

# Dr Haroon Aqeel Siddique

# Willowdale Lodge

## 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 

### Overall summary

The Inspection took place on the 4 August 2015.

Willow Lodge provides accommodation and personal care without nursing for up to 14 persons some may be living with dementia. At the time of our inspection 12 people were living at the service.

The service had a registered manager. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental

# Summary of findings

Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor and district nurse.

Staff were attentive to people's needs and treated people with dignity and respect. Staff were able to demonstrate that they knew people well.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint; complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

# Summary of findings

## 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.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



### Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and they were supported with their nutritional choices.

People had access to healthcare professionals when they needed to see them.

Good



### Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

Care plans contain relevant information needed to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

Good



### Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Willowdale Lodge

## 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.

We inspected Willow Lodge on the 4 August 2015 and the inspection was unannounced. The inspection was carried out by three inspectors.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to

let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. 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.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people, three relatives, three members of care staff, the chef, registered manager, and a visiting healthcare professional. We reviewed six people's care files, two staff recruitment and support files, training records and quality assurance information.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, “Feeling safe is the principle thing, I definitely feel safe here.” Another person said, “My belongings are safe and I have felt safe here for five years.”

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Additionally all staff said they would report any concerns to the appropriate people. One member of staff said, “I would tell the senior if I had any concerns or the manager or the owner.” Staff were aware that the service had a safeguarding procedure to follow and a ‘whistle-blowing’ policy. The manager clearly displayed a confidential advice line called ‘Ask Sal’ that staff, relatives or people could call confidentially to report any concerns if they had them. One member of staff said, “If I needed to report a concern outside of the home I would call the CQC.”

The manager had a good understanding of their responsibility to safeguard people and how they could raise any concerns with the local authority to investigate.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, using wheelchairs, using walking frames, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. Staff carried out regular fire drills and there was a fire evacuation procedure for staff to follow.

People were cared for in a safe environment. The current provider was currently making arrangements to update the facilities at the service. We saw that some improvements had been made such as new flooring and redecoration of some areas. The manager explained that this was on-going and that they were hoping to make the service more personalised and ‘dementia friendly’. For other maintenance, staff recorded any work that needed

completing and this was then completed monthly or sooner if required by a maintenance person. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff available to meet people’s needs. Staff were not rushed during their interaction with people. One staff member said, “We have enough staff on each shift and the manager is always around.” A relative told us, “There always seems to be plenty of staff around at whatever time of day I visit.” People received care from a consistent staff team. The manager did not use any agency staff at the service and any shortfalls of staff were covered by their own regular staff. The manager assessed the level of staff required to support people’s needs on a regular basis and told us when necessary the staffing number would be increased to meet people’s changing needs.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, “I saw the job advertised on-line so called up and spoke with the manager, then I completed an application form and came in for an interview.”

People received their medications as prescribed. One person told us, “I get my medication on time, staff explain what it is when they give it to me but I only remember the colours.” We observed part of a medication round. This was done efficiently and in a timely manner. Staff checked medication administration records before they dispensed the medication and they spoke with people about their medication. We saw staff ask people if they required extra pain medication and explain to people what their medication was for.

The service had procedures in place for the safe storage of medication and for receiving and returning medication when no longer required. They also had procedures in place for the safe disposal of medication.

# Is the service effective?

## Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff had completed nationally recognised qualifications and were being supported to advance with these to higher levels. One member of staff said, “The owner is supporting me to undertake my NVQ Level 2 in Health and Social Care.” Another member of staff told us, “I teach manual handling to staff.” People told us they thought staff were well trained, one person said, “Well they have never dropped me yet when using the hoist.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The induction included completing the Common Induction Standards, this enabled staff who were new to care to gain the knowledge and skills to support them within their role. The manager told us that they would in future use the new Care Certificate to induct newly recruited staff. A new member of staff said, “When I first started I came in and was shown around the home and went through policies such as fire safety. I was introduced to the residents and spent the first week ‘shadowing’ other staff.”

Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and support them with making choices on how they wish to spend their time. People at the service had varying levels of capacity. CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. The manager informed us there was no one currently living in the service who needed to have a DoLS in place. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. We noted people always had fresh drinks of juice available to them. One person who preferred to stay in their room told us, “Staff always bring me up a jug of juice as I prefer this to hot drinks.” Visiting relatives told us they always saw drinks available.

People were very complimentary of the food and chef at the service. The chef was very involved and engaging with people to check what their food choices were for the day. The chef had a good knowledge of people’s dietary requirements, including their likes and dislikes and encouraged people with their nutritional needs. One person told us, “The food is very good, you have a choice every day, I like salads and roast dinners, the chef asks me what I want to eat.” Another person said, “Food is beautiful, that’s why I’ve put on weight. We get a choice.”

We saw that, where necessary, people’s fluid and diet was monitored by staff. Staff also regularly monitored people’s weight for signs of loss or gains. Where appropriate the manager referred people to the GP for additional nutritional supplements.

People were supported to access healthcare as required. The service had good links with other health professionals, such as district nurses, GPs, physiotherapist, mental health nurse and chiropodist. The manager had good links with the GP service and they came every two weeks to review people living at the service. They also received good input from the district nurse service. One person told us, “I see the GP whenever I need to, recently I had a chest infection and the GP gave me antibiotics to take.”

A visiting healthcare professional told us the service was very good at making prompt referrals and at following instructions to ensure people received the treatment and healthcare they needed.

