts in their bedroom. However we found inconsistent evidence of administration being recorded in daily record files. We raised this with the registered manager who looked into this further. She identified that there had been an oversight when the new paperwork was recently introduced and they had not yet implemented the new charts. These were implemented straight away.

The registered provider had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. We saw that lessons learnt forms were completed following the investigation of any complaints. Lessons learned at a national level were also shared throughout the whole organisation.

Our findings

People and their relatives were complimentary about the care provided. They said, "It's excellent care. He (relative) has gained weight from six stones to eight and a half stones" and "I have a high regard for the staff. Some have worked here for many years here. It says a lot about the place."

Before people moved to the home the registered manager or other staff visited them to assess and discuss their needs and preferences. This helped to determine whether the home was able to meet people's needs and expectations.

People were supported by staff who were skilled and well trained. New staff to the home were required to complete the Care Certificate, this ensured that they received a consistent induction in line with national standards. An online training programme was in place for staff and there was continuing training and development for established staff. We saw that the registered manager kept a training matrix which demonstrated that staff were 100% compliant with all the required mandatory training. We saw that staff had been issued with pocket sized cards which acted as prompts for important information. Staff were supported by having regular supervision and annual appraisals of their work performance.

Staff offered people appropriate support with eating and drinking. Overall people were satisfied with the food available although some comments received suggested that the food could be variable. We observed the lunchtime meal. There were two sittings and staff explained this worked well, as it enabled them to focus on people who needed support during the first sitting and offered them more privacy. We saw that "snack stations" had been introduced which provided drinks and snacks such as fruit, cakes, crisps which people could help themselves to throughout the day.

We spoke with a member of catering staff who was knowledgeable about people's dietary needs and preferences and had systems in place to ensure these were catered for. Risks associated with eating and drinking were identified and addressed. Some people required modified texture diets or thickened drinks to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.

People were supported to maintain their health and wellbeing through access to a wide range of community healthcare services and specialists as required. We saw evidence in care records of appointments with GP's, opticians and dieticians. A local GP routinely visited the home once per week to undertake regular reviews of people's health needs. A relative told us how proactive advice and support

from nursing staff at the home had made a positive impact on their relative's health.

Staff understood the importance in seeking people's consent. During the inspection we heard staff asking for people's consent before they assisted them with any support. Staff were also clear about the need to respect people's rights.

Staff had received training about the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well and other professionals, where relevant. The registered manager had undertaken a piece of work to review everyone who used bedrails to ensure that the least restrictive options were in place, this followed the principles of the MCA. We found that there was evidence that capacity assessments and best interest decision were made where necessary. However, we noted that new forms to assess capacity had been introduced by the provider. We found the form confusing as it did not reach a clear outcome regarding the person's capacity. An assessment had been completed but related to two decisions rather than being decision specific as required by the MCA. The deputy manager told us that this was an area that she had already highlighted that staff would benefit from further training, which was being arranged for staff.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and had made applications for people who required this level of support to keep them safe. There were suitable records in place so that staff knew when authorisations were due to expire.

The environment was suitable for the needs of the people living there. We found a homely environment with a variety of communal areas for people to access. The home was accessible for wheelchair users and people with additional mobility needs. One of the lounges looked out onto a bowling green and there was an outside garden and patio area. The registered manager told us that a small conservatory was currently being developed into a sensory room with support from local volunteers.

Our findings

People told us, "Overall, it is a brilliant place. Staff are superb. If you have a problem, they'll try to rectify it" and "I love it here. They are so kind, gentle and respectful. They treat me very well indeed. Very helpful." A relative told us "They're (the staff) so supportive of me, coming here feels so comfortable and like a big hug."

Throughout the inspection we observed staff who were friendly and caring in their approach. They knew people well and talked about things that were important and relevant to the person. Relatives spoken with told us that staff were very caring and felt their relatives were well looked after. The service had received a number of compliments and thank you cards.

Staff were clear about the need to provide compassionate care. The home introduced an initiative whereby at 3pm all of the staff had to stop what they were doing to sit and chat with a person living at the home for 10 minutes. Staff had been trained in Namaste care, which aims to engage people living with dementia. This approach focuses on touch and sensory stimulation, the registered manager was hoping to develop this further with the introduction of a sensory room.

People told us they were involved in making decisions about their care which included how they wished to be supported. We saw for example that a person had been supported to decorate their bedroom in their choice of colour and furniture placed specifically to meet their requirements. Regular care plans reviews were held with people and their relatives to discuss their care and people told us that these were helpful.

The provider promoted people's rights and had systems in place to ensure people were not discriminated against. There was a policy and procedure for promoting equality and diversity within the service. Discussion with the registered manager indicated that she had considered this subject and understood how it related to her working role. She was currently developing an information sheet for staff and people living at the home around the "protected characteristics." A feature of the home was the emphasis it placed on people's spiritual well-being. A Chaplain was employed by the provider several days per week. People and relatives told us they found her to be very supportive. The provider was founded by the Methodist church and they accepted all people, irrespective of their beliefs. We saw that the provider's mission and values statement placed emphasis on respecting individuals' personal beliefs and the choice of people to participate, or not, in activities within the home.

People were treated with dignity and their right to privacy was respected. All staff and volunteers undertook

the provider's "living the values" training which reinforced that supporting people in a respectful way was essential to their well-being. Staff had a good understanding of how to respect people's right to privacy and described actions such as covering people, closing curtains and ensuring doors were closed during personal care. The provider had confidentiality and data protection policies and we saw that records were kept securely.

