Stephen Geach

Willow Lodge Care Home

Inspection report

11-15 Stein Road
Emsworth
Hampshire
PO10 8LB

Tel: 01243375382
Website: www.englishoakcarehomes.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection site visit to place on 11 and 12 December 2018 and was unannounced.

Willow Lodge Care Home is a care home for 35 older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is purpose built over three floors. At the time of our visit there were 35 people living at the home, most of whom were living with dementia.

The home had a registered manager. 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.

At our last inspection, on 5 April 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good overall.

Why the service is rated Good.

We have made a recommendation about making the environment more dementia-friendly to promote people's independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service did not always reflect this practice. People were involved in day to day decisions about their care.

People were treated with kindness and compassion. Staff respected and upheld people's privacy and dignity. People's independence was promoted. Staff knew people well and understood their interests and hobbies. Visitors were welcomed.

There were sufficient staff available to meet people's needs. Safe recruitment practices were used. Staff were supported with regular supervision and training. There was a positive and person-centred culture. Staff worked together as a team.

People needs were assessed before they moved into the home and as things changed. Care plans and risk assessments were person centred. Information was stored confidentially. People and their relatives

understood how to raise a complaint and when these were made they were managed in a timely and effective way.

Risks to people due to the environment and their own needs were well managed. Plans were in place in the case of an emergency. Risks regarding the control of infection were well managed. Staff understood safeguarding and how to report any concerns. Action was taken to reduce the risk of incidents reoccurring. Quality assurance systems were used to reflect on practice and improve the service provided.

Prescribed medicines were managed safely. People had enough to eat and drink and were supported to eat, as required. People's healthcare needs were met and staff worked in partnership with other agencies. Care at the end of people's lives was planned for and people received personalised support at the end of their lives.

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 remains Good.	**Good**
Is the service effective? The service remains Requires Improvement.	**Requires Improvement**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 comprehensive inspection took place on 11 and 12 December 2018 and was unannounced.

The inspection team included two inspectors 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.

Before the inspection we reviewed the information we held about the service. This included notifications. Notifications are incidents which the provider is required to tell us about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to 10 people, two relatives, two care staff, the head of care, the deputy manager and the registered manager. We spoke two visiting health care professionals. We also observed a meal time. We spent time looking at records, including six people's care records, two staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. Following the inspection, we contacted two health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

Risks to people were monitored and managed to keep people safe. For example, when people's behaviour posed a risk to themselves or others this was assessed and ways to mitigate the risks were found. This included considering if the person was bored, impatient or anxious, and offering the right support, such as offering an alternative activity. Staff were trained to help them support people who behaviour may be considered challenging. When things did happen, records helped staff reflect on what had happened, and what may have triggered the behaviour. This meant they could make changes to try to reduce the likelihood of an incident happening again. The risks to people's skin integrity was assessed using a recognised risk assessment tool. When appropriate, people had pressure relieving cushions and mattresses in place to reduce these risks. Some people needed support from staff to move around the building and to transfer from place to place. Assessments about the risks to the person and staff were recorded and appropriate equipment to assist the person was identified and used.

Staff understood how to raise and record any concerns. One member of staff said, "You can tell issues without worry. [Registered manager] does something about it." There were posters around the building explaining how to raise a safeguarding concern and staff understood the local authority reporting procedures. Action was taken to reduce risk and learn lessons from accidents and incidents. For example, one person had recently fallen and a referral had been made to the local falls team to look at ways prevent further falls for that person. The management team evidenced oversight and completed a monthly log to support the identification of any themes such as location or times of incidents.

People's prescribed medicines were managed safely. No one was managing their own medicines at the time of the inspection. One person said, "I get my medication on time, they hand a pot to me. I would not remember." Staff were trained and supported before managing people's medicines. A member of staff said they were, "signed off when I felt confident and competent." Staff were observed checking the medicine documentation carefully before giving people their medicines. Some people were prescribed medicines which needed to be given at a specific time. Staff understood who needed medicines and why the specific time was important. Some people were prescribed PRN 'as required' medicines. Protocols were in place to advise staff about how and when to give medicines 'as required'. Storage of medicines was safe and secure. The temperature of medicines storage was regularly monitored. The management team audited the medicine storage and records monthly to ensure safe practice was maintained.