# Is the service caring?

## Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, “I am very happy living here.” People were very complimentary of the staff. We received many comments such as, “The staff are very good in here.” And “The staff are very good to me.” A relative told us, “Mum is always beautifully dressed and well cared for.”

The staff were open and friendly. Staff and people engaged in conversations with each other easily, frequently laughing together. Staff took their time to talk with people and showed them that they were important; they always approached people face on and at eye level. Staff were attentive to people’s needs, checking if they needed drinks and asking people if they needed anything when talking with them. Staff told us the manager and owner encouraged them to sit and talk with people. One member of staff told us, “I like to talk about their lives and listen to their stories.” When talking with staff they showed warmth and affection when talking about people they cared for.

During the inspection we saw that staff had positive relationships with people. Staff showed kindness and compassion. When one person became upset staff immediately went to them and knew how to support this person to stop their distress by distracting them. This immediately helped the person become less upset; we noted the staff stayed with them. When another person became distressed at lunchtime staff knew by simply sitting with this person with their own lunch and engaging them with conversation and reassurance the person relaxed and ate their lunch.

People told us they could make their own choices about their routine and how they spent their time. They told us it was their choice if they socialised with others. One person told us, “I prefer to stay in my room, I don’t really like to socialise, but the staff pop in regularly for a chat and to see I am okay.” People told us staff supported them in their decisions and choices.

People and their relatives were actively involved in making decisions about their care. Relatives told us that staff discussed care needs with them and kept them informed of any changes. Staff told us that they used a key worker system; this meant people had a named care worker who took care of their support needs and reviewed their care with them.

People told us that staff respected their privacy and dignity. One person said, “The staff tell me what they are doing they treat everyone with respect.” Another person said, “The staff help me wash and dress, they always treat me with respect.” Staff told us that they felt it was important to maintain people’s privacy. One staff member said, “Whenever I am supporting people with personal care I make sure curtains are closed and the door is shut.”

Relatives we spoke with told us they were very happy with the care their family member received. They told us the staff were very good and caring and that they never had any issues. Relatives told us that they visited at all different times and always found the service welcoming and their family member well cared for.

# Is the service responsive?

## Our findings

The service was responsive to people's needs. People were supported as individuals, including looking after their social interests and well-being. A relative told us, "Staff are fantastic, absolutely no complaints."

Before people came to live at the service their needs were assessed to see if they could be met by the service. Staff generally had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans did not contain people's life histories or details about what or who had been important to them. This meant people were at a risk of not being supported as individuals, and that staff had limited information on how to engage with people. The care plan was regularly reviewed, at least monthly. However we found in one care plan a significant risk had not been reviewed which meant this person would be at risk of an accident reoccurring. The manager informed us they would immediately act on this to review the risk and care plan. Up to date care plans are important to ensure all staff have the relevant information they need to safely care for people.

The service was responsive to people health needs making prompt referrals for healthcare. It was noted that the environment could be made more dementia friendly as part of its refurbishment. The manager told us they had plans for better signage around the service and for pictures to be placed on people's bedrooms doors along with door knockers. This could assist people living with dementia find their way around the service and recognise the entrance to their rooms.

People were encouraged to engage in meaningful activity. One person told us, "I like to help with a bit of dusting and hovering or watering the garden." A member of staff told us how they supported people to go out in the community to buy their own shopping such as toiletries and shaving equipment. They said, "[name] likes to come shopping with me so they can chose what they like."

A relative told us how they liked to take their relative out into the community and told us that the staff also take people out. The service had recently taken people to the local park and were planning more trips like this throughout the summer.

People enjoyed varied pastimes. Some people were enjoying knitting, doing puzzles and watching television. We also saw staff giving people manicures and generally sitting and talking with them. The manager encouraged staff to bring their pets to work and we heard staff talking with people about their pets. We saw the service also had its own cat which was popular with people.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People and relatives we spoke with said if they had any complaints they would speak to the manager or owner. One person told us how they complained when their glasses went missing they said, "The staff found them again for me very quickly."

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.



# Is the service well-led?

## Our findings

The service had a registered manager, who was very visible within the service and encouraged an open door policy for staff, people and relatives. The manager had a very good knowledge of all the people living there and their relatives.

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt the manager was very supportive to their roles. One member of staff said, "I feel that I can speak to [name]." Another member of staff said, "I can go to the manager about anything, I feel very supported here." Staff had regular supervision and meetings with the manager to discuss people's care and the running of the service. One member of staff said, "I have supervision every six weeks, when I first started I had more, and we have two staff meetings a month." Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information.

The manager told us they regularly met with staff to discuss people's care needs or to carry out supervisions. When staff first started working at the service these meetings were more frequent as part of their induction process. The manager in addition spent time working alongside carers delivering hands on care to people. This also afforded the

manager an opportunity to give advice, guidance and supervision to staff. This demonstrated that people were being cared for by staff who were well supported in performing their role.

The manager gathered people's views on the service by talking with them. The owner also provided questionnaires for people or their relatives to complete on the service. The owner planned to use this information to make any necessary changes or improvements to the service. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

Staff shared the manager's and provider's vision for the service. One member of staff said, "Our aim is to look after these lovely people, ensure they eat and are dressed, take time to sit and talk about the past, anything to make them happy." Another member of staff said, "Help people be independent and promote a happy healthy life, like I'd want when I'm older."

People's confidential information was stored securely inside offices, so that only appropriate people had access to the information.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans and medication management and used this information as appropriate to improve the care people received.