

Maria Mallaband Care Homes Limited

Willowdene Care Home

Inspection report

Lizard Lane
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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

Willowdene Care Home provides residential and nursing care for up to 48 people aged 65 and over. This included people living with a dementia. At the time of the inspection 44 people were using the service. Care is provided in three different units, covering residential care, nursing care and dementia care.

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

People were happy with the care which they received. Improvements had been made to the way medicines were managed. Staff responded well when people's needs changed. Lessons were learned when needed. Staffing levels were good and kept people safe.

Staff were supported to carry out their roles. They had opportunities to participate in learning and development. People were supported with their nutritional needs. Good links with health professionals supported people to receive timely care. The environment was well maintained. Staff had a good understand of how to support people to make decisions about their care.

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

Staff knew people very well and were able to provide people with the best care. This supported people to remain as independent as they could be. Staff were responsive when people needed additional support; this approach was dignified. People were supported to maintain relationships with those important for them.

Staff were highly skilled at providing people with individualised care. Care was flexible to fit in with people's wishes. The quality of care records supported a consistent delivery of care. The home received regular compliments about the good care people received. Complaints had been made and dealt with appropriately.

Quality assurance measures had supported the home to make continual improvements. Feedback and critical analysis were central to this. Strong leadership supported the staff team to work very well together to ensure people received good care which led to good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 June 2018) and there were two 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.

There was also an inspection on 14 March 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Willowdene 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and one assistant inspector carried out this inspection.

Service and service type

Willowdene Care Home 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Durham and Stockton-on-Tees local authorities and professionals who work with the service. This included Durham Clinical Commissioning Group, Durham infection control team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager,

administrator, senior care workers, care workers, domestic staff, kitchen staff and an activities coordinator. We carried out observations of practice.

We reviewed a range of records. This included six people's care records and two people's medication records. We looked at four staff files in relation to recruitment, induction, supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection staff had not received regular supervision and the environment needed to be updated. Improvements to provision of food were also needed. At this inspection, these issues had been addressed.

Assessing risk, safety monitoring and management

At our last inspections of the service the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff continually reviewed and managed the risks to people. They understood how to support people, whilst enabling independence. One staff member said, "I would report any concerns straight away. I am confident the manager would take action."
- Regular checks of people for safety had been completed. Support was in line with risk assessments. These records supported staff to provide safe care to people.
- The health and safety of the building and equipment used to support people had been maintained. Planned fire evacuations were effective. They included role play and supported staff to experience a real-life evacuation as a person receiving care. One staff member said, "I would feel confident if there was a fire."

Using medicines safely

At our last inspection of the service medicines were not safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely managed. They were appropriately checked, stored and administered.
- Records relating to medicines had been completed. Staff had been proactive in resolving medicines issues when needed.
- Staff had received training in medicines. They had received checks of their competency in this area.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from any potential safeguarding risks. They had acted quickly when concerns had been identified.
- People said they received care and support which made them feel safe. One person said, "I feel safe living

here. There is a red buzzer you can press if you need anything."

Staffing and recruitment

- There were enough staff on duty with the right skills and experience to look after people. People said staff acted quickly when they needed support and responded to call bells.
- Recruitment was safe. The provider had supported the registered manager to recruit candidates who were right for each role. A committed and skilled team was in place.

Preventing and controlling infection

- The service was clean throughout. Staff had access to equipment to minimise the risks of infection. An action plan was in place following a visit from infection control nurses. Champions were in place to support the cleanliness of the service.

Learning lessons when things go wrong

- Accidents and incidents were regularly reviewed. The provider carried out detailed analysis to determine where any improvements could be made.
- Lessons learned exercises were completed when required. This had led to improved practices at the home.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-admission assessments supported staff to safely admit people into the home. People's care was delivered in line with evidence-based guidance.
- People's needs were continually assessed. This holistic approach had led to people receiving care which best met their needs and supported effective outcomes.

Staff support: induction, training, skills and experience

- Staff demonstrated a good level of knowledge, skill and experience. As a result, people received good care. People said staff looked after them well.
- Staff were supported to deliver good care. This included supervision and training. Some staff had carried out additional training which enhanced their roles and responsibilities.

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

- People were supported to maintain a good diet. The risks of malnutrition and dehydration were continually reviewed.
- Feedback about meals had been obtained. The provider had addressed concerns relating to meals. People said they were much happier with the meals provided. Comments included, "The food is nice, and I get a choice." And, "Staff give me alternatives [of food] so that it's easier to eat. It's always very nice." A relative said, "When they bring [person's] food in here, it always looks very nice."
- We provided feedback to the manager about gaps in fluid balance records. These had started to be addressed straight away.

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

- The home had good relationships with professionals. This led people to access timely support. Staff were responsive to recommendations which supported people with their health and well-being.
- Staff were proactive in their support of people's oral health needs. This was in line with national guidance.