There were sufficient staff available to meet people's needs. The registered manager completed monthly dependency tool which informed the number and skill mix of staff required. A 'Nightwatch' system was also used to monitor support at night. The system worked by having a code inside people's bedrooms which staff scanned on entry. This meant that registered manager could check that staff were supporting people, and completing the planned regular checks at night. This information helped to inform the dependency needs of people and staffing levels. Staff carried pagers to alert them when a person had used their call bell. Staff also carried walkie-talkies. This meant people could be supported in a timely way as staff were able to communicate who would be providing the response to the call bell.

Recruitment procedures were in place to assess the suitability of prospective staff. These included application forms, references and evidence of being able to work in the UK. A Disclosure and Barring Service (DBS) check had also been completed, which identified if they had a criminal record or were barred from working with children or adults. The provider did not directly employ all the staff working at the home. They had recruited some staff through a staffing agency. Appropriate checks had been undertaken. The registered manager received profiles from the staffing agency which detailed training staff had completed, confirmation that they had DBS checks in place and a photograph of the member of staff.

There were plans in place in case of emergency. People's support needs to evacuate the building, in the event of an emergency, had been considered and recorded. There was a business continuity plan. For example, during the inspection the area was affected by an electricity outage. Staff contacted the electricity board and made plans for people to be supported until such time the electricity became available. These included sourcing a generator, finding another way to give people a warm lunch and considering whether any people needed alternative support with managing their skin integrity.

Risks around the environment were considered and managed. Staff reported any issues to the maintenance person by a messaging app, this allowed pictures to be taken of the issue and a level of priority to be assigned. Records confirmed that regular checks on fire equipment, water temperatures and call bells were also completed. Risks around the spread and control of infection were well managed. Staff used personal protective equipment, such as aprons and gloves, as needed.

Requires Improvement

Is the service effective?

Our findings

People's needs were not always met by the decoration of the premises. There was a lack of signs available within the home, at key points such as junctions in corridors, to help people navigate the home. For example, there were no signs to the toilet on the ground floor, other than a small sign on the door. Bathrooms and toilets did not contain contrasting colours to assist people to use these facilities. Not having these adaptations can significantly impact the independence and quality of life of a person living with dementia. We recommend that the provider seeks advice and guidance from a reputable source to make the environment more dementia-friendly, and explore how technology and equipment could help to promote people's independence.

At the last inspection, on 5 April 2016, we recommended that the registered manager considered a more person-centred approach to keeping people's belongings safe, to ensure that people's freedom of movement was not unnecessarily restricted. This was in relation to key pad locks on each of the bedroom doors within the home. At this inspection, on 11 and 12 December 2018, the key pad locks remained in place. However, the registered manager had assessed people's capacity to consent to these being activated, and where people lacked capacity to make the decision, this had been made in their best interest.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether that the service was working within the principles of the MCA. People's ability to consent was considered and assessed. When people had others, who had legal authorisation to make choices on their behalf, this was known by staff. Records demonstrating the assessment of people's capacity to make specific decisions had recently changed. The new records lacked evidence of the involvement of the person and relevant others, such as their family and friends. However, discussions with staff and the review of previous assessments evidenced that the correct practice was followed to assess people's capacity. We discussed this with the registered manager who advised us that they would review their method of recording MCA assessments to ensure these reflected the correct practice.

We checked that any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Conditions relating to authorised DoLS had been met and were evidenced throughout people's care plans.

People's needs were assessed before moving into the home. One person's relative told us, "They did speak to me before she came in." These assessments detailed people's needs and abilities and aims and goals. The head of care explained that the assessments were used to guide staff to support the person whilst they

settled into the home and more detailed care plans and risk assessments were completed.

People were supported to access the right healthcare support. When people's needs changed, staff sought the support of health care professionals to ensure the person got the right support. For example, one person's behaviour had recently changed. They were upset and confused. The registered manager had allocated a member of staff to stay with the person to offer them support and comfort. Staff had also referred to the community dementia matron for support to ensure they were doing the right thing for the person. Records reflected that people had regular support from healthcare professionals such as GP, community psychiatric nurses and other professionals. One health care professional told us that staff, "want to make a difference," and were "really responsive." Another healthcare professional told us that the referrals they received were appropriate and that the staff really engaged with them in a proactive way, including in taking up offers of training.

