

# Trilodge Limited

# Willow 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

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 and to and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection.

At our last inspection in August 2013 we found the service was meeting the regulations we looked at and did not identify any concerns about the care and support people who lived at Willow Lodge received.

Willow Lodge is a care home that provides accommodation, nursing and personal care for up to 27 older people living with the experience of dementia. There were 25 people living at the home when we visited.

# Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they felt happy and safe living at Willow Lodge. They also told us staff were kind and caring, and our observations and discussions with relatives supported this. We saw staff treated people with dignity and respect.

Staff were familiar with people's individual needs and knew how to meet them. We saw staff had built up good working relationships with people who lived at Willow Lodge. There were enough properly trained and well supported staff working at the home to meet people's needs.

People or their representatives were involved in developing care plans. We saw people were supported to make decisions about their care and support. People could choose to participate in a range of in-house social events and activities.

There was a clear management structure in the home. People who lived at Willow Lodge, relatives and staff felt comfortable about sharing their views and talking to the manager and senior nursing staff if they had any concerns or ideas to improve the service. The registered manager demonstrated a good understanding of their role and responsibilities, and staff told us the manager was always supportive and fair. There were systems in place to routinely monitor the safety and quality of the service provided.

We found that the service was meeting the requirements of the deprivation of Liberty Safeguarding (DoLS) and staff had a good understanding of the Mental Capacity Act to promote people's rights.

# 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 told us they felt safe living at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely and at times they needed them.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Good



### Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

People were supported to eat and drink sufficient amounts of nutritious and well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Good



### Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect, dignity and compassion.

Care and support was centred on people's individual needs and wishes. Staff knew about people's life histories, interests, preferences and aspirations.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

Good



# Summary of findings

People using the service and their representatives were encouraged to express their views about the service. These were taken seriously and acted upon. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the service and felt confident their concerns would be dealt with appropriately.

## Is the service well-led?

The service was well-led. Systems were in place to regularly monitor the safety and quality of the service people received. Accidents and incidents were reported and analysed to identify trends and patterns to minimise the risk of similar events reoccurring.

The registered manager demonstrated a good understanding of their role. The manager was approachable and ran the home in an open and transparent manner.

**Good**



# Willow Lodge

## Detailed findings

### Background to this inspection

The inspection team consisted of an inspector 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.

During our visit we spoke with seven people who lived at Willow Lodge, seven relatives, a community nurse, the nurse in charge of the shift, six care staff, and the registered manager. We spent time observing care and support being delivered in the main communal areas, and we viewed the bedrooms of seven people who lived at the home. We also looked at a range of records, including seven people's care plans, six staff files and other records relating to the management of the service.

Some people had complex needs so we used the Short Observational Framework for Inspection (SOFI) to observe the way they were cared for and supported. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We also contacted a commissioner of the service to obtain their views about Willow Lodge.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People using the service and relatives we spoke with said Willow Lodge was a safe place to live. One person told us, “I do feel safe here and very content”, and a relative said, “My mother is very safe here.”

We looked at the provider’s policies on safeguarding and whistle-blowing and saw they were up to date and appropriate for this type of service. We also saw a copy of the “Pan-London’s Multi Agencies Procedures on Safeguarding Adults from Abuse” in the office which staff could refer to if they needed guidance on dealing with suspected abuse.

Staff knew what to do if safeguarding concerns were raised. Managers and staff told us they had received safeguarding training within the last 24 months and records we looked at confirmed this. Discussions with staff showed they understood what constituted abuse and what they needed to do if they suspected or witnessed abuse taking place. This included reporting their concerns to the manager, the local authority’s safeguarding team and the CQC. The manager confirmed they knew how to raise an alert in the event of a safeguarding concern being brought to their attention. All staff we spoke with were also able to tell us about the provider’s whistle-blowing procedures.

The provider had policies and procedures in place in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. Care plans contained a mental capacity assessment and DoLS checklist. Managers and staff we spoke with said they had received training on mental capacity and DoLS. Records also showed that most staff had attended this training within the last 24 months. Our discussions with managers and staff showed they had a good understanding of the Mental Capacity Act (2005), DoLS and issues relating to consent. The manager told us how they had referred a person for a DoLS assessment because there was a possibility that the person was being deprived of their liberty without authorisation. This showed that the appropriate procedures were being followed to help ensure people’s rights were safeguarded.

