

Athena Healthcare (Coombe Valley) Limited

Willow Park Lodge Care

Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willow Park Lodge Care Home is a residential care home providing personal and nursing care. The service can support up to 79 people. At the time of the inspection there were 37 people living at the service. No-one was receiving nursing care.

The service is a purpose-built building which is split over four floors. At the time of the inspection the ground and fourth floor were not occupied. People who lived with dementia were accommodated on the second floor. At the time of the inspection there were 19 people living on the second floor.

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

People and their relatives told us that there had been a lot of improvements since the new registered manager came to post. A relative said, "We were so worried before and it's now such a relief to know my relative is getting everything that they need. They are doing all the right things now."

Since the last inspection the manager had registered with the Care Quality Commission. They and the provider understood their legal responsibilities and had shared information with us and others when they needed to.

Management of the service had improved significantly. The registered manager had oversight and scrutiny of the service and was receiving support from the providers representatives. People, their relatives and staff spoke highly of the registered manager. They were described as 'approachable' and 'got things done.'

The registered manager told us they had worked hard to address the breaches and shortfalls identified at the last inspection. They had worked through a comprehensive action plan.

Risks to people had been identified and mitigated. However, guidance for some risks had not been fully recorded and further improvements were needed to ensure people were kept as safe as possible and staff were consistent in their approach. Risks concerning the environment had been addressed including the risks previously identified by the local fire officer. There was a clear vision and open culture. A governance framework was in place which covered all aspects of the service and the care delivered. Numerous quality assurance audits had been completed. Shortfalls had been identified and plans were in place to continue with the improvements. We will check that improvements have continued and sustained at the next inspection. People, relatives and staff were engaged in the service. Their views were listened to and acted on.

Records were in place and accessible including information on safeguarding and accidents and incidences. People and their relatives told us they or their family members felt safe and well supported at the service. People were protected from abuse and avoidable harm and were treated with respect and dignity. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

The management of medicines had improved. People received their prescribed medicines when they needed them. The service worked in partnership with other professionals, and the community when able to do so.

The registered manager and staff promoted and encouraged person centred care to ensure people were treated as individuals. They knew how people preferred to receive their care and support.

There were enough staff available to make sure people received the personal care and support that they needed. People's needs had been assessed and assessments had been used to plan staffing levels. Staff had been recruited safely to make sure they were suitable to work with people at Willow Park Lodge.

Rating at last inspection and update

The last rating for this service was inadequate (published 15 June 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations in the domains we inspected. There were areas that needed further improvement.

This service has been in Special Measures since 15 June 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out a comprehensive inspection of this service on 5 and 7 February 2020. Breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which refer to those requirements.

The ratings from the previous comprehensive inspection for those key questions, not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Willow Park Lodge Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met legal requirements following the inspection in February 2020 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Staffing, and Good Governance. Two key questions were inspected; 'Is the service safe?' and 'Is the service well-led?'

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 completed by two inspectors.

Service and service type

Willow Park Lodge 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced. Inspection activity started on 1 October 2020 and ended on 6 October 2020. We visited the service location on 1 October 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local authority professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We also spoke with and observed a group of six people in the lounge area on the second floor. We spoke with six members of staff including the registered manager, deputy manager, head of dementia care, care workers, and the maintenance person.

We reviewed a range of records. This included three people's care records and multiple medication 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, minutes of meetings and newsletters sent to relatives. We also spoke to three relatives by telephone.



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 inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to ensure that risks to people were sufficiently monitored, and that action was taken to reduce risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation, however there were still areas that needed to improve.

- Prior to the inspection health care professionals told us people were at risk of their skin becoming sore and breaking down as staff had not taken the appropriate action to make sure their skin remained as healthy as possible.
- One person's skin had become sore as their pressure areas had not been completely checked by staff. This risk of skin breakdown could have been minimised had staff taken action sooner. The registered manager had acted when this was identified to prevent re-occurrences. The registered manager had arranged for all care staff to undergo further training in pressure area care.
- Some people had special mattresses on their beds to prevent their skin becoming sore. We found that one person's mattress was set to the incorrect pressure level which increased the risk of their skin becoming sore. There was no record that the mattress had been checked to make sure it was at the correct setting. The registered manager immediately introduced more frequent and robust checks to ensure all mattresses were at the correct setting. At the time of the inspection people had not developed a pressure sore because of this issue. We will check at the next inspection that these improvements have continued.
- Some people had behaviours that could lead to them putting themselves or others at risk. There were behaviour support plans in place. However, these lacked step by step guidance on the action staff needed to take to make sure people were supported consistently and safely. The service used agency staff who would rely on this guidance to support people in the way that suited them best. The permanent staff were able to explain how they supported people.
- Other risk assessments were in place, for example, when people were at risk of choking or if they were at risk of falling.
- Relatives we spoke with were confident their loved ones received safe care. They said that since the appointment of the new registered manager all aspects of the service had improved. One relative said, "I know [my relative] is in a safe place. They are very well looked after. There has been vast improvements and changes."

