Cotswold Spa Retirement Hotels Limited

Willow Lodge Care Home

Inspection report

Osbourne Gardens
North Shields
Tyne and Wear
NE29 9AT

Tel: 01912964549
Website: www.fshc.co.uk

Date of inspection visit:
28 April 2017

Date of publication:
03 July 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 28 April 2017 and was unannounced. This meant that the provider and staff did not know we would be visiting. Willow Lodge Care Home is a nursing home which provides accommodation and care for up to 48 older people including those living with dementia. There were 44 people living at the home at the time of the inspection.

The last comprehensive inspection of this service was carried out in November 2015. At that time the service was in breach of three regulations. We followed up on these breaches at a focussed inspection in March 2016 and found the breaches had been met. At this inspection we found that the improvements made had been maintained.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines records were not always accurate, and we have made a recommendation about this. Other processes in place for the safe administration of medicines had been followed.

People, relatives and staff told us they thought the home was a safe place to be cared for. Staff were aware of their responsibilities in keeping people safe, and a safeguarding policy was in place. Maintenance staff had carried out essential safety checks of the home regularly. The home was clean and tidy. We found some items which could be harmful, such as cleaning products, were not adequately stored. The registered manager arranged for the cleaning cupboard lock to be replaced immediately.

There were enough staff to meet people's needs, and safe recruitment processes continued to be followed.

Staff had undertaken training in a range of subjects related to care and safety, including training in supporting people who have dementia. Training was up to date and well monitored. Staff were supported to further their personal development through regular supervisions and an annual appraisal.

Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements. Where restrictions on people's liberty were in place to keep them safe, applications had been made to the local authority to grant Deprivation of Liberty Safeguards in line with legal requirements.

People were provided with a choice at every mealtime and drinks and snacks were offered throughout the day and night. People's nutritional needs were well documented and staff were aware of how to support

them.
People were supported with their healthcare needs, and we saw referrals had been made to a range of healthcare professionals.

People we spoke with told us staff were kind and caring. Relatives told us they were kept up to date with their relative's care, and that they felt welcome when they visited the home.

People's needs had been assessed and specific and detailed care plans had been created to ensure all staff had access to information about how best to provide the care people needed.

People were encouraged to share their feedback by using a tablet based in the reception to record their views as they arrived or left the home, and through a yearly survey. Complaints records were well maintained and evidenced that the provider's policy had been followed.
Activities were held on a daily basis, and trips out to local towns and beaches were also planned regularly.

People and staff told us the service was managed very well. The quality assurance system included a range of audits and actions identified to drive improvements were monitored by both the registered manager and the provider. Representatives from the provider visited the home regularly to provide feedback. Staff meetings were held regularly. Notifications to CQC had been submitted in line with requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Access to substances which could be harmful, was not secure.

Medicines records were not always accurate, and medicines auditing systems had not highlighted these areas for improvement.

Improvements had been made to the safety of the premises and a schedule of safety checks were regularly undertaken.

Staff had undertaken training, had knowledge of safeguarding issues and in recognising potential abuse. People and their relatives told us they felt safe at the home.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training to equip them to meet the needs of people who used the service. Staff received opportunities for personal development.

There was evidence that applications had been made to the local authority to in relation to the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 was being adhered to.

People enjoyed a positive dining experience and were offered choice at mealtimes.

People were supported with their healthcare needs. Prompt referrals had been made to healthcare professionals when required.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Good

The service was well led.

A robust quality and monitoring system was in place. Areas for improvement were tracked by both the registered manager and the provider to ensure action was taken to resolve any issues.

People who used the service, relatives and staff spoke highly of the registered manager.

People's feedback had been sought and was used to drive improvements in the service.

Willow Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April 2017 and was unannounced.

The inspection was carried out by an inspector and a specialist advisor. Specialist advisors are clinicians and professionals who assist us with inspections. The specialist advisor on this inspection was a registered nurse with management experience.

Before the inspection we reviewed all of the information we held about the service. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We reviewed information we had received from third parties. We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. We used the information that they provided us with to inform the planning of this inspection.