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

- The home had been continually updated. It was spacious and supported people to move around freely. There were many communal areas, which were used for visits from families and friends and supported people to spend time together with each other.

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 when this is in their best interests and legally authorised under the MCA. 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.

- People had freedom to live their lives in the way they wanted. People's choices were respected. Support was only given, once people had agreed to care being delivered.
- Staff had received training in MCA and followed the principles of this when supporting people.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they were very happy living at this home. They experienced good care and their needs were met. One person said, "It's nice and warm in here. I get everything I need. The girls [staff] are good and look after us. I am happy to be here."
- Staff demonstrated a passion for care and instilled the values of the home. Staff were extremely kind and caring. One staff member said, "We love our job. It's satisfying to work with the residents, making sure they have everything they need. They are well cared for. We like coming to work and we work well together."
- People's individual needs and choices were respected. Staff had created an inclusive environment for people.

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

- Staff knew people very well. They encouraged people to plan and review their care. Staff listened to feedback from people and relatives and carried out changes when needed.
- Advocacy services had been sought for people who needed support with decision making.
- Staff had time for people. Positive relationships between people, relatives and staff had developed. All felt involved in the delivery of care and held the home in high regard.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as they could be. One person said, "I am happy here. I can do what I please, nothing is a bother. The staff let me get on and do what I want. They are here for me when I need them."
- Staff respected people's wishes, views and human rights. They were supported to live their lives how they wanted to. Relatives were welcomed into the service. One said, "They [staff] always bring me a coffee. If I'm here on time they offer me lunch."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At the last inspection, care records did not contain all of the information required to deliver individualised care to people. Supplementary records had not always been fully completed. At this inspection, we found action had been taken to address these issues.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received good care which met their needs, wishes and preferences. Care records provided detailed information to support the delivery of good care. Staff were adaptable to people's changing needs.
- People had choice in all aspects of their care. They could get up when they wanted to and staff ensured people's meals and care were adapted to fit in with this.
- The care which people received supported them to have positive outcomes. One person said, "It's like a five-star hotel in here. When I left hospital, I asked to come to Willowdene and I'm happy." A relative said, "[The home has] done wonders for [person]. They've come out of their shell here. They get involved in things they would never have done before."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate with people. Where verbal communication had been limited, staff had supported people to try alternative methods. This included picture boards and use of an App on an iPad.
- Communication needs were clearly outlined in people's care records. These records met the AIS.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to regular stimulating activities. These were varied to meet people's different needs and interests. This included cooking, gardening, live music and crafts. People also had opportunities to visit the local community and areas of interest.
- People were happy with their social contact. Comments included, "There is lots for us to do. We also like to sit together and chat, put the world to rights." And, "We've got a little group of us, we get together after tea, about 5 or 6 of us and sometimes it's after 9pm when we actually come to bed!"

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. They were confident they would be listened to and their complaint addressed. Records of complaints demonstrated the right action had been taken to address them

End of life care and support

- Records supported the delivery of end of life care in line with national guidance. Staff had received training to provide this type of care.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 our last inspection of there had been a lack of consistent oversight at the service. This had impacted upon the overall quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff worked together as a team to deliver a good standard of care to people. People were at the heart of their care and the home was well run. One compliment received said, "The team here are truly amazing, passionate about what they do and so empathetic and kind."
- Staff said the registered manager was approachable and listened to them. One staff member said, "The [registered] manager is fair and consistent. There is no favouritism. Does everything by the book."
- Staff were committed to the home. They worked together to support people and dealt with challenges effectively. This led to people receiving the care they needed

Continuous learning and improving care

At our last inspection of the service quality assurance systems were ineffective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Quality assurances measures were effective. They had led to positive changes taking place at the home. Continued improvements were needed to ensure supplementary records were fully completed. The registered manager was addressing this.
- The quality of care which people received was critically reviewed. Feedback was used to drive improvement. Strong and consistent leadership was in place which supported staff to provide a safe home for people.
- A system of learning and development was in place. Changes were made when needed. Staff had been supported to develop their knowledge. A nurse had been shortlisted for 'Nurse of the year,' and had made it

to the final. The registered manager had been awarded a prestigious 'dementia champion award.'

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

- Meetings for people and staff took place. Information was shared, and feedback obtained to improve the service was listened to and acted upon. Feedback from surveys was critically reviewed. This supported the good work of the home.
- The home had good working relationships with professionals. Reviews of the home by professionals had been positive. Action plans were in place to support continued improvement.
- The home participated in fundraising and awareness activities. This involved people and staff dressing up and participating in a themed day to support charities. Recently, this had included 'Tickled pink' for breast cancer and 'Elf day' for Alzheimer's disease.