Our findings

We asked people whether the service was responsive to their needs. They told us, "It's very nice here. I feel I am getting better." A relative told us they had been "delighted" with the care provided and that the carers were "excellent."

At our last inspection we rated this responsive domain as requires improvement. At this inspection we found there was sufficient evidence to rate this domain as good.

People received personalised care that was responsive to their needs. One staff member commented "The nurses go on and on about person centred care. Everyone is treated as an individual." People's preferences and wishes were respected. Relatives told us that they were able to contribute to the care planning.

We were told that the care plans were being re-written onto new documentation, some had already been completed. We found that the care plans contained personalised information to help staff support people as individuals in a way that suited them best. There were some variations and some contained more individualised information than others. However, the registered manager told us that they were working on this within the new care plans and that staff had undertaken care plan training the previous week.

We noted that care plans relating to people's skin integrity could benefit from further details specifically where people required support with positional changes. People may sometimes require support to change their position to help prevent skin damage. We saw that one person required their chair to be tilted at different angles throughout the day and other people had charts which indicated they required positional turns at least every four hours. We found that the care plans were not sufficiently clear in their guidance about this.

During our inspection the records suggested that one person had gone over five hours without a positional turn instead of four hours. However staff told us that the person had been supported to sit up for breakfast but that this had not been recorded in the charts. Staff were required to complete daily care records to evidence the support provided to each person. However we found that there were occasional gaps in the care records and that charts were not always fully completed. In particular we found that there were gaps in records relating to positional turns during the night. The registered manager noted that night staff did undertake hourly checks and these charts had been completed rather than the positional charts. However we found that this varied and was inconsistent. There were also occasional gaps in other charts such as mattress checks. The register manager assured us that she would address this. We reviewed the

documentation relating to two people who had skin wounds, the documentation was comprehensive and indicated that appropriate care had been provided.

Care plans contained information about people's life history and preferences, for example we read in one care plan that a person liked to have a wash before their breakfast and liked to wear jewellery. Care plans also included information about how to support people's well-being and considered the things that made the person feel happy.

The registered manager was able to demonstrate that information was shared with people in an accessible way. Any support people needed with communication was included within their care plans, such as when people might need additional support and what form that support might take. For example information for people had been produced in accessible formats such as large print and pictures. Talking books and watches had been organised through the blind society for people with visual impairment. Staff told us that communication was good and that a handover was undertaken at the start of each shift to update staff and share important information.

Staff supported people to follow their interests and take part in activities. There were two activities coordinators and people were provided with opportunities to take part in a varied activity programme within the home and in the community. People also benefitted from regular visits from a music therapist and reflexologist. There were visiting entertainers, trips out to places of interest as well as in house activities such as gentle exercise, arts and crafts, quizzes, home baking and sing-a-longs. Support was provided on a one to one basis for people who stayed in their bedrooms. On the day on the inspection we saw that someone had enjoyed a hand massage.

The registered manager told us about the provider's "seize the day" initiative which encouraged people to consider something which they would like to achieve. As a result of this three people were able to visit the set of Coronation Street. Another person had taken up horse riding after many years of not being able to do so.

The service had a clear policy and procedure about managing complaints, compliments and comments. People and relatives spoken with told us that they felt able to raise any concerns or issues. Information was available for people about how they could complain if they were unhappy or had any concerns. The registered manager told us that they had received three complaints in the past 12 months. We saw evidence that complaints had been responded to in a professional and timely manner by the registered manager. The nature of each complaint was evaluated to improve practice.

People's care records showed that they had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information. The GP also supported the home to develop care plans which considered priorities for end of life care. The home had achieved the Gold Standard Framework for end of life care, which meant that all staff have received training to help to care for and support people and their families when the person reached the end stages of their life.

Our findings

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable. They would have no concerns in approaching them if they had any worries or concerns. They said "(Name) is very good and helpful."

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.

The registered manager was supported by a deputy and they both had very good knowledge of people who lived at the home. People and staff told us the management were very open and transparent. Staff told us they were supported in their role and felt they were able to approach the manager to report any concerns. We found that staff were enthusiastic and well motivated. Comments included, "Everyone is a team, it's like a family" and "(Registered manager) always has an open door."

Staff received appropriate support and were clear about their expectations. We saw that regular meetings, supervision sessions and appraisals were held. The provider published information regularly for staff including "Staff Matters" and "Care Quality Matters," this ensured that key messages were communicated to all staff. Staff were also recognised for their contribution. The provider had introduced a "star award" and employee of the month scheme, which staff could be nominated for.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider required the registered manager to provide monthly information about specific areas such as any accidents or incidents, weight loss, and complaints amongst others, to ensure that appropriate action had been taken. Regular audits were carried out to ensure people who used the service received a high standard of care. Those reviewed included action plans for any identified issues. The management team undertook a daily walk round of the home and visited the home to complete checks during the night. The area manager also undertook a regular audit. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

Residents and relatives meetings were held regularly. The latest minutes demonstrated that an action plan had been developed following the feedback. There was also a notice in the reception area where the registered manager invited people to meet with her on a one to one basis if they wished to discuss any issues. People and their relatives had been asked to complete a quality assurance survey. We saw that feedback about the survey was on display in the form of "you said" and "we did".

Effective links with the local community had also been established, there were regular visitors to the home and they benefitted from the support of local volunteers. A knit and natter group had been introduced with the support of volunteers. Local school children and a local vicar were also regularly invited to the home.

The registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included tissue viability nurses, Macmillan nurses, infection control nurses and local commissioning teams. We spoke with a visiting professional who was very positive about their experience of working with the home.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating both in the home and on their website. They had also informed us of significant events which had occurred in the home.