

Veecare Ltd

Willow Tree Lodge

Inspection report

126-128 Old Dover Road
Canterbury
Kent
CT1 3PF

Tel: 01227760213

Website: www.willowtree-lodge.co.uk

Date of inspection visit:

21 July 2022

25 July 2022

Date of publication:

11 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Tree Lodge is a residential care home providing accommodation, personal and nursing care to up to 34 people. The service provides support to older people, some whom live with dementia. At the time of our inspection there were 27 people using the service. Care is provided in one adapted building over three floors.

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

People and their relatives were positive about the service and the support they received from staff. One person said, "I am happy here. I wouldn't want to go anywhere else." A relative said, "I am happy with the care home. They are all friendly and attentive."

Staff knew how to protect people from the risk of abuse. If concerns arose, they were reported and investigated appropriately. Action was taken following incidents and lessons were learnt to reduce the risk of re-occurrence. There were risk assessments in place to guide staff on how to support people to remain safe. Staff were aware of the risks to people and were supporting people safely. There were sufficient staff to support people and people told us they got support when they needed it. Medicines were managed safely to ensure people received them as prescribed. People were kept safe from the risk of the transfer of infection, such as the risk from COVID.

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. Staff followed best interest processes where people needed this support for decisions. Where people could make choices, people told us staff supported this.

The service had continued to improve since the last inspection and previous improvements had been imbedded. Regular checks were undertaken on the quality of the service. Where the registered manager had identified actions were needed, these had been undertaken or were in progress. The registered manager understood the importance of being open and transparent should incidents occur. Staff were kind to people and were supported by the registered manager who worked alongside them. There were systems in place to ensure people, their relatives and staff could provide feedback about their care. People told us they were listened to.

The service had complied with legal obligations such as displaying their rating and notifying CQC of important events. The service had worked in partnership with other health and social care providers to improve outcomes for people and learn best practice.

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 requires improvement (Published 02 December 2019). Since the last inspection the service has changed their name from High Meadow Nursing Home to Willow Tree Lodge. There were no breaches of regulation found at the last inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question.

We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Tree Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Willow Tree Lodge

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Willow Tree Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willow Tree Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 and received 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who lived at the service. We also 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 to two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the provider, nursing staff, care staff and the maintenance person. We also spoke with four visiting health and social care professionals.

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

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires improvement. This was because we were not assured the improvements found at the last inspection for staffing, risk management and safeguarding people from abuse had been fully embedded. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. Staff knew how to identify possible abuse and how to report it.
- At the last inspection there had not been any incidents that needed to be reported to the local authority. At this inspection there had been, which enabled us fully to assess the effectiveness of the systems in place to safeguard people from abuse. The registered manager knew how to report concerns to the local authority and was aware of the local safeguarding procedures. Concerns were reported to safeguarding and investigated appropriately. Where concerns had arisen, action had been taken to ensure concerns did not arise again.
- People told us they felt safe living at the service and knew who to speak to if they had any concerns. One relative said, "He's well looked after."

Assessing risk, safety monitoring and management

- People continued to be protected from risks to their health and wellbeing. The standards of care planning had been maintained and had continued to improve since the last inspection. For example, there were protocols in place to support people who were at risk from diabetes. These set out what blood sugar levels were normal for the person and what actions should be taken if people's blood sugars were higher or lower than normal. Staff had followed these protocols.
- Staff understood the risks to people and knew how to support people safely. People told us they were happy with the support they received from staff. One person said, "This one is a good home. The staff are great".
- People were protected from risks from the environment. For example, hoists had been serviced to make sure they were safe. Checks on areas such as gas and electric safety had been completed. Evacuation equipment was in place and fire drills had been undertaken for day and night staff. The fire service had identified some areas that needed improvement, for example replacing some fire doors. However, this was in progress at the time of the inspection.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where people needed support to make decisions these had been done so in their best interests and recorded.
- People told us they were supported to make choices. One person said, "I can do what I want and have choices."