Staff were supported with regular supervision and training. Staff received regular training in areas such as dementia. Staff told us this training included the different types of dementia, how to communicate with people and how to find out about them whilst they were living with dementia. One person's relative said, "They seem to know about dementia." The provider had recently created a training and recruitment champion role. This member of staff had been supported to undertake training qualifications so that they could provide training within the home. The member of staff told us the benefits of this when they had recently run a MCA course for staff, "I could link the MCA to our residents." They had also reviewed the recruitment process to ensure that prospective staff being the right people to support people living with dementia was considered at each stage.

A number of the staff working at the home were contracted from an employment agency. The registered manager explained they were continuing to recruit for permanent staff, but meanwhile were using agency staff. Staff working through the agency were offered training by the provider and supported with regular supervision.

Staff who were new to the home were supported with an induction programme. This included ensuring that their responsibilities in areas such as infection control and moving and handling of people were understood. Agency staff who began working at the home, on a long-term basis, were inducted with two days of shadowing staff working in the home, to get to know people and their preferences.

Staff worked well together as a team. They communicated clearly to ensure people's needs were met. Senior staff observed staff practice and told them about areas they were doing well and supported them to improve if needed. Care staff were asked to complete a 'rate my shift' document. The registered manager explained this was used to highlight any areas for improvement in the leadership of shifts.

People were supported with eating and drinking, as needed. Most people ate in the dining room, but those who chose to eat elsewhere had their wishes respected. People who needed support with seeing their food, to allow them to eat independently, used red plates. This can help people see pale coloured food due the contrast. People chose what to eat and drink. When people had beliefs or preferences about food, these were appropriately recorded and shared to ensure they were offered appropriate meals. Staff sought guidance from professionals, such as speech and language therapists when people needed specialist support with eating and drinking.

CCTV was in place in communal areas of the home. People's privacy and consent to this had been considered in line with relevant guidance.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion. One person said, "They are very good here." Another person told us, "They are very nice, they look after me." A member of staff told us, "I feel very proud and passionate about working here. I think we deliver really good care."

People were treated with respect. For example, one person became unsettled during the day, and was regularly asking staff about going to bed. Staff spoke kindly to the person and encouraged them to make a decision about going to bed. This happened a number of times during the day and staff responses were always kind, respectful and encouraging the person to decide when to go. Another person's relative said, "Staff handle things so beautifully, so kindly. They know that it is the dementia."

People were involved with their day to day care and their views were sought. For example, one person was asking a member of staff what they wanted her to do. The member of staff told the person that she could choose what she wished to do, and encouraged her to do so. Another person was not able to tell staff what they wanted with words. However, staff understood how to interact with the person and read their facial expressions to understand their wishes. People were also supported to access advocacy services, as needed.

People's dignity was protected. For example, staff supported one person to stand and noticed their clothing had ridden up slightly. The member of staff, quickly and discretely, adjusted the person's clothing. People were dressed in clothing of their choice.

People's privacy was respected. One person's relative explained that staff had considered the person's desire for privacy when organising their bedroom. Staff explained how they protected people's privacy when supporting people with washing and bathing by drawing curtains and closing doors and ensuring they were covered with a towel. People's preferences about who provided them personal care, such as washing and dressing, were also considered. When people did have preferences, such as the member of staff's gender, this was met.

People's independence was promoted. For example, care plans identified what people were able to do for themselves in each area. Staff told us that they encouraged people to do things they were able to. For example, washing their face during a bath or shower.

Visitors told us that they were able to visit when they wanted to. One person's relative said, "I am made welcome. [Person]'s friend comes and has lunch with her. It is quite a family." Another person's relative told us, "When I ask them how [relative] is they give me a detailed account they seem to know [relative] well."

People's records were maintained confidentially in a lockable room. Staff understood about protecting people's privacy when making calls on their behalf and ensure this was done so they were not overheard.

Good

Is the service responsive?

Our findings

People received personalised care. Care plans were personalised, they detailed how people liked to spend their time and how they liked their daily routine and were updated when things changed. For example, for one person their plan explained how staff could prompt the person to wash by laying out a flannel and towel for them putting toothpaste on their toothbrush. Staff were respectful of people's cultural and spiritual needs. People were encouraged and supported to maintain religious routines as they wished.

