

Willow View Care Limited

# Willow View Care Home

## 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 ●

# Summary of findings

## Overall summary

About the service: Willow View Care Home provides accommodation and residential care for up to 64 people, some of whom have a dementia related condition. The home comprises of two areas; Willow View which was the original building and the new extension wing, Willow Gardens. The two buildings were connected by a covered walkway.

People's experience of using this service: People and relatives were positive about the caring nature of staff. One person told us, "I'm living well here." A relative said, "I know he's well cared for, he's in a nice place and they care about him."

Staff spoke positively about the people they supported. They said they would be happy for their relatives to live at the home because of the standard of care provided.

Effective systems were in place to ensure people's safety. There were no ongoing safeguarding investigations. Risks were assessed and monitored, sufficient staff were deployed and safe recruitment procedures were followed.

Health care professionals spoke positively about the service. One health care professional told us, "Staff are proactive, there is excellent team work here - staff are forward thinking."

A range of activities were organised to help ensure people's social needs were met.

There was a designated quiet area within Willow Gardens for end of life care. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives.

There was a clear management structure in place. Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Requires improvement (report published 12 March 2018).

Why we inspected: At our previous inspection we identified four breaches of the regulations relating to safe care and treatment, safeguarding people from the risk of abuse and improper treatment, person-centred care and good governance. We carried out this inspection in line with our scheduling guidelines for adult social care services. We found that improvements had been made and all regulations were being met.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit. If any concerning information is received 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Willow View Care Home

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection was carried out by 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 [older people and those who have a dementia related condition].

**Service and service type:** Willow View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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:** The inspection was unannounced.

**What we did:** Our inspection was informed by evidence we already held about the service. We also used feedback received from the local authority.

The registered manager completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we checked the following records: Three people's care plans, two staff recruitment files, information relating to staff training, audits and quality assurance reports.

We talked with nine people and seven relatives. We also conferred with the provider's representative, the

regional manager, the registered manager, the deputy manager, a senior care worker, two care workers, a member of the housekeeping staff, the activities coordinator and the chef. We spoke with two district nurses who were visiting the service at the time of our inspection.

# Is the service safe?

## Our findings

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

At our previous inspection we rated this key question as requires improvement. We identified two breaches of the regulations relating to safe care and treatment and safeguarding people from the risk of abuse and improper treatment. Safeguarding incidents were not always reported or recorded in line with the provider's policy. Medicine administration records (MAR) contained some errors that could not be accounted for and there were some discrepancies in medicines stocks. Fire drills were not adequately preparing staff for an emergency situation. At this inspection, we found that action had been taken to improve and the provider had ensured good outcomes for people in this area.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were now in place to ensure people were safeguarded from the risk of abuse.
- One relative told us, "It's the happiest she's been. As a family we relax and go 'ahhhh' because we know that she is being looked after here." Another relative raised historic concerns, which the registered manager was aware of. Action had been taken to reduce the risk of any reoccurrence.
- The service had introduced the Herbert Protocol. The registered manager told us, "The Herbert Protocol is used for vulnerable people in the community as well as residents in Willow View. We are registered as a 'Safe Haven' with the police, so if a vulnerable adult is found in the community, the police bring the person to Willow View where they are kept safe and offered food and drink until the person can be identified and returned to their relatives."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Checks were carried out on the building and equipment which showed they were safe. Fire drills were carried out; however, these did not include scenario based practical evacuations. At our second visit, the registered manager had liaised with the local fire safety officer and this issue had been addressed. The registered manager told us, "The drills now involve walking through the actions of moving residents to a safe zone."
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends so action could be taken to reduce the risk of any reoccurrence.
- Risks were assessed and monitored to help ensure people's safety.

Preventing and controlling infection

- Safe infection control procedures were in place.
- The home was clean. Staff used gloves and aprons to help minimise the risk of infection.

Staffing and recruitment

- Safe recruitment procedures were followed. We identified minor recording shortfalls which the registered manager told us would be addressed.

- There were sufficient staff deployed. Staff carried out their duties in a calm unhurried manner.

