

Laudcare Limited

Willoughby Grange 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Willoughby Grange Care Home is registered to provide accommodation, nursing and personal care for 38 older people and people who live with dementia. There were 36 people living in the service at the time of our inspection. The accommodation was on two floors. The ground floor that was called the 'Garden Suite' was reserved for 10 people who lived with dementia most of whom did not need nursing care.

The service was run by a company that was the registered provider. At this inspection the company was represented by one of their regional managers. There was a registered manager in post. 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. In this report when we speak about both the company (as represented by the regional manager) and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 25 March 2015 the overall rating of the service was 'Good'. This summary rating was the result of us rating the domains 'effective', 'caring', 'responsive' and 'well led' as 'Good'. However, we rated the domain 'safe' as 'Requires Improvement'. This was because the registered persons had not always deployed enough care staff to ensure that people promptly received all of the care they needed.

At this inspection the overall rating of the service remained 'Good'. This summary rating was the result of us rating the domains 'safe', 'effective', 'caring' and 'well led' as 'Good'. As part of this ratings exercise in relation to the domain 'safe', we found that sufficient nurses and care staff had been deployed to ensure that people promptly received all of the assistance they needed. However, on this occasion we reduced our rating of the domain 'responsive' to 'Requires Improvement'. This was because people had not been offered a suitable range of opportunities to pursue their hobbies and interests.

The present inspection was unannounced and was carried out on 8 September 2017.

Our other findings at the present inspection were as follows. Nurses and care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been helped to avoid most preventable accidents and medicines were safely managed. Background checks had been completed before new nurses and care staff had been appointed.

Nurses and care staff had received all training and guidance and they knew how to care for people in the right way. People enjoyed their meals and were helped to eat and drink enough. They had also been supported to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives by nurses and care staff supporting them in the least restrictive way possible. Policies and systems in the service supported this

practice.

People were treated with compassion, respect and courtesy. Nurses and care staff recognised people's right to privacy and promoted their dignity. People had been supported to access lay advocacy services and confidential information was kept private.

People had been consulted about the care they wanted to receive and had been given all of the assistance they needed. As part of this nurses and care staff had promoted positive outcomes for people who lived with dementia including occasions on which they became distressed. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed to ensure that people received safe care. Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way.

Further information is in the detailed findings below.

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.

Nurses and care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been supported to avoid most preventable accidents.

Medicines were safely managed.

There were enough nurses and care staff on duty.

Background checks had been completed before new nurses and care staff were appointed.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People had not been fully supported to pursue their hobbies and interests.

People had been consulted about the nursing and personal care they wanted to receive and they had been given all of the assistance they needed.

Positive outcomes were promoted for people who lived with dementia.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Good 

The service remained Good.

Willoughby Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from a local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 8 September 2017 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with 10 people who lived in the service and with five relatives. We also spoke with a nurse, the unit manager who was based in the Garden Suite, a senior member of care staff, four members of care staff, a housekeeper and the administrator. In addition, we met with the registered manager and with one of the company's regional managers. We observed nursing and personal care that was provided in communal areas and looked at the care records for five people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I am quite settled here I suppose. I have my own room, my own space and the staff in general are very friendly." Another person who lived with dementia and who had special communication needs smiled appreciatively when we pointed towards a member of care staff who was passing by. Relatives were confident that their family members were safe. One of them remarked, "I'm very happy that my family member is safe. I chose this place because it has a relaxed and homely feel to it where the residents can be comfortable and safe." Another relative commented, "I'm happy that my family member is safe and well looked after."

Records showed that nurses and care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that nurses and care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the administrator followed robust and transparent systems when assisting people to manage their personal spending money.

Measures were in place to help people avoid preventable accidents. These included hot water being temperature controlled and radiators being guarded to reduce the risk of scalds and burns. In addition, people were provided with equipment such as walking frames and raised toilet seats to reduce the risk of falls. We also found that suitable arrangements had been made to enable people to be assisted to quickly move to a safe place in the event of a fire or other emergency. However, we noted that additional steps needed to be taken to ensure that people who lived in the service only used an internal quadrangle garden when it was safe for them to do so. In particular, this was so that people who lived with dementia did not accidentally go into the garden and then become unsure about how to return to the building. As soon as we raised this matter with the regional manager they immediately made arrangements for the necessary improvements to be made in order to keep people safe.

