

Willoughby Grange Limited

Willoughby Grange Care Home

Inspection report

Willoughby Road
Boston
Lincolnshire
PE21 9EG

Tel: 01205357836

Date of inspection visit:
08 September 2021

Date of publication:
05 October 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Willoughby Grange Care Home is situated in the Lincolnshire town of Boston, providing accommodation over two floors, for people who require residential and nursing care. The service can support up to 39 older and younger adults, some of who may experience memory loss. At the time of the inspection there were 36 people living in the service.

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

People living at the service and their families told us that they felt safe living at Willoughby Grange.

People received care and support from staff who were caring and knowledgeable about their needs and preferences. People were positive about their experience of receiving care at the service. Systems and processes were in place to keep people safe. Staff were aware of how to identify and report signs of abuse, and when necessary the registered manager investigated and promoted learning from events. Staff received regular supervision and training to support them in their roles. People's nutritional and health needs were well managed.

We were assured that there were processes and policies in place related to infection control and prevention. However, there were parts of the service that needed redecoration, which would lead to those areas being difficult to keep clean. The provider and the registered manager had identified this during their audits and have an action plan in place regarding maintenance of the home. There were occasions during the inspection when staff had to be prompted by the registered manager to wear their PPE in the correct manner.

People's medicines were managed safely in line with their preferences. There were areas of the home which needed some maintenance, making it harder to keep these areas clean. The registered manager and provider had identified this in their own audits and a refurbishment plan is in place to address this.

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

There were enough trained staff deployed in the service to meet the needs of people living at the service. The registered manager continued to recruit staff to ensure people's needs were met. The registered manager and provider carried out sufficient pre employment checks. The service worked with other health care professionals to maintain people's health and well-being.

People at the service were treated with dignity and respect. People were encouraged to be involved in their care. Staff used the information they had gained from talking to people and their families to care for them in a person-centred manner.

We received feedback from relatives about the positive experience their relative had received at the end of their life, whilst being supported by the service.

There was a clear complaints process in place. There were robust systems and processes in place giving the registered manager oversight of the quality of the service. The registered manager promoted an open culture, with clear consistent leadership, staff felt supported in their roles.

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

This service was registered with us on 4 June 2020 and this is the first inspection.
The last rating for the service under the previous provider was Good published on 19 March 2020.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 not always safe

Details are in our safe findings below

Requires Improvement 

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 

Willoughby Grange 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspection manager, an inspector 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.

Service and service type

Willoughby Grange 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service and sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who use the service, ten relatives, and a district nurse who was attending a virtual meeting at the service. We spoke with five members of staff including the registered manager, a nurse associate, two care staff and the executive chef. We reviewed a range of records including seven people's care records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Peoples care records contained risk assessments to identify risks associated with peoples care needs. However, of the seven care records we reviewed two peoples risk assessments were not updated in a timely manner or did not always contain enough information to allow the staff team to care for the person effectively.
- One person's care record identified that they were at risk of choking. Their risk assessment and care plan did not give staff personalised information, regarding how to support them in the event of them choking. The registered manager said that she would address this.
- Another person's care plan had been updated to reflect a risk of falling following multiple falls. The updated risk assessment informed staff that the person should not be left unattended. However, they were observed to be unattended throughout the inspection. We advised the registered manager of the issues, they addressed this with the staff during the inspection.
- There were robust systems and processes in place to ensure that people who had been identified as needing to be repositioned due to their skin integrity and likelihood of developing pressure ulcers, were supported by staff to be regularly repositioned. The district nurse informed us that staff followed advice on repositioning and they had confidence in the staff team; there was a low prevalence of pressure ulcers in the service.

Preventing and controlling infection

- Some areas of the home environment required maintenance. This could cause some difficulty in keeping the environment clean. The registered manager had identified areas that needed improving and an action plan was in place regarding redecoration.
- Not all staff were wearing PPE appropriately throughout the inspection. The registered manager recognised this and advised staff of their responsibilities.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People using the service and their relatives told us they felt safe. One person said "I feel very safe here. If I didn't, I would tell [registered manager]," A relative told us. "They do take care of [name] and I have no worries about their safety there."
- People at the service were protected from harm as there were robust systems and processes in place to protect them. Staff were trained to identify signs of abuse and were aware of their responsibilities to raise issues with the registered manager who would report any issues to the local authority safeguarding team.
- The registered manager recognised when lessons could be learnt from a safeguarding issue and shared this learning with the staff team. This took place in several different ways such as regular supervision, team meetings and daily briefings where the staff team had the opportunity to discuss issues and events at the service.

