

Premier Nursing Homes Limited

Willowdene Care Home

Inspection report

Victoria Road West
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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

Willowdene is a care home providing personal and nursing care to 48 older people, at the time of inspection, including people who live with dementia. The service can support up to 52 people.

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

People told us they received a good service and felt safe with the support they received from staff. There was generally a good standard of hygiene. Risks to people's safety including any environmental risks were well-managed. Where any improvements were identified at inspection, the provider sent an action plan immediately after the inspection with planned dates for action.

Appropriate checks were carried out before staff began working with people.

We have made a recommendation about the vetting procedures for new staff.

Staff said they were aware of their responsibility to share any concerns about safeguarding and the care provided. People's privacy and dignity were respected. Staff received training and support to help them carry out their role. People said they felt safe and were very positive about the care provided. Staff knew the people they were supporting very well.

People and their relatives were involved and supported in decision making. 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.

There was a good standard of record keeping to ensure people received care that met their needs. More information was required in people's end-of-life care plans to ensure their wishes were met at this important time. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

Arrangements for managing people's medicines were safe. People enjoyed their meals and their dietary needs had been catered for. Some improvements were required to people's dining experience and to keep people who lived with dementia involved in decision making about their food. There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community.

Regular audits and checks were carried out. There were opportunities for people, relatives and staff to give their views about the service. Processes were in place to manage and respond to complaints and concerns. People and staff were positive about the management of the service and felt valued and respected.

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

Rating at last inspection

The last rating for this service was good (published 16 August 2017).

Why we inspected

This was a planned inspection based on the 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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willowdene Care Home

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

One inspector, one assistant inspector and an Expert-by-Experience carried out the inspection. 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

Willowdene 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.

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. 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 spoke with 11 people who used the service and nine relatives about their experience of the care provided. We spoke with 14 members of staff including the divisional director, regional manager, deputy manager, one registered nurse, two senior support workers, five support workers, the activities co-ordinator,

the chef, one domestic person and three visiting professionals. 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 reviewed a range of records. This included five people's care records and four medicines records. We looked at three staff files in relation to recruitment and staff supervision. 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.

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 and recruitment

- There were enough staff deployed to support people safely. Staffing levels were determined by the number of people using the service and their needs. One person told us, "Staff aren't pushed, if you buzz, they come straight away." A relative said, "Sometimes they are short-staffed, but they get cover from an agency."
- Effective recruitment practices were mostly followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS). Not all files held a copy of people's interview notes or the required number of references. A copy of these records were held at head office.

We recommend that all staff files held at the home should contain a copy of at least two references and evidence of the interview records from when applicants were interviewed.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely. One relative said, "[Name] is a lot safer here than at home."
- The registered manager was aware of their duty to keep people safe and raise or report any safeguarding incidents. A safeguarding log evidenced safeguarding incidents and showed the action taken to keep people safe.
- Staff had a good understanding of safeguarding. They had received safeguarding training and had access to a whistle blowing policy which detailed how to report any concerns.

Assessing risk, safety monitoring and management

- Risks were managed and risk assessments were in place. Risk assessments were reviewed to ensure they reflected people's changing needs. A relative commented, "[Name] is at high risk of falls and there have been meetings to increase staffing for them."
- The building was well-maintained with regular safety checks carried out. One person told us, "The fire alarm is always being checked, I have heard it."

Preventing and controlling infection

- There was generally a good standard of hygiene, however some areas of the premises required improvement. We received an action plan after the inspection to show the timescale for improvement.
- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

Using medicines safely

- People were supported with their medicines safely. One person commented, "Staff are very efficient, people always get their tablets."
- Staff did not administer medicines until they had been trained to do so.
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon. For example, where there had been errors in the recording of medicines.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

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.

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.

- The registered manager had submitted DoLS authorisations appropriately. When authorised these were monitored and reviewed.
- Staff ensured people were involved in decisions about their care. They knew what they needed to do to make sure decisions were made in people's best interests. A relative commented, "Staff always ask consent. You couldn't get better staff."
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy.

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

- People's nutritional health was assessed, monitored and supported to ensure they were eating and drinking enough.
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake. A relative told us, "[Name] is not eating very much. The home is trying to rectify that." Food charts required more detailed information to enable staff to check the actual amount people had eaten.
- Some improvements were required to people's dining experience and to keep people who lived with dementia involved in decision making about their food. Menus were not available in an accessible format to remind people what they had ordered. People were verbally informed what was available, but they were not all shown two plates of food to help them make a choice, by sight or smell, if they no longer understood the

spoken word. In one of the dining rooms tables were not set before people sat down to their meal.

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

- The building was light and airy. It was quite well-maintained, although some areas were showing signs of wear and tear. The upstairs lounge did not provide enough seats for people. We received an action plan straight after the inspection showing the timescale for improvements.
- People's bedrooms were personalised. They had belongings that reflected their interests. A person told us, "It's a lovely bedroom. It's not massive but it's got everything in."
- There was appropriate signage around the building to help maintain people's orientation.

Staff support: induction, training, skills and experience

- Staff received training, including any specialist training, to ensure people were supported safely and their needs were met. One staff member told us, "We get lots of training." A relative commented, "I think staff have the right skills. They have quickly identified what works and doesn't work for [Name]."
- Staff completed an induction programme at the start of their employment, which included the Care Certificate. New staff shadowed experienced staff until they, and management were satisfied they were competent. One staff member told us, "I shadowed staff for two days as part of my induction."
- Staff received supervision and appraisal and had opportunities for personal development and career progression. A staff member commented, "We work as a team. The registered manager is very approachable and supportive."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments followed good practice.
- Assessments included information about people's medical conditions, oral health, dietary requirements and other aspects of their daily lives.

