

Willows Lodge Limited

Willows Lodge 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

Willows Lodge Care Home provides accommodation, personal care and nursing care for up to 62 older people, older people living with dementia and older people who require nursing and palliative care. The service consists of three units: Poppy Unit for people living with dementia, Buttercup Unit for people who require nursing and palliative care and Rose Unit for people who require residential care.

The inspection was completed on 30 and 31 March 2017 and was unannounced. There were 56 people living at the service when we inspected.

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.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff felt supported and received appropriate formal supervision. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Care records for people were centred on the individual and care plans reflected people's needs, choices and preferences and included information relating to people's life history and experiences.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was working with the local authority to make sure people's legal rights were being protected.

The dining experience for people was positive and people were complimentary about the quality of meals provided. Consideration by staff was evident to ensure that eating and drinking was an important part of people's daily life and treated as a social occasion.

Staff told us that the overall culture across the service was open and inclusive and that they felt supported

by the registered manager and the management team. Staff told us that communication between them, the registered manager and the management team was positive and that they felt listened to. Staff told us that morale within the staff team at all levels was much improved.

There was an effective system in place to regularly assess and monitor the quality of the service provided. Quality assurance checks and audits carried out by the provider and the management team of the service were in place and had been completed at regular intervals in line with the provider's schedule of completion. The provider and management team of the service were able to demonstrate an understanding and awareness of the importance of having good quality assurance processes in place. This had resulted in better outcomes for people using the service.

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.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

There were sufficient numbers of staff available to meet people's care and support needs and staff were recruited safely.

The provider's arrangements to manage people's medicines were suitable and ensured people's safety and wellbeing.

Is the service effective?

Good 

The service was effective.

Staff received training so as to meet people's needs. Staff felt supported and received regular supervision.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good 

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were sufficiently detailed and accurate in relation to their care and support needs.

People were supported to participate in a programme of social activities.

Complaints management was robust and people using the service and those acting on their behalf felt confident to raise concerns.

Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

Willows 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 March 2017 and was unannounced. The inspection team consisted of two inspectors on both days.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people who used the service, eight members of care staff, eight relatives, the registered manager, one person responsible for providing activities to people living at the service and the registered provider.

We reviewed 12 people's care plans and care records. We looked at the service's staff support records for 10 members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our previous comprehensive inspection to the service on 21 and 22 March 2016, we found that medicines management and staff recruitment practices required improvement. The provider shared with us their action plan and this provided detail on their progress to meet the required improvements. At this inspection we found that these improvements had been made.

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. People also told us that they felt safe and secure. One person told us, "I definitely feel safe here." Another person told us, "I really do feel safe; the staff are so good to me." Relatives told us that they had no concerns about their member of family's safety. One relative stated, "I am assured that my relative gets the care they need and is kept safe at all times. I am not concerned when I leave the care home."

People were protected from the risk of abuse. Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that the registered manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements were in place and this included individual Personal Emergency Evacuation Plans (PEEP). These ensured that the provider was able to respond effectively to untoward incidents and other emergencies that may occur at the service.

People told us that there was always enough staff available to support them during the week and at weekends. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs. For example, we noted that communal lounge areas were supported by staff throughout the day. Care was also taken by staff to ensure that people who were immobile and who spent the majority of their time in bed or in their room were monitored, and checked at regular intervals to ensure their safety and wellbeing.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last 12 months showed that the provider

had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

People received their medication as they should and at the times they needed them. One person told us, "I always get my tablets. These are given to me without fail." Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was duly followed by staff. Observation of the medication rounds showed this was completed with due regard to people's dignity.

Staff involved in the administration of medication had received appropriate training and had their competency assessed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver appropriate care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff had told us and showed that their mandatory training was up-to-date. However, it was noted that several members of staff had attained a lot of training in numerous different subjects all undertaken on the same day. We discussed this with the provider as we were concerned that staff's learning in this way could be reduced and less effective. An assurance was provided that consideration would be given to review this for the future.

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. Two staff members confirmed they received three days of shadowing and worked alongside staff already employed at the service and found this to be a positive experience. The registered manager confirmed that this could be flexible according to staff's previous experience and level of competence.

Staff confirmed they received regular supervision and were supported by the registered manager and other members of the senior management team. Staff told us that they felt valued by the registered manager, that they were approachable and proactive in dealing with issues raised. Appraisals had not been undertaken for all staff employed longer than 12 months. The provider and registered manager confirmed they were aware of this and that this had arisen as a result of a change of manager in the last three months and as a result of being misinformed by the previous manager to the service about the completion of these. We were advised that a schedule of appraisals for staff would be devised and implemented as a priority.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to demonstrate that they had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS) and when these should be applied. Staff were aware of the Mental Capacity Act and knew how it applied to the people they supported. They knew how to support people with decision-making about everyday tasks and were confident that they would know if a person was being deprived of their liberty and freedom. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly

recorded. Where people were deprived of their liberty, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. Where these had been authorised the registered manager had notified the Care Quality Commission.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People were positive about the meals provided. Observation of the dining experience for people over both days of the inspection on Poppy and Rose units was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. If people did not like the choices presented they were offered an alternative, such as a sandwich, jacket potato or omelette. Where people were unable to verbalise their individual meal choices, staff made every effort to help communicate food choices available, for example, by showing people the plated variants available and enabling them to choose by pointing.

Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People were supported to use suitable aids to eat and drink as independently as possible, for example, to eat their meal using a spoon and use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate. People's nutritional and hydration needs were assessed and recorded and where required healthcare professionals and interventions were provided.

People told us that their healthcare needs were well managed. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Healthcare professionals were complimentary about the care and support provided by staff employed at the service. They told us that advice and guidance provided by them or other members of their team to staff at the service was always followed. In addition staff were responsive and proactive to people's care and support needs and referrals were provided at the earliest opportunity.

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person told us, "The staff are kind and I am very happy here." Another person told us, "It's not like home, but I don't think I could do better. The staff are ever so good. The registered manager is lovely and sorts things out when you ask them. The care is really good and most of the staff are great. They are so friendly and warm and they sort out anything for me." Relatives spoken with confirmed they were happy with the care and support provided for their member of family. One relative described the care provided for their member of family as "8½ or 9 out of 10." They also told us, "The staff are wonderful and really caring." Another relative told us, "My member of family is eating so much better since they have been here. The staff are very good, friendly and nice. So far we are all happy with the care provided."

The atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which many people appeared to enjoyed. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink, supporting people to mobilise within the home environment or just talking to people. We saw that staff communicated well with people living at the service by listening to them and talking with them appropriately.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events that had happened in their lives and people and places that were familiar to them. All the staff that we spoke with felt that the care and support provided to people was good and they were able to meet people's needs to a good standard.

People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. One person told us, "Staff respect my independence and let me do things for myself. I do what I can and look after some of my medication." Our observations also showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year. Staff were observed to assist people to walk by supporting them by walking beside them and placing their hand on the person's arm or back and talking to them so as to provide comfort and reassurance. Staff walked at the person's pace, showing patience, kindness and understanding in their approach. This demonstrated that staff were knowledgeable about people's individual needs and treated them with respect and dignity.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted. One visitor told us, "There's always a friendly face and they [staff] always offer you a cup of tea."

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care and support relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Relatives confirmed that they had been actively involved in providing information to inform their member of family's care plan, particularly at the pre-admission stage and to explain their life history.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be detailed. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

Staff told us that they were made aware of changes in people's needs through regular handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

People's comments relating to social activities provided at the service were variable. Some people were happy with the range of activities provided, whilst others felt that more activities should be provided. The registered manager advised us that one person was responsible for providing activities to people living at the service for eight hours each day, Monday to Friday. We spoke with them and they confirmed that they loved their job but on occasions found their role to be challenging, particularly as they were currently the sole person responsible for providing social activities at the service. Activities provided each day were displayed on a board so that people knew what was happening each day. Activities included, baking, food taster sessions, arts and crafts, quizzes, external entertainment such as singers or pet therapy. Additionally, seated exercises were undertaken and people had the opportunity for religious observance from all denominations.

Our observations during both days of the inspection showed that although a range of activities were provided, activities and social stimulation, particularly for people with complex nursing needs and people

living with end stage dementia were difficult to achieve. We discussed this with the person responsible for providing activities and they confirmed that it could be difficult to cover all three units and to meet with each person using the service each week. The registered manager concurred with this. This was further hindered by the fact that in addition to their role they were also asked to provide maintenance support, work in the kitchen or to help out where needed. We discussed this with the provider and an assurance was provided to review the above for the future.

People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log was well maintained and included a record of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.

Is the service well-led?

Our findings

The registered provider confirmed that following our last inspection to the service in March 2016, areas for further improvement and development had been taken seriously. Our findings at this inspection showed that significant improvements had been made and compliance maintained in several areas so as to protect people using the service against the risks of receiving inappropriate or unsafe care. Suitable arrangements were now in place to recruit staff safely, improvements had been made in relation to record keeping for people using the service and improvements were noted in relation to medicines management.

Although the registered manager commenced their role in January 2017, they and the management team of the service were visible at all levels, had an understanding of their key roles and responsibilities and had resources and support available to help drive improvement. The registered manager had an understanding and awareness of our new approach to inspecting adult social care services, which was introduced in October 2014. They confirmed that they were completing a National Vocational Qualification Level 5 in Management and Leadership and were also enrolled to undertake a distance learning team leadership course.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits, for example, audits relating to medication, health and safety and clinical audits relating to the incidence of pressure ulcers, people's weight gain and loss and infections.

People using the service, people acting on their behalf and staff had many positive comments about the overall management of the service, in particular about the appointment of the registered manager in January 2017. One relative told us, "[Name of registered manager] is very good. They are responsive and listen to what you tell them. In my opinion the home is now very well run." Another relative told us, "The manager is lovely and does sort things out when you ask them." Relatives confirmed they would have no hesitation to recommend the service to others.

Staff demonstrated that they were clear about the registered manager's and provider's expectations of them. Staff told us that they were well supported and that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication and morale was very good and attributed this to the appointment of the registered manager. One member of staff told us, "The manager is very approachable, far more approachable than the previous manager. [Name of manager] is very 'hands on' and always helps out." This meant that the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

The provider and registered manager confirmed that the views of people who used the service and those acting on their behalf were sought in 2016. The report confirmed that comments received were positive.

