

Methodist Homes Willesden Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Willesden Court is a nursing home registered for a maximum of 60 people. It is managed by Methodist Homes, a large social care provider in England. People using the home may require nursing or personal care or have dementia. The home is located close to shops and transport links. At the time of our visit, there were 46 people living in the home.

People's experience of using this service

People were safe in the home. Risks to people's health and wellbeing had been carefully assessed. There was detailed guidance for staff on how to minimise risks to people.

Arrangements were in place to protect people from abuse. Staff had received training on how to safeguard people from abuse and were aware of the procedure to follow if they suspected that people were subject to abuse.

People received their prescribed medicines. The home had suitable arrangements for the safe administration of medicines.

There were sufficient numbers of staff to attend to people's needs. Staff had been carefully recruited and essential pre-employment checks had been carried out.

The home was well maintained, clean and tidy. The service had taken measures to help prevent and control the spread of COVID -19 and other infections. There was a record of essential maintenance carried out. Fire safety arrangements were in place.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service was well managed. Management and senior staff monitored the quality of the services provided via regular checks and audits. The results of the last satisfaction survey indicated that people and their representatives were highly satisfied with the care and services provided.

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

Rating at last inspection:

The last rating for this service was Good (published 8 January 2020). At this inspection we found the provider remained good.

Why we inspected:

We received concerns in relation to safeguarding people from the risk of abuse and their safety. As a result, we undertook a focused inspection to review the key questions of safe, and well-led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willesden Court on our website at www.cqc.org.uk.

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 coronavirus 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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was well led

Details are in our well led findings below.

Good 

Willesden Court

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

The inspection visit was carried out by one inspector.

Service and service type

Willesden Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service has 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

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections. We reviewed the last inspection report and information we had received about improvements made. We also reviewed information received from the local authority and the local authority infection control team. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the communal areas and some bedrooms. We spoke with two people who used the service, two relatives, a healthcare professional, the registered manager, two nurses, two care staff, the receptionist, an activities organiser and maintenance person. We reviewed a range of care records and records related to the running of the service. These records included five people's care files, medicine administration records and four staff recruitment records. We also looked at policies and procedures, checks and audits carried out.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received feedback about the service from two social care professionals and the local authority infection control team.

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 comprehensive inspection in December 2019 this key question was rated as requires improvement. At this inspection this key question has improved to good. People were safe and protected from avoidable harm.

Using medicines safely

- At the last comprehensive inspection in December 2019, we noted that there were stock discrepancies in the medicines of people. At this inspection we noted that vigorous checks and counting took place daily and no discrepancies were noted. We previously noted that some medicines had been given covertly and it was not clear if professionals involved had agreed to it. At this inspection we noted there was documented evidence that the GP and others involved in the person's care had agreed to when medicines were to be given covertly.
- People received their medicines as prescribed. Medicines were managed safely. Medicines administration records (MAR) examined had no unexplained gaps.
- Medicines were stored securely and at the correct room and fridge temperatures if they needed to be refrigerated.
- Regular stock checks took place. Monthly medicines audits had been carried out to ensure that procedures were followed. The home's GP informed us that they visited the home weekly to review medicines prescribed.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff were aware of action to take if they suspected people were being abused.
- People told us that they felt safe in the home and they were well treated. One person said, "All OK! I feel safe here. The staff treat me with respect." A relative who had visited the home recently said, "The staff were respectful from the beginning. My relative is safe from harm and abuse. They look after my relative extremely well."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and recorded. Risk assessments included risks associated with falling, malnutrition, diabetes and pressure sores. Risk assessments contained guidance for minimising risks to people. Staff we spoke with were aware of various risks that people may be subject to and how to keep people safe from these risks.
- We discussed the management of people with behaviour which challenged the service with the registered manager and her staff. They demonstrated a good understanding of how to be patient, minimise risks of harm to people and encourage people to co-operate with their care. They had also been provided with training in the management of people with behaviour which challenged the service.
- There were procedures in place for dealing with emergencies. Personal emergency evacuation plans (PEEPs) were in place for people. These contained information for supporting people in the event of a fire or

other emergencies.

- Fire safety arrangements were in place to ensure the protection of people. The home had a fire risk assessment. Fire drills, emergency lighting checks and regular fire alarm tests had been carried out.
- Records showed that a range of maintenance and safety inspections had been carried out by specialist contractors to ensure people lived in a safe environment. These included inspections of the fire alarm system, emergency lighting, gas boiler, portable electrical appliances and electrical installations.
- Hot water temperatures to bedrooms and bathrooms were checked weekly. Staff also checked the hot water temperatures prior to people having a shower. This ensured that people were protected from scalding.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.
- The service had adequate staffing levels to meet the needs of people. We observed that staff went about their duties in a calm and organised manner. A staff member said, "There are enough staff. Management does review the staffing levels."
- People and their relatives told us that people's needs had been attended to. One person said, "There are enough staff. They come promptly when I need help."