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

- Access to regular health services, such as GPs, mental health, chiropody and opticians was well-documented. Appointments were arranged quickly and efficiently. One person said, "I ask and staff arrange that. I've seen the GP twice."
- People had care plans to promote and support their health and well-being. A person told us, "If you are poorly staff are very, very good."
- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided. A visiting professional commented, "Referrals are made by staff in a timely way and our advice is followed. Communication with us is very effective."

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.

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

- People and their relatives were all positive about the care provided. Throughout the inspection we saw staff spending time with people. We heard laughter between staff and people and saw respectful interactions. A person said, "Staff are very helpful, they always try their best." A relative commented, "It's brilliant here, staff are outstanding."
- Staff interactions with people were attentive, kindly, encouraging and appropriate. We observed if people became distressed, staff responded immediately and knew how to support them to reduce their anxiety. A relative told us, "Staff are very tolerant and have a lot of empathy with people. No one is left upset."
- Staff demonstrated a good knowledge of people's preferences and interests. Records contained information to ensure people received personalised care that met their needs. Detailed information was available for people who received one-to-one support. We discussed that this level of detail could benefit all people to contribute to person-centred care.

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

- People were offered choices and were listened to. Staff looked at people when they spoke with them and made sure people had the time they needed to communicate. One person said, "I please myself, I can get up and go to bed when I want."
- People and their families were informed and involved in their family member's care. One relative told us, "I have access to [Name]'s care plan and staff stick to it. They follow it through."
- Guidance was available in people's care plans which documented how they communicated and about their level of understanding to help them be involved.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. A person said, "I'm independent, always have been. I get myself ready, I usually get support in the shower."
- Staff respected people's privacy and dignity. They respected people's personal space and were observed knocking on people's bedroom door before entering. One relative told us, "Staff always leave us alone when we visit and knock when they want to come in."

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 now remained the same. 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

- Staff, who knew people well, delivered care. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One relative told us, "I'm involved in [Name]'s care plan, I like to know they are well-looked after."
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs.
- People's needs were reviewed on a regular basis and any changes were recorded. The monthly evaluation of care plans did not provide a summary of people's health and well-being over the month. We were told this would be addressed. Staff handover meetings provided staff with information about people's changing needs and how to meet them.

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.

- Staff were aware of the accessible information standard. Information could be made available in a different format dependent upon people's needs.
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.
- Information was available in people's care records about how they communicated.

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

- People had access to a range of activities along with entertainment and external trips. An enthusiastic activities person provided activities in the home. People's comments included, "The activities are fantastic, there are plenty of activities. We have fairs, singers, karaoke and bingo", "I read a lot, I don't play dominoes now" and "I have dementia, staff try and stimulate me."
- There was a lively atmosphere in the home and staff spent time with people throughout the day. People and visitors told us it was always like this. A relative commented, "The atmosphere in the home is one of cheeriness and staff morale seems good."
- Links with the community were developed and people had the opportunity to go out on bus trips and to the shops. One relative said, "In good weather days out are arranged, we've been to Beamish Museum and to the coast for fish and chips." Children also visited and spent time with people as part of an

intergenerational project. One person told us, "I love it when the children come in to sing."

End-of-life care and support

- The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible, whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death.
- Health care information was available about people's end-of-life wishes. However, other information was not available for all people, so their wishes could be met at this important time. For example, if there were any spiritual or cultural preferences and arrangements after their death. The deputy manager told us this would be addressed.

Improving care quality in response to complaints or concerns

- A complaints procedure was available and people were asked at meetings if they had any concerns or complaints.
- A record of complaints was maintained. People told us they could talk to staff if they were worried and raise any concerns. One relative commented, "I haven't any complaints. I know how to complain and say my piece" and "When I've had a concern, it's been listened to and actioned straight away."

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 registered manager promoted a person-centred culture where people were at the heart of the service and was committed to ensuring they received the best possible support in a caring and nurturing environment.
- Arrangements were in place to ensure people were involved in care planning, assessment and decision making in their lives.

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

- The registered manager was effectively managing the home ensuring its day-to-day running. A relative told us, "The manager is making changes. There are things in the pipeline. The rooms all used to be magnolia, now they are to be papered."
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- People, relatives and staff told us communication was effective to ensure people received care that met their needs. A relative commented, "Staff ring me at home if anything happens, even if it's a little bump. They try to reassure you."

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

- Relatives and people were involved in decisions about care and advocates were also involved where required. One relative told us, "I go to meetings all the time. I do feel listened to."
- Staff and people said they were supported. They were positive about the management team and all said the management team were approachable and they were listened to. One relative said, "The registered manager is definitely approachable. They are open and honest. They speak even just in passing. They're turning things around."
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to. One staff member told us, "The manager is very approachable. I feel supported."
- The registered manager and staff team were outward looking and had formed links with other

organisations such as charities and an intergenerational project to bring toddlers and school children into the home.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. Staff were appointed as champions to research and promote best practice in areas of care. One staff member told us, I'm moving and handling champion. I highlight any changes to staff."
- Records confirmed staff communicated effectively with a range of health and social care professionals to ensure people's needs were considered and understood so that they could access the support they needed.

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 their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities, including CQC, if required
- The registered manager understood the duty of candour responsibility. This is about being open and transparent when things go wrong.