#### Using medicines safely

- There was a safe system to receive, store, administer and dispose of medicines. An electronic medicines management system was in place.
- We discussed with the deputy manager about ensuring that electronic records demonstrated that medicines administered via a patch were rotated in line with manufacturers guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our previous inspection we rated this key question as requires improvement. We identified a breach of the regulation relating to safeguarding people from the risk of abuse and improper treatment. Deprivation of Liberty Safeguarding (DoLS) applications had not been submitted for every person who was subject to 24-hour supervision and consent to care was not always correctly obtained or recorded. Capacity assessments were not being undertaken in line with guidance in the Mental Capacity Act 2005 code of practice. At this inspection, we found that action had been taken to improve and the provider had ensured good outcomes for people in this area.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Consent to care was sought in line with relevant legislation and guidance.
- The registered manager had submitted DoLS applications to the local authority for review and approval.
- The registered manager was strengthening their documentation relating to the MCA to ensure that records evidenced how staff were following the principles of the MCA.

Staff support: induction, training, skills and experience

- People were cared for and supported by staff who were suitably skilled, trained and supported.
- Staff had signed up to be 'Dementia friends;' an Alzheimer's Society initiative to help make a positive difference for those living with dementia.
- Staff were champions of various disciplines. The registered manager told us, "We have champions for everything – continence, infection, because one person can't do everything. It gives staff a sense of involvement."
- Training sessions were monitored and evaluated. The registered manager told us, "The feedback is used

to fine tune and improve training sessions and is shared with the trainer. This has resulted in the past in sourcing better quality service provision."

- A supervision and appraisal system was in place. Staff told us they felt supported in carrying out their duties.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice guidelines.
- Preadmission assessments were carried out to ensure that people's needs could be met before they moved into the home.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met.
- Staff made meal times a sociable experience. We had lunch with people and saw staff supported and chatted with people.
- Themed events with a focus on food took place. One staff member had organised a pizza night. A local Greek restaurant had donated pizzas for people and staff which everyone enjoyed.
- Staff had downloaded an 'App' for their mobile phones to enable them to quickly and accurately calculate people's risk of malnutrition. Action was taken if weight loss was identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and receive ongoing healthcare support. A member of the district nursing service told us, "The girls are absolutely brilliant. They are proactive and know what people need like when somebody is needing a catheter."
- The home was involved in a pilot which involved the use of technology to measure and record clinical observations. Staff used this information to calculate a score known as the National Early Warning Score [NEWS]. NEWS uses a combination of six physiological measurements such as blood pressure, temperature and pulse which determines clinical risk.

Adapting service, design, decoration to meet people's needs

- The design and décor of the building met people's needs. There was a cinema room, hairdressing salon, quiet room and garden areas which people could access.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our previous inspection we rated this key question as requires improvement. Whilst we found the staff team kind and caring in their approach to supporting people, the provider was not ensuring the service was caring overall. At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this area.

People were supported and treated with dignity and respect; and involved them as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness, compassion and dignity. One person and their relative told us about the birthday party the home had organised to celebrate the person's 100 birthday. Following the celebrations, the registered manager made the person a personalised DVD of photographs set to music of their party and other memorable photographs of their life.
- We observed positive interactions between people and staff. One relative said, "They're good, friendly and chatty. I've seen them cuddling them."
- There was a relaxed and cheerful atmosphere in the home. One person said, "It's lovely, when people are pleasant it breeds that. One of the girls sings all the time, it's a happy atmosphere."
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided. One member of staff said, "We are so person centred, we just strive to get the best out of every single resident. We want to make sure everyone is happy as possible."
- People and relatives said that people's privacy and dignity was promoted. One relative said, "Even when I'm here and they need to change him, they ask me to wait outside."