Staff followed risk management strategies to help keep people safe. Care plans contained a set of individualised, detailed and up to date risk assessments. These assessments identified the hazards that the individual

might face and the support they needed to minimise these risks. For example, we saw risk assessments that related to people’s medical conditions, mobility/falls, environment, moving and handling, skin integrity, nutrition/weight, pain management and mental health.

Staff were aware of the risks people using the service might face and the action to take to minimise these. Two members of staff gave us good examples of the risks people using the service might encounter when they ate or had a bath and the risk management strategies that were in place to protect these individuals

Relatives we spoke with all felt there were always enough staff available in the home to meet the needs of their family members. Typical comments we received included, “There always seems to be loads of staff about,” “They [staff] have a lot to do, but there are enough of them about” and “Staff numbers are fine”. Staff were always visible in all parts of the home and we saw there were enough nursing and care staff on duty to meet the needs and requests of people using the service.

The weekly duty rota showed that the provider had set staffing levels that were adhered to. This included ancillary staff to ensure the smooth operation of the service. The manager told us they regularly reviewed staffing levels and adjusted them accordingly. They reported how they had recently reviewed and then increased the number of care staff at night in response to people’s changing needs. The duty rosters we looked at confirmed this increase in night time staffing levels.

The service followed safe recruitment practices. We saw each staff file contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. The managers confirmed that no new members of staff would be permitted to start working in the home until all the relevant pre-employment checks had been completed.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal trolley that was kept in the office. The manager confirmed that people lacked capacity to manage their own medicines and therefore staff supported them to take their prescribed medicines. We found that medicines administration record sheets were appropriately completed and signed when people were given their medicines. We also saw the service appropriately

## Is the service safe?

maintained a controlled drugs register where people were prescribed these medicines. The manager told us, and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the

home had received medicines training in the last 24 months. Staff and records we looked at also confirmed that their competency to handle medicines safely was assessed bi-annually.

# Is the service effective?

## Our findings

People received personal care from staff who were appropriately trained and supported. All the people using the service and relatives we spoke with told us they felt staff knew what they were doing and how to look after them. One person said, “I think they [staff] are good at what they do” and a relative told us, “Staff seem to know what they are doing.”

Staff told us they felt they had received all the training and guidance they needed to perform their jobs well. Two new members of staff said they felt their induction had been thorough and had prepared them well for their role as support workers. Records showed all current staff had completed the Skills for Care Common induction standards and shadowed experienced members of staff before being allowed to work unsupervised with people using the service.

The manager produced a staff training needs and development plan that showed most staff had received up to date training in key aspects of their role such as dementia care, mental ill health awareness, fire safety, moving and handling, prevention and control of infection, health and safety, and palliative/end of life care. The record also showed that all care staff had been awarded a Diploma or National Vocational Qualification (NVQ) level 2 or above in health and social care.

Staff had effective support and supervision. The provider had arrangements to ensure that staff attended monthly team meetings, had individual meetings with their line manager at least once a quarter and had their overall work performance appraised annually by the registered manager. Staff confirmed this and told us they felt supported by the manager and senior nursing staff who

encouraged them to review their working practices and look at their personal development. The manager confirmed they appraised staffs’ performance annually or more frequently if they felt their performance had fallen below what was expected of them.

People who lived at the home and their relatives were positive about the quality and choice of the meals offered at Willow Lodge. Typical comments we received included, “there’s always enough”, “the food is alright and if I don’t like what’s on offer you can have sandwiches” and “from what I have seen the food is very good”. We saw all the meals served at lunch looked appetising. For example, we saw people on soft diets who needed their food pureed were served well-presented meals because the cook had ensured all the main ingredients had been kept separate.

We observed that the atmosphere in the dining room was relaxed and congenial during lunch. Just before the meals were served we saw one member of staff turn the television off and the rest of the staff team stop what they were doing to help serve or support people who needed assistance to eat. We observed staff sitting down next to people and supporting them appropriately with their meals.