We found that there were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and nurses and senior care staff who administered medicines had received training. We saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

Records showed that there was always a nurse on duty who was supported by a number of care staff that varied depending upon the time of day. Although we were told that a small number of care staff shifts had not been filled in the month preceding our inspection visit, we concluded that in practice there had been enough care staff on duty to provide people with the assistance they needed. This was because we were assured that the registered manager and other members of staff worked flexibly either to provide care themselves or to relieve care staff from having to undertake non-essential duties. In addition, during the course of our inspection visit we saw people promptly receiving all of the nursing and personal care they needed.

We noted that none of the nursing posts in the service were filled. As a result of this all of the nursing cover was provided by nurses who were supplied by an employment agency. The regional manager told us that focused and sustained efforts were being made to recruit nurses to the vacant posts. They said that due to these efforts two of the posts were due to be filled shortly after our inspection visit. They assured us that in the meantime arrangements had been made with the employment agency so that as far as possible the same nurses were provided to work in the service. This had been done to enable the nurses in question to develop a comprehensive understanding of the nursing and personal care needs of the people who lived in the service. We spoke with a nurse who was on duty during our inspection visit and we noted that the employment agency had frequently allocated them to work in the service. We also found that they had a very detailed knowledge of the nursing and personal care that needed to be delivered.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to both people all of the necessary checks had been completed. These had been done to establish the applicants' previous good conduct and to confirm that they were suitable people to be employed in the service.

Is the service effective?

Our findings

People were confident that the nurses and care staff had the knowledge and skills they needed. They also told us that nurses and care staff had their best interests at heart. One of them remarked, "I get on well with most of the staff because they're nice people and they're happy to help." Relatives were also confident about this matter. One of them said, "Although sometimes the staff are very busy and have to rush about, overall they seem to work together well as a team and they know what they're doing."

Records showed that new nurses and care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. We found that nurses and care staff knew how to care for people in the right way. An example of this was nurses knowing how to provide clinical care for people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility or who needed help to keep their skin healthy.

People told us that they enjoyed their meals. One of them remarked, "The food is pretty good here on most days but we sometimes get too much and I don't like leaving it." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The dining tables were neatly laid, people were offered a choice of dishes and the meals were attractively presented.

We found that people were being supported to have enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians. Speaking about this a relative remarked, "I know from the staff contacting me that they quickly call for the doctor if my family member isn't well. I find that to be reassuring."

The registered manager, nurses and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a person needed to have rails fitted to the side of their bed. This was in their best interests because without them the person was at risk of rolling out of bed and falling.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best

interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people who lived in the service only received lawful care.

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "Although they can be rushed the staff are very kind and they make the place really." Another person remarked, "Nothing to complain about, I don't see how they could any better." When we asked a person who lived with dementia and who had special communication needs about this, they approached a nearby member of care staff smiled and patted their hand in an appreciative way. Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I call to the service a lot and I've never had any concerns at all about how the residents are treated. Trust me, my family member would tell me straight away if there was anything amiss - but there isn't".

We saw that nurses and care staff were informal, friendly and discreet when caring for people. On most occasions, they took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we overheard a member of care staff chatting and laughing with a person about a television game show. The person and the member of care staff enjoyed reflecting on the contestants and predicting who would win the challenge that had been set.

Nurses and care staff were considerate and we saw them making a special effort to welcome people when they first moved into the service so that the experience was positive and not too daunting. We also noticed that nurses and care staff had sensitively asked people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We noted nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom that they had been encouraged to make into their own personal space. We also saw nurses and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, nurses and care staff were assisting people to keep in touch with their relatives by post and telephone. We also noted that the registered manager had developed links with local lay advocacy services. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all of the assistance they needed. One of them remarked, "The staff always help me a lot and they don't mind doing it, so I don't mind asking them." Another person remarked, "It can be a wait at busy times if you use your call bell but they'll come in the end and you can rely on them. They've never not come." Relatives were also positive about the amount of help their family members received. One of them commented, "I think that the care is very good actually and I can see that my family member is well in themselves."