- The service used an electronic system to identify the care and support people needed to make sure they were safe. Each staff member had a handheld device to access to all the information they needed about each person. Staff said the system worked very well. Staff knew about people's needs and risks.
- People had been assigned key workers. The key workers were responsible for making sure people had everything they needed. They also communicated with relatives to keep them up to date about their loved one. One relative said, "The key worker system seems to be going well. My [relatives] keyworker lets me know what's going on and helps us keep in touch. They sent me a lovely picture of [my relative] it's the little things that make a difference."
- The environmental risks identified at the last inspection had been addressed and resolved. The fire officers had checked that all areas of the service were now compliant with the fire regulations. People had personal emergency evacuation plans in place. These provided information about the support people need to evacuate the building. These were accessible to staff.
- On the day of the inspection the fire alarm went off unexpectedly. All staff remained calm, knew the roles they had to undertake and followed the fire drill procedures.
- Fire extinguishers and emergency lighting was checked at the required intervals by the maintenance person. Hot water temperature checks were recorded regularly to make sure they were at a safe temperature to reduce the risk of scalding.

Learning lessons when things go wrong

At the last inspection the provider failed to ensure that risks to people were sufficiently monitored, and that action was taken to reduce risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of the regulation.

- Incidents and accidents were recorded, reviewed and investigated by the registered manager. A summary of all accidents and incidents was used to identify any trends and ensure action was taken to prevent reoccurrence. For example, when a person was identified at being at risk of increased falls, following discussion with them a decision was made to move them to a different bedroom that was more central. The falls had reduced significantly.
- The registered manager, regional manager and staff told us lessons had been learnt from the previous inspection and improvements had been made. These included improved medicines management, risk management and systems for audits and checks.

Using medicines safely

At the last inspection the provider failed to ensure medicines were well managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no- longer in breach of the regulation, however further improvements were needed.

- Medicines were stored safely and at the right temperature. Records showed people received their medicines in the right way. People told us they received their medicines on time and when they needed them. Medicines that are controlled drugs were managed appropriately.
- When people needed medicines 'as and when' there was guidance in place to make sure people received their medicines safely and consistently.

Preventing and controlling infection

At the last inspection the provider failed to ensure infection control risks were well managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no- longer in breach of the regulation.

- At the last inspection people were not always kept safe from the risk of infection as some people were sharing slings to support them to mobilise. At this inspection improvements had been made. Each person had their own sling which was laundered regularly. The risk of transferring infections from one person to another had been mitigated.
- 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 were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

- At the last inspection the provider had failed to maintain sufficient numbers of staff to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection improvements had been made. There was enough staff on duty throughout the day and night to make sure people received that care and support that they needed in a timely manner.
- Staff told us that there had been some shortfalls in the staffing levels previously, but these had now been resolved.
- Staffing levels were calculated according to people's individual needs. When possible, existing staff covered any shortfalls. At the time of the inspection the registered manager was in the process of recruiting permanent staff. In the meantime, they were using agency staff to cover staff shortfalls.
- During the inspection when people needed support staff responded quickly. Calls bells were answered promptly. People told us when they called for assistance staff came as quickly as they could. One person said, "I don't need much help but if I ring my bell they come quickly."
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with people.

Systems and processes to safeguard people from risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the management team would act.
- The registered manager had discussed with the local safeguarding authority any concerns they may have. We reviewed records of safeguarding concerns that had been raised and the registered manager had taken appropriate action.

We could not improve the rating for safe from requires improvements because to do so requires consistent good practice over time. We will check this during our next inspection.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant, whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that safe care was consistently provided.