Throughout our visit we saw people were regularly offered hot and cold drinks by staff. One person told us, “They (staff) always check what I drink.” Another person said, “They (staff) often make us drinks.” Staff told us they were instructed to ensure people received plenty of fluids during the day. We looked at the menu for the week and saw people were always given a choice of two main courses and two desserts at mealtimes. We looked at the menu for the week and saw that people were offered a choice of traditionally British style food that usually included meat, potatoes and a selection of vegetables. Relatives told us people were always offered fish on Fridays.



# Is the service caring?

## Our findings

People living at Willows Lodge and relatives we spoke with told us they were happy with the level of care and support provided at the home. They also said staff were always kind and caring. Typical comments we received from people using the service included, “They [staff] make my relatives feel very welcome. They make tea for them”, “They [staff] are all very good, kind and caring” and “They [staff] are always very loving and friendly”. The feedback we received from relatives was also positive and included comments such as, “They call him [my relative] by his preferred name” and “We are very happy with the care here”.

During our inspection we saw staff interacted with people in a respectful, attentive and compassionate manner. We noted that staff used enabling and positive language when talking or supporting people who lived at the home. People using the service told us staff often spent time talking with them. This was also confirmed by people’s relatives.

People using the service and their relatives also told us staff were good at respecting the privacy and dignity of the people who lived at Willow Lodge. One person told us, “Staff knock on my door and shut it when attending to me.” A relative said, “Staff shut the door when giving him personal care” and “They [staff] put a privacy screen around the other resident in the room when they provided personal care.” We were able to see the privacy screens in the bedrooms that people shared to ensure their privacy. Other relatives told us staff ensured bedroom, bathroom and toilet doors were always closed when they provided people with personal care. During our inspection we observed this as well as staff knocking on people’s bedroom doors before entering.

Care plans addressed the individual needs of the person and contained detailed information about their diverse needs, life histories, strengths, interests, and preferences. For example, each care plan included a lifestyle passport which was a questionnaire staff had invited people using the service and their relatives to complete as part of the admission’s process. Staff told us the questionnaire was a useful working tool that helped them treat people as individuals by ensuring they found out right from the start about the preferences, likes and dislikes of the individual. One person told us, “They (staff) look after me as I want.” A relative said, “My relatives care plan reflects his needs” and another told us, “The care is right and individual to my mother’s needs.” Staff told us care plans were good working documents which gave them clear instructions about how to support and meet the needs and wishes of people using the service.

People using the service told us staff helped them make choices and decide what they did each day. We saw staff were patient with people, spoke with them clearly and did not rush them so they understood what was being said and could respond appropriately. One person said “I do feel I have choice” and “I get up when I want to”. We saw staff respected people’s choices. For example people were able to eat when and where they chose to. During lunch we saw that people who had chosen to dine alone in their bedroom were supported to do so by staff. They also supported relatives who wished to be involved in their family member’s care. A relative told us they often asked staff if they could assist their family member to eat their meals, which we saw happened during our inspection.

# Is the service responsive?

## Our findings

People were involved in assessing their care needs and planning the care they required. One person using the service told us, "They [staff] drew up a care plan and I was party to it." We looked at the care plans for two people who had moved into the home in the last 12 months and saw they both included an assessment of these individual's needs, wishes and abilities. The manager told us they had undertaken these assessments with the involvement of the person who was considering moving into the home, their relatives (where appropriate) and care manager. Several relatives told us the manager had invited them to visit Willow Lodge to help them decide whether or not it was the right place for their family member to live. In addition, relatives said they felt involved in planning and reviewing their family members care plan. All the care plans we looked at had been signed and dated either by the person using the service and/or their representative to show they agreed with these.

Relatives told us staff encouraged them to be involved in planning and reviewing their family members' care, and were good at keeping them informed about changes in their health. One relative told us, "Staff update the care plan every three months and it reflects my mother's needs." Another relative said, "The manager always invites me to attend my relative's care plan reviews and lets us know straight away about any changes in their care."

We saw care plans were regularly reviewed and updated to reflect any changes in people's needs or circumstances. Staff told us everyone who lived at Willow Lodge had an allocated keyworker who coordinated their care, reviewed their care plan at least quarterly. The manager gave us some good examples of the action staff had taken in response to people's changing mental health and mobility needs. We looked at these individuals' care plans and saw their relatives (where appropriate) and care managers had all been involved in the process of reviewing and updating the care the people received to reflect these changes.