During the inspection we spoke with six people who used the service and two relatives. After the inspection we contacted a further three relatives by telephone. 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. Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them. With consent we looked in six people's bedrooms.

We spoke with the registered manager, deputy manager, a nurse, a nurse practitioner, six care workers, the cook, maintenance staff worker and one domestic staff member. We reviewed six people's care records including their medicines administration records. We looked at four staff personnel files, in addition to a range of records in relation to the safety and management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection in November 2015 we had found the provider was in breach of two regulations concerning safety. We returned to the Willow Lodge Care Home in March 2016 and found that the breaches had been met however there was still further work to be done to ensure the safety of the premises.

At this inspection in April 2017, we saw a maintenance staff member had been employed and there were clear records of all necessary safety checks carried out within the home, including water temperatures, emergency lighting, and ensuring fire safety equipment was working properly. Equipment in the home was tested to check it met safety standards, and outside specialists were brought into the home to carry out periodic checks on equipment such as boilers and lifts.

During a walk around of the home, we were able to easily access the cleaning cupboard. This door was locked, but the key was hanging close by on a hook. This cupboard contained a number of items which could be harmful to people, including cleaning products and rodent poison. We secured the room, and immediately fed back our concerns about the access to the registered manager. She informed us she would arrange for the lock to be replaced with a keypad entry system, and in the meantime would ensure the key was held securely.

Systems were in place to manage medicines safely, however we found they had not always been adhered to. Medicines received into the home and administered to people were recorded to ensure medicines were properly managed and that people received their medicines as they were prescribed. We looked at nine boxes of medicines, which we had randomly selected, and checked them against the medicines records. We found discrepancies in the amount of medicines we found in the boxes compared to the number records showed should be in stock, in six out of the nine medicines that we checked. Most discrepancies appeared to have been made by staff recording the incorrect amount of medicines which the home had received, however poor recording meant we could not be sure that mistakes had not been made in administering medicines.

Where people received topical medicines such as creams, a topical administration chart was not always available to show what area the medicine had been prescribed to be administered to. We also found a number of topical creams in people's rooms which were not recorded on medicine administration records. Audits of medicines were carried out regularly but we noted they had not picked up on these areas for improvement.

We recommend the provider reviews their medicines auditing system to ensure it highlights all necessary areas for improvement.

Staff who administered medicines had undertaken training in safe handling of medicines and were subject to yearly competency checks to ensure their skills and knowledge remained up to date. Medicines were stored appropriately and systems were in place to ensure unused medicines were disposed of appropriately.

The improvements in cleanliness which we had found at our last inspection had been maintained. One relative said, "It is always clean and tidy." An infection control lead was in place responsible for ensuring national safety guidance and best practice was shared amongst the staff team. An infection control audit was carried out regularly to identify any area for improvement. Domestic staff continued to use colour coded cleaning equipment to reduce the risk of cross contamination.

There were enough staff to meet people's needs. During our observations we saw there were always staff available in the communal area of the home, call bells were answered quickly, and the atmosphere in the home was calm and unhurried. Staff and people who used the service told us they thought staffing levels were appropriate. People's comments included; "One of the girls [care staff] are never far away" and "There are enough staff as far as I know." Staff told us; "Generally there are enough staff" and "Staffing is alright. Can be busy if we are full. But on the whole we can manage well."

One relative we spoke with told us that staff were often 'busy' and that they thought the home needed more staff. When we discussed this with them further they told us their relative was well cared for, however they thought for the staff's benefit another member of staff would be helpful. The registered manager told us staffing was determined by an assessment of people's needs. We saw from rotas that this minimum assessed number of staff had always been met. The registered manager told us any unexpected staff shortages would be covered by staff overtime, or the use of agency staff when needed.