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

At the previous inspection the provider had failed to assess, monitor and improve the quality and safety of the services. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Since the last inspection the new manager of the service had registered with CQC. The registered manager was approachable and understood people's needs as individuals. They were committed to providing good quality care and promoted a person-centred culture.
- The registered manager was leading the service and was supported by the provider, a deputy manager and a head of dementia care. Staff were clear about their roles and responsibilities and were reminded of these at regular staff and supervision meetings.
- There was a plan in place to ensure all staff received regular supervisions and competencies checks. Some staff had been given more responsibilities and told us they now felt trusted to support people and the extra responsibilities made their role more interesting and fulfilling.
- Relatives said, "I was very worried before the new registered manager started but they have taken control and are on the case." and "There has been tremendous improvements."
- Staff told us, "We are all working together now. We know what is expected of us and where we stand" and "You can go to the manager or deputy they listen to what we say and take action."

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

At the last inspection the provider had failed to assess, monitor and improve the quality and safety of the services. The provider had failed to maintain complete, accurate and contemporaneous records. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no-longer in breach of the

regulations. However, there were areas that needed further improvement.

- There were audits on the systems used by the service which included areas such as infection control, environmental safety checks, medicines, care plans and risk assessments. The audits had not identified the shortfalls found at the inspection. Some risk assessments did not contain all the information needed to make sure people received safe care and support. Special mattresses were at the incorrect settings.
- The management and senior staff took immediate action to address these shortfalls. We will check they have been sustained at the next inspection.
- A medicines audit had identified an error in the recording of medicines. This audit had prevented the wrong medicines being given to a person.
- The most recent provider visit had identified some shortfalls in training in specialist areas such as dementia, challenging behaviours and diabetes. Action had been taken to address this at the time of our inspection, with 89% of staff having undertaken training in advanced dementia. Training had also been sourced in challenging behaviours, however, this had not yet taken place due to the pandemic. We will check this at the next inspection
- The registered manager had responded to complaints according to the provider policies and procedures. One relative told us they had complained about the standard of cleanliness in some areas of the service, improvements had been made. The service was clean and fresh on the day of the inspection.
- Records of safeguarding's, incidents and complaints were available. Daily notes and other monitoring records were organised.

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

At the last inspection the provider had failed to ensure that notifications were submitted to CQC when there was a notifiable event. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- We had been promptly informed of significant events that had occurred at the service. The provider had conspicuously displayed the CQC quality rating in the entrance hallway, so people, visitors and those seeking information about the service were informed of our judgments.
- When things had gone wrong the manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

At the last inspection the provider had failed to seek and act on feedback from relevant persons. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection improvements had been made and the provider was no-longer in breach of the regulations. However, there were areas that needed further improvement.

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inspection, with 89% of staff having undertaken training in advanced dementia. Training had also been sourced in challenging behaviours, however, this had not yet taken place due to the pandemic. We will check this at the next inspection.

- The registered manager sent a newsletter to relatives weekly to keep them up to date with the present situation at the service. The letter also asked relatives for ideas and suggestions on how the service could improve. Relatives told us their ideas and suggestions had been listened to and action had been taken. For example, relatives sometimes had difficulty getting through to staff on the main telephone. Calls were now diverted to staff mobile phones so that they could be responded to quickly. The receptionist hours had been increased so relatives and visiting professionals were responded to more quickly.
- A relative said, "I can phone and speak to someone whenever I like. If the manager is not available, they always ring back. They let me know if there are any concerns." Another relative said, "We keep in touch by phone or arrange facetime calls. There is a newsletter every week that keeps us up to date with everything that is going on".
- People were asked for their views about the service. People had raised concerns about the food not being warm enough when it reached the dining area. There were now heated trolleys on each floor of the service, so people's meals were hot when they arrived.
- People had also voiced concerns about the standard and variety of food served. The registered manager had asked for ideas and the menus had been changed to suit people's preferences. People were happy with the changes. One relative said, "They make sure [my relative] gets what they want when they want. They like hot chocolate at 8: 30p.m and they get it every evening."
- There were regular meetings with all levels of staff. Their opinions were listened to and acted on.
- The registered manager and staff worked effectively with partner agencies. They had developed working relationships with local health and social care professionals. People were referred to specialist professionals when they needed support and guidance. Commissioners reported the service was improving. One person told us, "The staff are all very caring. I could not wish for anything more. When I first came here, I couldn't walk at all but with the help and support from the staff I can now get around on my own again".

We could not improve the rating for well-led from requires improvements because to do so requires consistent good practice over time. We will check this during our next inspection.