The service employed a full-time activities coordinator and we saw a weekly programme of social events and activities people could choose to participate in each day. One person using the service told us, "I am aware there is a programme of activity." A relative said, "There is quite a bit to do here. They [people] play carpet bowls, cards and have quizzes

sometimes." During our inspection we saw a range of resources was available in the main communal areas that included films, music, books, cards, dominoes, board games and a piano. After lunch we saw staff organise music and movement session in the main lounge, which was scheduled to take place that day. We also saw staff accompanied those people who had requested to spend time in the well maintained garden. Records showed that various members of the local community regularly visited the home to perform music, sing, do people's hair or conduct religious services.

People using the service and relatives told us the managers and staff regularly sought their views about the home and felt involved in helping to improve it. One person told us, "They [staff] do listen to what I say about things here." A relative also said, "The staff are very approachable" and "We filled in a couple of questionnaires about the home." The manager told us relatives were invited to complete an annual satisfaction survey. The results of last survey showed that all those who had participated were happy with the standard of care provided at Willow Lodge. Other records we looked at showed that people using the service and relatives could express their views through regular meetings with the manager and care plan reviews. A relative told us the manager usually held meetings specifically for relatives every three to four months.

Relatives we spoke with told us they had never needed to make a formal complaint about the home and felt confident that any grievances they might have would be taken seriously by the services manager and owners. One relative said, "I've never had to complain but I would if I was unhappy" and another relative told us, "We would definitely complain if we were unhappy."

We saw the home had a complaint procedure which clearly outlined the process and timescales for dealing with complaints. Staff told us people who lived in the home and their relatives were given a copy of the provider's complaints procedure when they first moved in. While walking around the premises we saw the providers complaints procedure was accessible to all visitors as a copy was clearly displayed on a notice board located in the entrance hall. This information helped people understand how they could make a complaint if they were unhappy with the service the home provided and what to expect after they have made their complaint.

# Is the service well-led?

## Our findings

There was a registered manager in post and a clear management structure at Willow Lodge. The manager, nursing staff and care staff we spoke with all understood this structure and the role they each played within it. The manager had appropriate qualifications and many years' experience working in a clinical and management role.

Our observations and feedback from relatives and staff confirmed that the service had an open culture and was well-led by a competent manager. They were complimentary about the manager's approach to running the care home. One relative said, "The manager is very nice and you can approach her anytime." Another told us, "There is a nice atmosphere about the home, I'm sure it's because it's well managed."

Furthermore, all the nursing and care staff we spoke with told us they felt Willow Lodge was a good place to work and praised the manager for creating an open and supportive culture where any issues people might have could be raised. One member of staff told us, "I think this is the best run care home I have worked in." Another said, "The manager keeps this place going. She's very experienced and is always around to answer our queries."

The manager told us she and her more experienced senior nurses were responsible for undertaking regular quality monitoring audits and working practices within the home. Records showed the manager and nursing staff regularly carried out checks to look at and monitor the standard of various aspects of the service such as care plans and risk assessments, end of life care, managing medicines,

infection control, food hygiene, staff training, and record keeping. We saw that where any issues had been found as a result of these internal quality monitoring audits, an action was put in place which stated what the service needed to do to improve and progress against the actions.

The manager also told us that in addition to these audits, quality monitoring and support visits were regularly carried out by a range of community based health and social care professionals. For example in the last 12 months the home had been visited by a community pharmacist and a local NHS Clinical Commissioning Group (CCG). We saw from the results of the CCG visit carried out in March 2014 that they were satisfied with the overall standard of care and support provided at Willow Lodge.

The records of accidents and incidents by staff were comprehensive and included an analysis of what had happened and an action plan which stated what the service needed to do to improve and minimise the risk of similar events reoccurring. Staff told us that any incidents were discussed at daily shift handovers and their monthly team meetings to ensure that everyone was aware of what had happened and to promote learning and to prevent further incidents occurring.

Staff also told us the manager frequently asked them what they thought about the service and took their views into account. One member of staff said they had regularly met with their fellow peers and the manager to discuss how they could make Willow Lodge a better place for people to live.