Supporting people to express their views and be involved in making decisions about their care

- Nobody was using an advocate at the time of our inspection. An advocate is someone who supports a person so that their views are heard and their rights are upheld. Information on advocacy service was available.
- People were involved in their care. Care plans evidenced that they had been written in consultation with the person and their representative, where appropriate.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our previous inspection we rated this key question as requires improvement. We identified a breach in the regulation relating to person-centred care. There were not enough activities on a day to day basis to prevent boredom and people were at risk of social isolation. At this inspection, we found that action had been taken to improve and the provider had ensured good outcomes for people in this area.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care which was responsive to their needs.
- People's social needs were met. An activities coordinator was employed. They told us how activities were organised which were based upon people's needs and preferences.
- One person chose not to attend a musical event. The activities coordinator taped the concert and played it to the person afterwards so they could enjoy the music and singing. This person also spoke a different language and the activities coordinator printed out songs for the person in their own language.
- Some people supported Middlesbrough football club. Staff organised a private television screening of a game at a local pub with drinks included! Staff also got a book about Middlesbrough football team which was signed by the team.
- Staff recognised the importance of animals on people's wellbeing. Pets were welcome and a therapy dog visited whilst we were at the home. One person enjoyed feeding the squirrels who visited the garden area outside of her room.
- The positive effect of children and young people on people's happiness was also acknowledged. The activities coordinator had introduced 'Golden Crafts.' Staff members' children and people's grandchildren were invited to the home to undertake activities with people.
- Care plans were in place which documented people's life histories, likes and dislikes and how they liked their care to be provided.
- People told us that they could choose how they wished to spend their day and staff respected their wishes. One person told us that staff supported them to have a daily bath which had helped improve their skin condition.
- The service was complying with the requirements identified in the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints.
- Information about complaints was recorded together with the actions taken to resolve the concerns people had raised.

End of life care and support

- People were supported at their end of life. Staff had completed end of life training which helped ensure

they had the knowledge and skills to care for people at this important time in their lives.

- There was a designated quiet area within Willow Gardens for end of life care. A multi-disciplinary approach was followed to help ensure consistent and responsive care was provided to meet people's needs at this important time in their lives. A district nurse told us, "They don't leave people to die on their own, they always sit with them."
- We read a recent review on a national care homes website. This stated that the person's family were reassured that their relation was receiving the "best end of life care."
- At our first visit we noticed that information about people's end of life wishes lacked detail. At our second visit the registered manager had changed their end of life documentation. One of the district nurses told us, "[Name of registered manager] has put together a palliative care folder and I thought it was great. I could pick it up and give me exactly what I needed to know to make clinical decisions." The district nurse had sent a blank copy to the local NHS Trust's director of nursing as an example of good practice.
- Staff explained the importance of remembering and respecting people after they had died. We heard how staff had organised 'wakes' for people at the home to share memories and support people's friends and families.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our previous inspection we rated this key question as requires improvement. We identified a breach of the regulation relating to good governance. A programme of audits was undertaken but this was not always effective and had not picked up all of the issues we found. Records relating to the care and treatment of people were not always complete, up to date or accurate. Feedback was sought from people using the service and their relatives but action had not always been taken to address issues highlighted. At this inspection, we found that action had been taken to improve and the provider had ensured good outcomes for people in this area.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- There was a clear management structure in place. The registered manager was supported by a regional manager who visited the home twice a week and a deputy manager.
- We received positive feedback about the managers from people, relatives and staff. One staff member said, "They are amazing. You need a management team which support you in and out of the home and they do here. I wouldn't work anywhere else."
- Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.
- Staff told us they felt valued and enjoyed working at the home. There was a staff recognition scheme in place. One member of staff told us, "There's not one day I have thought that I have to go to work, it really is one of the best homes - I love it here."
- All regulatory requirements were met.

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

- System were in place to ensure people, relatives and staff were engaged and involved in the service.
- Newsletters were produced and an email feedback service was available. Staff emailed relatives who were unable to visit to provide them with feedback about the home and their family member.
- Meetings and surveys were organised for people, relatives and staff to obtain their feedback. The registered manager told us that relatives' meetings were not well attended so she was going to introduce a monthly 'manager's surgery' to see if relatives found these meetings more accessible.
- Action was taken following feedback. A new handover system was being trialled following staff feedback.

#### Working in partnership with others

- The service worked with the local authority and health and social care professionals to make sure people received joined up care. They also liaised with local organisations and charities to help promote social networks and community relationships.