Staffing and recruitment

- There continued to be enough staff to support people safely. A new dependency tool had been introduced and people's support needs had been individually assessed to calculate the required staffing levels. People also continued to be supported by laundry, kitchen and cleaning staff. There was no activities co-ordinator at the time of the inspection, but the provider was in the process of recruiting one. Staff were providing this support to people and people were engaged in activities throughout the day.
- People and their relatives told us staff responded to their requests and we did not observe people left waiting for support. One person said, "When I ring the bell, they come quick enough."
- Checks had been undertaken to make sure staff were suitable to work with vulnerable people before they started. For example, Disclosure and Barring Service (DBS) checks had been undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Where staff had worked abroad, checks had also been made with the appropriate authorities in those countries.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records (MARs) were complete and accurate. Medicines were audited and the count of medicines in the records matched the number of medicines in stock. Medicines were stored and disposed of safely.
- People told us they were happy with the support they received with their medicines. One person said, "They help me with my creams. I do some of it myself and they help."
- Where people had 'as and when' medicines, such as pain relief, there was guidance for staff in place. For example, how often these medicines could be administered during a 24-hour period.
- Some creams and liquids only remain effective for period of time after they are opened. Creams and bottles of liquids were dated so staff knew when they should no longer be used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We somewhat were assured that the provider's infection prevention and control policy was up to date. Some guidance needed to be updated. However, this was addressed during the inspection and information

was shared with staff. We signposted the provider to resources to develop their approach.

Visiting in care homes

- There were no visiting restrictions at the service. People and their relatives told us they were supported to spend time with their loved ones when they wanted to do so.

Learning lessons when things go wrong

- Incidents were well managed.
- Staff knew how to report incidents when they occurred. Incidents were logged appropriately and investigated. The registered manager reviewed incidents to ensure any trends were identified.
- Lessons from incidents were learnt and action was taken to reduce re-occurrence. For example, following one incident where a person moved into the service with an undisclosed pain patch the service had amended its admittance processes to reduce the risk of this re-occurring.

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 our last inspection we rated this key question Requires Improvement. This was because we were not assured the improvements found at the last inspection for monitoring and improving the quality and safety of the service had been fully embedded. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The registered manager had been working with the local authority to imbed improvements to the quality of the service and make further improvements. This has resulted in a number of improvements, some of which were ongoing. For example, carpets had been replaced with lino in some areas and some areas had been redecorated. Staff training was also being improved to ensure staff had access to more up to date training.
- The registered manager now spent time with other registered managers sharing knowledge and keeping up to date with best practice. They told us they had learnt about making auditing and quality checks more effective. They had put this learning in to practice and auditing was more comprehensive.
- Relatives also told us the service had improved. One relative said, "There were issues before, but I don't have any worries now."
- The service continued to work in partnership with other health and social care professionals such as GP's and social workers. We spoke with four visiting health professionals during the inspection. Feedback was positive. One health professional said, "I have no concerns about the support people are getting."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by staff who treated them with kindness and showed them compassion. One person said, "Oh they are lovely. The carers are so helpful to me."
- Staff told us they felt well supported by the registered manager and had regular supervision meetings. The registered manager was passionate about the service and had worked to make improvements and imbed learning from previous inspections.
- The registered manager spent time working alongside staff, this enabled them to have a good oversight of staff practice and performance. This also meant they spent time with people and we saw people were comfortable speaking with the manager when they wanted to do so.

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 duty of candour responsibilities. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the

provider must act in an open and transparent way and apologise for the incident.

- We did not identify any incidents that qualified as duty of candour. However, where other incidents had occurred relatives told us they were kept informed. One relative said, "They let me know if anything happens."

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

- There was a system of audits in place at the service. Where issues were identified though auditing an action plan was put in place. For example, where the infection control audit had identified areas needed extra cleaning these were recorded on an action plan and signed when they were completed.
- The registered manager had informed CQC of significant events that happened within the service, as required by law. Services are required to display the rating by law. The rating was on display at the service.

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

- There were annual surveys for people and their relatives to enable them to share their views about the service. Feedback from people was positive. Relatives were positive about communication from the service and told us they were listened too when they raised concerns or suggestions.
- There were also regular meetings for people. These meetings provided people with the opportunity to discuss activities, the menu and raise other issues. Where people had raised issues, these were responded to. For example, where people had requested specific food items were made more available.
- There were meetings for staff where concerns could be raised. The registered manager and the provider were also visible at the service if the staff wished to speak with them. A survey for staff was underway at the time of the inspection. Therefore, the provider had not yet had the opportunity to review responses but would do when the survey was complete.