People and their relatives told us they thought the home was a safe place to live. "Oh yes, it is safe." A relative said, "The staff are good. I trust them." Staff had undertaken training in identifying and responding to safeguarding concerns. Staff we spoke with were all clear of their responsibilities and were able to explain the process they would follow if they had any concerns of a safeguarding nature. One member of staff said, "I would definitely say it is a safe place. Everyone here (staff), we get on well, but I think if anyone had a concern then they would speak up." We looked at safeguarding records and found referrals to the local authority safeguarding team had been made promptly, and detailed records had been kept of any investigations.

Accidents and incidents continued to be recorded and monitored. Risk assessments were in place and had been up dated as necessary following changes in people's needs. We checked at staff files for four newly employed staff, and found safe recruitment processes were still in place.

Good

Is the service effective?

Our findings

The last time we inspected the service, in March 2016 we recommended the provider looked into training staff using best practice in relation to person-centred care, as we had observed staff talking over the top of people's heads or discussing their needs in communal areas. At this inspection in April 2017, the registered manager told us one staff member had taken on the role of dignity champion to share good practice in relation to promoting people's dignity. Staff had also received training in dignity and discussed the practical ways to promote people's dignity, during supervision sessions.

We looked at staff training records. The provider had identified a set of training requirements that they considered essential for staff to be able to meet the needs of people who used the service. These training modules included infection control, basic life support, equality and diversity, pressure ulcer prevention and meeting the needs of people with dementia. This training was monitored and we saw refresher courses were booked in advance so staff's skills and knowledge remained up to date.

The induction process continued to incorporate opportunities for new staff to shadow experienced staff, read company policies and work towards the care certificate. The Care Certificate is a set of minimum standards for care workers.

Staff told us they received appropriate support and opportunities to discuss their development. Records showed, and staff confirmed that supervision sessions, where staff could discuss their roles and the care they delivered were held regularly. One member of staff said, "I've had my appraisal and a supervision within the last three months. You don't go long without meeting with the nurse or the manager to discuss how you are getting on with things."

Nursing staff told us they had access to training to maintain their registration and met regularly with the registered manager or deputy manager, who were both registered nurses, in clinical supervision sessions.

During the inspection we spent time in two dining rooms over lunchtime. We saw people enjoyed a positive dining experience. People were offered a choice of what they would like to eat, and staff assisted them to use condiments to flavour the meal to their taste. Staff supported the people who needed help to eat in a respectful manner, explaining to them what the food was, and checking if they would like a drink. We saw staff encourage people to try different options if they had not eaten much. People told us the food provided at the home was adequate. One person said, "It's alright. Nothing special, but not bad either." On the day of our inspection the registered manager had arranged for an ice cream van to visit the home, and people expressed their enjoyment. One person was overheard saying to a staff member, "You can't beat a proper Mr Whippy ice cream." Another person said, "What a nice treat."

People's dietary needs were well managed. We spoke with care staff and the cook, who were able to tell us people's specific needs and the types of food which they required. The cook explained the way that they prepared food to be pureed to make it as appetising as possible.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The provider continued to follow the MCA, and to assess and review people's capacity before they made any decisions on people's behalf. During our inspection we saw people's consent was gained before care was provided. We saw one person had been refusing their medicine over a period of time. After an assessment of the person's capacity to understand the implication of missing their medicines, staff had liased with the person's family and GP about whether they should start to provid medicines covertly. This would mean their medicines would be concealed in food or drink and the person would not be told. We saw both the family and GP thought it was in the person's best interests and staff were in the process of discussing the decision with a pharmacist and care manager before it was finalised. This showed the principles of the MCA were being adhered to.

The registered manager continued to make DoLS applications to the local authority where needed. We saw where there were concerns about people's capacity to keep themselves safe if they left the home, this information was recorded in their care records.

Care records showed that people continued to have access to health and social care professionals such as, GPs, social workers and dieticians. People's weights were monitored and we saw where necessary prompt referrals had been made to dietitians and GPs.

Since our last inspection improvements had been made to the home to make the dining rooms bigger and improve the décor, however, there were still some further improvements to be made. One of the lounges on the first floor was being used a staff room, this meant there was only one small lounge on this floor for people to spend time in. The registered manager told us this was temporary and the second lounge was due to reopen in the following months, following redecoration.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments from people included, "The staff are doing a marvellous job. I can't fault them." and "The staff are very good. They are on their feet all day, but they'll always give you a smile." A relative told us, "It's a hard job they do, but they seem to really care."