People and their relatives were involved in planning their care. For example, staff provided families with a 'This Is Me' booklet to complete. This Is Me is an Alzheimer's Society support tool to enable person-centred care. Important information about the person's past, those who are important to them, how they like to spend their time and any preferences they have can be included.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. People's needs in relation to accessible information were assessed, including how dementia affected their communication. Staff understood people's communication needs well.

People's interests and hobbies were assessed and planned for. For example, one person had previously had a cat and enjoyed animals who visited the home. Another person had enjoyed ballroom dancing and was supported and encouraged to take part in the dancing activities. People were enjoying dancing to musical entertainment in the lounge during the inspection. One person's relative described that they were, "dealt with as a human being." A health and social care professional who visited the home regularly told us, "Staff are very interactive with people." People were encouraged to take part in activities such as word games and puzzles. The provider was also considering ways that people who were physically restricted could take part in activities and days out, such as through the use of virtual reality headsets.

Information about how to make a complaint and the process was available. One person's relative told us, "If I had a concern, which I haven't, I would talk to the manager or deputy. Both of them are great, easy to talk to." Complaints were managed and responded to effectively. When complaints had been made, they had been responded to promptly with an apology, an explanation about what had happened and actions that would be taken forward to prevent reoccurrence.

Personalised support was offered to people at the end of their lives. People were able to have a dignified and personal death. Staff told us about one person who had recently passed away at the home. They had not had any family involvement. The person had been involved with the equine industry during their working life, which staff at the home knew was important to them. The registered manager arranged for a pony to visit them in their last days. A member of staff told us the person was, "so settled and calm." Staff told us that they were supported by the management team to attend people's funerals if they wished. The management team were mindful of the emotional impact of supporting people at the end of their lives on the staff team and offered support appropriately.

Plans for the end of people's lives had been discussed with people, or their families as appropriate. Arrangements were in place for those people who did not wish to be resuscitated. A health care professional told us that staff supported people at the end of their lives, "very well. They forward plan and get the medicines and people involved."

Good

Is the service well-led?

Our findings

There was a registered manager. 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.'

The registered manager understood the legal requirements of their role. They had ensured relevant parties had been notified when things went wrong, as per Duty of Candour. Notifications had been made to us in line with legal requirements.

There was a positive and person-centred culture. A health care professional told us they, "couldn't speak highly enough," of the home. The registered manager and management team worked together with the staff team and staff told us they were proud to work at the home. The registered manager linked in with other services to ensure their skills were kept up date. For example, they attended regular dementia forums run locally.

People living at Willow Lodge Care Home were encouraged to maintain links with the local community. For example, people were supported to attend singing at the local church. Staff had also made links with a local pre-school who visited regularly. The registered manager explained that when the home was visited by the virtual reality dementia tour bus to provide training to staff, this opportunity was offered to the local community too. The virtual reality dementia tour bus simulates what a person with dementia may experience.

The registered manager worked with the local authority, their pharmacy provider and an external social care consultant to regularly review their systems and processes. For example, the external social care consultant suggested the registered manager discuss arrangements for the end of people's lives with them and their families.

People, their relatives and professionals were engaged with for their views of the service. For example, a regular coffee morning style meeting was held with residents. Discussions included staffing and people's thoughts on activities. A monthly newsletter was available for people and their relatives. This included information about upcoming entertainment and dates for people's diaries. Staff were surveyed on their views of the service and the support they received. The registered manager had included agency staff within the survey. Visitors to the home signed in and out on an electronic tablet. When leaving the home, they were asked to rate the service. If there were any negative responses, the registered manager contacted the visitor to resolve the issue.

The provider had a recognition program for staff where their colleagues, people and people's relatives could nominate a member of staff for going 'above and beyond'. Staff proudly wore the badges they had been awarded.

Staff worked in partnership with other agencies. This was evidenced through people's care plans and the feedback from health and social care professionals. For example, when people moved into the home from hospital the registered manager attended discharge meetings to discuss the person's needs and feedback the support that the staff could offer. A health care professional told us, "They will challenge when needed. Always very appropriately." Another health and social care professional told us the management team was, "open to advice and recommendations."

A healthcare professional told us the home was, "well managed," and that the registered manager was a, "good leader." One person's relative told us, "The manager and deputy are always around." Staff told us that the registered manager was easy to approach and valued their input.