Staffing and recruitment

- The registered manager had identified that without action the service is likely to have staffing issues once COVID-19 vaccinations is a condition of deployment. In order to effectively manage this, they had looked at different options around recruiting, with staff due to start at the service within the next few months.
- People using the service and their relatives we spoke with said they felt there were sufficient numbers of trained staff to meet people's needs. One person said. "There are always enough staff, they are there when I need them." There was a mixed response from staff regarding staffing levels. One staff member said, "We are able to cope but could do with more staff."
- The registered manager had identified areas of support that were needed in the home. This led to the appointment of a nutritional support assistant. This staff member worked with the kitchen team. They had supported the care team by getting to know the residents' likes and dislikes and supporting people who need extra support with eating and drinking.

Using medicines safely

- Peoples medicines were managed safely. We observed staff explaining to people what their medicines were for. Where people required support to receive their medicines safely there was guidance provided for staff.
- Where people required their medicines to be given to them covertly, in food without their knowledge, processes had been followed to ensure this was in their best interest. This was done with involvement from the persons GP, family and a pharmacist.
- Safe processes for ordering, storage and disposal of medicines were in place and staff administering medicines had received training in safe handling of medicines. The registered manager ensured staff training was up to date with regular competency assessments carried out.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs had been assessed when they moved to live in the service in line with nationally recognised guidelines.
- The measures in place following assessments had been implemented by staff to provide safe care for people. For example, the risk to people's skin integrity was assessed using the evidence based Waterlow scoring tool.
- Policies and procedures were in place in line with legislation and standards in health and social care, to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience; Supporting people to eat and drink enough to maintain a balanced diet

- We observed during lunch time at the service that there were discrepancies in how people were supported on the two floors. The mealtime experience downstairs was very calm, with people getting support from staff when they needed. However, we observed that upstairs there were people who required support with no staff present to support them. We advised the registered manager of this during the inspection. They acted on this straight away; ensuring people upstairs were supported.
- Staff received an induction when joining the service, the induction included mandatory training as well as shadowing experienced staff until they felt competent to work alone.
- Staff received regular supervision and appraisals. Nurses received training and support to maintain their professional registration.
- Staff were up to date in their mandatory training. The registered manager encouraged additional training and learning. The registered manager had created new posts with additional training, such as a role for an assistant practitioner and a nutritional support assistant, whose role is to support people at the service who require additional support with eating and drinking.
- The executive chef was very knowledgeable about all dietary needs of the people living at the service. They had a strong knowledge of modified diets as had also trained other professionals in this subject.
- People at the service told us they were given choice at mealtimes and enjoyed the food they received. We observed that if someone was not sure which food choice, they wanted that they were able to try both.

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

- Staff worked effectively with other agencies to ensure the health and well-being of people living at the service.
- We spoke with a district nurse who visited the home regularly. They said they had confidence in the staff

team and the staff followed their advice and would seek advice where needed.

- The registered manager spoke about the relationship the home had with local GP surgeries and how they worked closely with the local mental health team to support the needs of the people at the service.

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

- The registered manager worked well with people and their families and adapted the service when people's needs changed. For example, a family member told us the registered manager had adapted an unused lounge so their parents could be cared for in a bedroom together. The family said a sink and decoration of the room were completed over a weekend to accommodate their parents.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People living at the service and their relatives told us that they were able to make their own decisions wherever possible. Care records we analysed showed where people were not able to make their own decisions, the principles of the MCA were followed.
- Where required, the provider had made appropriate applications to the local authority in relation to deprivation of liberty. The registered manager had a good oversight of the progress of these applications and of any conditions attached to DoLS authorisations. The staff team worked with peoples' appointed representatives where one had been appointed to support them with the DoLS process.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed positive interactions between the staff and the people who were accommodated in the ground floor of the service. There was an activities staff member who along with care staff supported people to engage in activities such as dominoes, being in the garden and enjoying ice creams.
- Some of the interactions we observed on the first floor of the service were lacking in dignity and respect. One person was seen struggling at lunch time as their plate guard was incorrectly fitted. This meant they were spilling food on to their clothes. Another person was being supported to transfer from their wheelchair to a comfortable chair. Rather than talking to the person who required the support the carer was observed talking to the other carers about how they were going to do the transfer. We spoke with the registered manager regarding these issues. She advised that there is usually an activities staff member upstairs. However, it was their day off. She was going to ensure that the nutritional support assistant spent more time upstairs supporting at mealtimes.
- People living at the service and their families told us that staff were kind and caring. One family member said that they felt the register manager and the staff team could not have done more to support their parents. Another relative said "They [staff] were very chatty and seemed very caring. I felt that they knew [relative] and spent time talking to them."
- During the inspection we observed a Holy Communion service in a communal area of the home. This was attended by several people living at the service.
- People living at the service and their relatives told us staff encouraged them to be as independent as possible. One relative said. "They are trying their best to keep [relative] as independent as possible."