During our observations we saw people who used the service and staff knew each other well. Staff altered their approach depending on people's personality and how they responded. We saw one member of staff offering people drinks. They held one person's hand and asked them quietly what they would like, then encouraged them to eat a small snack with their drink. The same staff member then asked another person, matching their demeanour, which was much louder and more jovial. Staff shared jokes with people, and we observed them trying to engage people in conversation by asking them about their family or talking about the local area.

Because of the nature of their condition not everyone living at the home had been able to fully participate in the planning and reviewing of their care. Where people could speak with us they and their relatives told us they felt involved in their care. Relatives told us, "If I need to know anything [staff member name] will call me. I'm here all the time anyway, and they know how involved I am, so they'll call at the smallest thing. I'm sure they wouldn't do that for everyone, not everyone would want it. But they know I'll want to know and I've never had a problem with them not keeping me informed."

Staff we spoke with told us they thought the home was caring and a good place to live. One staff member said, "This is a really good home. We have a good staff team." Another person said, "I love coming here, I love my job. I wanted to give compassionate care which is why I started working here and I think the rest of the staff are the same."

People and their relatives told us they continued to be treated with dignity and respect. We observed that staff knocked on people's doors before entering. People had been asked their preferences about whether they would like to receive care from a male or female carer, and the people we spoke with who said they had a preference told us this choice was respected. People's care records included details about their life history, such as where they had grown up, their family situation, and where they had previously worked. This meant staff had been provided with information to help them to understand people as individuals.

Relatives also told us they were welcome to visit the home whenever they wished. One relative told us they spent a lot of time at the home and had built up a relationship with staff. They said, "The staff are lovely. They aren't just nice to [name of relative] they are here for me too. They'll ask if I want a drink or if I'm alright. I've always been made to feel very welcome."

Care records included an end of life care plan, where people had been asked if they would like to discuss the plans they would like to put into place at the end of their life, such as where they wished to be cared for and if they wanted to be buried or cremated. Most staff had undertaken training in basic end of life care and the nursing staff had been trained to use a syringe driver (a small, battery-powered pump that delivers a

continuous dose of medication) meaning some people could receive the care they needed at the end of their lives without having to go into a hospital.
The registered manager told us that no one was accessing an advocacy service at the time of our inspection, but that it would be facilitated if people would benefit from this service. We saw a poster, explaining how people could access the advocacy service, was displayed on a noticeboard for people to see. An advocacy service ensures that vulnerable people have their views and wishes considered when decisions were being made about their lives.

Good

Is the service responsive?

Our findings

People and their relatives told us that their needs were well met by the service. A relative said, "The girls [staff] are on top of things. They are pretty switched on and usually one step ahead of whatever it is [name of relative] needs. Either getting a drink or medicines or anything really" During the inspection we found that call bells were responded to quickly when people pressed them to request staff support. People and relatives we spoke with told us that this was the case and that they generally did not need to wait a long time for staff to attend to them.

Care records were detailed and in-depth. At our last inspection we had noted some variance in the quality of care records; however we saw all of the six people's records we viewed at this inspection had been recently updated. When people began using the service their needs were assessed to determine the level of care and support they would need from staff. Assessments were carried out by staff with appropriate skills and experience. All of the people's records who needed nursing care, had been assessed by a registered nurse prior to admission. Assessments covered a range of areas relating to people's physical health, mental health and social needs and had been used to formulate care plans which stated how staff should provide their support.

Care records were up to date, specific and person centred, meaning they were individual to the person. Information had been provided in a way which enabled staff to provided consistent care. For example when people had been assessed as requiring specialist mattresses to reduce the risk of pressure damage, their care plans stated what setting the equipment should be set to, and how often they should be checked. We checked four mattresses and found they were all on the correct setting. Where people had been assessed as at risk of dehydration we saw a target had been provided for staff as to how much fluid the person should be given each day. Information had been provided to staff as to how to respond if people had not taken in adequate fluids to ensure that their risk of dehydration was minimised.