However, we found that people were not being offered sufficient opportunities to pursue their hobbies and interests. There was no activities coordinator in the service and in practice the post had been vacant for almost a year. The registered manager told us they had attempted without success to recruit to the position. They also told us that in the interim, care staff when they had the time, were supporting people to enjoy taking part in social events. However, we noted that this provision was not planned in any way. In addition, records showed that in practice on most days care staff were too busy to organise activities. During the course of our inspection visit we did not see any activities taking place either in the main lounge or in the garden suite. Although there was a lively atmosphere in both rooms people told us that they would welcome the chance to more regularly enjoy taking part in activities. Summarising this view a person said, "I quite miss the activities coordinator as we used to do different things on most days. Now there's very little going on and it can be a long day for us."

We raised our concerns with the regional manager who assured us that arrangements had been made for the original activities coordinator to return to their post in October 2017. They also said that the existing programme of outside entertainers calling to the service would be maintained and on request would be increased. In addition, they assured us that people would continue to be supported to visit local places of interest using the service's people-carrier vehicle. Furthermore, they told us that this provision would also be increased if people requested it.

Records showed that nurses and care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing wishes. Records also confirmed that each person was receiving the nursing and personal care they needed as described in their individual care plan. This included help with managing on-going medical conditions, washing and dressing and promoting their continence.

We saw that nurses and care staff were able to promote positive outcomes for people who lived with dementia including occasions on which they became distressed. We saw that when this occurred staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was becoming upset because they could not clearly recall which bedroom they occupied. A member of care staff gently accompanied them to their bedroom where they pointed to a photograph of them and their family that had been placed on the door. This helped the person to be reassured about the location of their bedroom after which they were happy to return to their armchair in the

nearby lounge.

Nurses and care staff understood the importance of promoting equality and diversity. We noted that arrangements had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was care staff making relatives welcome so that they could stay with their family members during their last hours to provide comfort and reassurance.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. We noted that there was a complaints procedure that described how the registered persons intended to respond to concerns. Records showed that in the 12 months preceding our inspection visit the registered persons had received three complaints. We saw that on each occasion the registered persons had correctly followed their procedure to quickly and fairly resolve the matters concerned.

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "Overall, it seems to run okay on most days. There are staff here to help us and we get our meals and so it must be well run I suppose." Relatives were also complimentary about the management of the service. One of them remarked, "Yes, I think it's well run. They are short of staff some days but most places are these days and I wouldn't want to overstate it."

Documents showed that people had been invited to attend residents' meetings at which they had been supported to suggest improvements to their home. We noted a number of examples of these suggested improvements being put into effect. An example of this were changes that had been made to the menu. In addition, people who lived in the service, their relatives and visiting professionals were invited to use tablet computers provided by the registered persons to give anonymous feedback about the service. We noted that the feedback had been carefully examined. In addition, we saw that the registered manager regularly prepared a 'you said – we did' poster to explain to people how their suggested improvements would be introduced.

Records showed that the registered persons had regularly checked to make sure that people were reliably benefiting from having all of the help and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

However, we noted that a number of defects in the accommodation had not quickly been addressed. These included various discoloured wooden window frames and two misted-up double glazed windows. They also included several internal doors the painted surfaces of which were badly scuffed and which looked very unsightly. We raised these examples with the regional manager. They showed us evidence that most of the defects in question had been already been identified and were due to be put right. However, they acknowledged that the necessary works had not actually been commissioned and they assured us that a firm timescale for the prompt completion of the improvements would be set.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered manager had suitably displayed the quality ratings we gave to the service at our last inspection.

We found that nurses and care staff were provided with the leadership they needed to develop good team working practices. Records showed that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, care staff told us there was an open and inclusive approach to running the service. Furthermore, nurses and care staff were confident that they could speak to the registered persons if they had any concerns about people not

receiving safe care.