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

- People living at the service and their family members told us they were encouraged to be involved in the planning of their care. One person told us their care needs had changed whilst they had been living at the service and they had been involved in updating their care plans. A family member said. "I am heavily involved with [relative's] care plan. This is reviewed regularly, and I have been contacted about this on a number of occasions to update me on what is being proposed about their care."
- People living at the service were invited to regular residents' meetings. These meetings were chaired by the home manager who would inform people of events that were happening at the service as well as asking for feedback from them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

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

- People's care was planned in a person-centred way. Care records reflected this. Staff were knowledgeable about the people living at the service. However, some care plans would have benefited from more detail information. The registered manager informed us that they were working with staff to improve and update care plans.
- People living at the service told us that they were given choice around their care. Throughout the inspection we observed staff offering people choice and respecting the preferences people made.

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.

- The registered manager and provider had recognised the need to make the service dementia friendly. Dementia friendly signs were in place throughout the home.
- People's communication needs were assessed when they came to the service. People were asked for their preferences regarding hearing aids and or glasses.
- Information was available in different font sizes to meet peoples' needs. The registered manager told us, "[People] have iPads to aid with communication. Talking books have recently been added to the library at the service."

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 living at the service told us they were very happy with the activities available at the service. We observed several activities which people were engaged in during the inspection.
- As well as two activity staff members being in post there was also a volunteer supporting people to maintain relationships. One family member said, "The entertainment team do like everyone else, go above and beyond." Another relative said, "They [staff] have taken [relative] out into the town in their wheelchair. They also have a little minibuss and have taken some of the residents to the equestrian centre. They are also very good about hospital appointments and will take [relative] to them as well."
- Family members told us they were supported by staff to visit their relative in the visiting pod. One family advised us that the activities team and the registered manager had supported their family member to have a birthday party in a marquee, in the garden of the home.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the registered manager if they had any complaints. They said they felt they would be listened to and they knew the registered manager would act on their concerns.
- There was a complaints policy in place at the service. Records showed complaints were fully investigated and the registered manager shared information with the staff team where appropriate in order that lessons were learnt.

End of life care and support

- A family were able to share with us the positive experience their family member experienced when receiving end of life care. The relative told us they had been able to stay in the room with their loved one in the days before they passed away. They informed us that all the staff team had treated their loved one and them with care and respect.
- At the time of the inspection there was nobody receiving end of life care. However, the staff were knowledgeable and experienced in supporting people and understood the importance of good end of life 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The service changed providers in June 2020. The registered manager has been working with the new provider to ensure their values and high standards were maintained and shared with the whole staff team.
- There was a positive and open culture at the service. People and their families were encouraged to give feedback. The registered manager ensured any learning was shared with the whole team.
- Staff, people using the service and their families all gave positive feedback regarding the support they received from the registered manager. One relative told us, "When I first went into Willoughby Grange, I was made to feel so welcome and it had a vibe, that made me think that this is the place. [The registered manager] is absolutely lovely and has so much time for the residents." A staff member said, "I cannot fault [the registered manager] they are great, so supportive."

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

- The registered manager was very clear about their responsibility under the duty of candour. When there was an incident at the home, they contacted the family to inform them and apologised to the person and their family if appropriate. Family members told us that there were open communications with the staff team, and they were always kept up to date and informed.

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

- Staff informed us they were aware of their roles and responsibilities. They felt supported by the registered manager and management team. They were encouraged to undertake additional training to benefit their careers as well as the people they support at the service.
- The provider and the registered manager completed quality audits to monitor the care provided at the service. The audits identified where action needed to be taken, these actions were addressed in a timely manner.

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

- People and their relatives were given opportunities to feedback their experience of the service. The registered manager collected regular feedback from people and analysed these. The actions from the feedback were discussed at residents' meetings along with other suggestions for improving the service.

- The registered manager and the staff team worked well with outside agencies such as district nurses, GP's, mental health teams, social workers and speech and language teams. A professional who had been having a meeting with the registered manager told us they would be happy to have a family member living at the service.