People's needs were reassessed on a monthly basis or more frequently if their needs had changed. We saw assessments were up to date. People had been assigned a 'key worker' who was their named member of staff. This member of staff was usually responsible for keeping the person's care plan up to date in line with their needs. People we spoke with knew who their key worker was. Care records continued to include a "This is me" document that provided information about each individual and their preferences. For example, rising and retiring times, use of hearing aids, walking aids, ability to undertake some personal care tasks and use of assistive equipment such as a bed sensor mat. This meant this information was available for all staff to ensure people's preferences were accommodated.

Since our last inspection the activities provision had increased, a full time activities co-ordinator was now employed. Relatives and staff spoke highly of them. One relative said, "[Name of relative] isn't really interested. They have always been private. But there is quite a lot going on, and if they wanted to they could join in." This relative also told us that the activities coordinator would ask their relative if they wanted to pursue any activities on a one to one basis. Day to day activities included baking, games and reminiscing. There were a number of events advertised around the home, which welcomed relatives to events such as

entertainers visiting the home, or to parties.

There continued to be information around the home about how to make a complaint and raise any issues. Copies of the complaints procedure were also available in languages other than English. People and relatives we spoke with told us they had never made any formal complaints but they would know how to do so. One relative told us, "[Name of manager] has been very good. I'd describe the management as cooperative. I have never needed to complain, but of course like anything there might be teething problems at the start. If I haven't been happy about things they have listened. [Registered manager] has come up with different solutions for me." We reviewed complaints records. An acknowledgement had been sent to everyone who submitted a complaint. People who had made a complaint had been made aware of the investigation which had been carried out and any subsequent actions taken. Records showed the provider's complaints policy had been followed.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection in November 2015 we had found the provider was in breach of the regulation relating to good governance. We returned to the Willow Lodge Care Home in March 2016 to carry out a focussed inspection and found that the breach had been met.

At this inspection we found improvements in monitoring the service had been maintained. The registered manager continued to regularly carry out audits which monitored the quality and safety of the service, such as checks of care plans, medicines, staff files and health and safety. These audits were recorded on the provider's electronic system, and any improvement areas which had been identified were flagged. These improvement areas remained outstanding until the registered manager inputted that the required action had been taken. Representatives from the provider, such as the regional manager, monitored the outstanding actions to ensure they were completed. The regional manager also visited the home regularly to carry out a monthly 'provider audit' to give feedback to the registered manager about any concerns or areas to focus on.

At the time of our inspection there was a registered manager in place. They had been formally registered with the Care Quality Commission since May 2016. The registered manager was present during our inspection and assisted us with our enquiries. People, relatives and staff spoke highly of them. We observed that people knew the registered manager well and chatted to them as they walked around the home. Relatives told us they felt comfortable going to the registered manager if they needed to. One member of staff said, "[Registered manager] has done a lot for this home since they has started. [Registered manager]approachable. [Registered Manager] is always willing to help if you want to know something or want to learn anything." Another staff member said, "This is a good home. It has massively improved in the time I've been working here. [Registered manager] has been great for the place. [Registered manager] really supported me."

Feedback had been sought from people who used the service, relatives and staff. Satisfaction surveys were sent out annually and people could provide their feedback at any time using the tablet in the reception area. The registered manager told us this was a useful tool in being able to resolve issues quickly. The registered manager advised that they or a representative would contact any person who left negative feedback on the tablets to discuss their issues and to take steps to rectify any issues. The registered manager told us information from satisfaction surveys and the tablet were used to drive improvements, for example making changes to the menu or determining the activity program.

Staff were also asked to complete a survey annually and attended regular staff meetings. Staff meeting minutes showed in addition to receiving information about the home, staff were asked to feedback on their views on the service which was provided.

During the inspection we confirmed that the provider had sent us notifications which they are required to do under their registration. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.