Preventing and controlling infection

- 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 using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 and this included risk assessment procedures for any clients or staff from black and minority ethnic communities who faced potentially higher risks from COVID-19 infections.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded.
- Records we examined indicated that where appropriate, guidance had been provided to staff for preventing re-occurrences. Following a recent incident involving injury to a person who used the service, the home had an action plan in place to prevent re-occurrence. This had included further staff training and increased monitoring checks of the care provided.

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 comprehensive inspection in December 2019, this key question was rated as good. At this inspection, we have not given a rating for this key question, as we have only looked at the part of the key question, we had specific concerns about.

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).

- Suitable arrangements were in place to meet the requirements of the MCA.
- The principles of the MCA were being followed and the registered manager was knowledgeable regarding the requirements of the MCA.
- Care plans included detailed information about people's capacity, their mental state and any mental health issues they may have. Staff had received MCA and DoLS training. They were aware of the importance of seeking consent from people's representatives where a person lacked mental capacity to do so.
- DoLS authorisations were in place for people who needed them. These related mainly to the provision of personal care and continuous supervision to ensure the safety and welfare of people. The authorisations were regularly monitored and kept up to date by the registered manager and the home's administrator.

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 comprehensive inspection in December 2019, this key question was rated as good. At this inspection this key question has remained good. 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

- The service had established a culture that was open, inclusive and put people at the heart of the service.
- The registered manager had ensured people's needs were met through ongoing review of their care and consultation with them and their representatives.
- Monthly staff meetings had been held where staff could express their views and received updates regarding the care of people. This ensured that staff were fully aware of how to meet the needs of people.
- People and relatives told us that the service was well managed, and people were well cared for. One person said, "I am very, very happy here. It's a very good home. They show me respect." A relative said, "It's a wonderful home. The staff are very kind." A care professional said, "There is a good, caring culture in the home."

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 aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us and to the local authority.
- The registered manager was able to provide us with examples of action they took when things went wrong. She stated that where clothing has been destroyed in the laundry they replaced them. There was an occasion when a person could not be seen by the local community dentist in a timely manner and when their relative was unhappy about this, they apologised, arranged and paid for a private dentist to visit the person concerned.
- Care documentation contained information related to concerns and complaints and action taken by the service to rectify deficiencies identified.

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

- People who used the service had opportunities to feedback about the care provided. The last survey of people's views of the home was carried out in 2019. The overall satisfaction rate was high, and the registered manager informed us that it was the second-best result within the organisation.
- The service had an action plan in response to concerns and suggestions made. The home had recently commenced a new survey and was gathering feedback about people's current view of the service.
- Monthly meetings had been held where people using the service could express their views. The minutes of

recent meetings indicated that people were kept informed regarding changes affecting the care provided and the management of the home. The home had also started internet meetings with relatives to keep them informed of changes within the home.

- People's diverse and individual needs had been recorded in their care records. Effort had been made to meet these needs. These included celebrating various cultural and religious festivals. The home had an equality and diversity policy. There were handbooks which provided information and guidance on meeting the religious, cultural and sexual needs of people.
- Care professionals told us that the home was well managed, and staff worked well with them to ensure that the needs of people were met. One of them said, "I would like to inform you that the home is well managed and the residents are well looked after by the carers."

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

- There was a management team in place. The registered manager was supported by a team of nurses, care assistants and administrative staff. The regional director of the organisation was in constant contact with the home to provide support to the manager. The registered manager informed us that a new deputy manager had been recruited.
- Staff felt well supported. They told us the manager was approachable and listened to them. One staff said, "I am happy here. Staff work well together. The manager is supportive." Another staff said, "I am enjoying it. Management give us a card on our birthday. The manager is approachable and communication is good."
- Staff meetings were used to share information about people and the service. Morale and communication within the team was good. The registered manager informed us that the service showed appreciation for staff by providing occasional "treats", gifts, and birthday cards. There was also an "employee of the month" award for outstanding staff.

Continuous learning and improving care

- The service had a quality assurance system. Checks were carried out daily and weekly in areas such as medicine stocks, care documentation and maintenance of the building. Audits took place monthly. These audits included areas such as complaints, accidents, health and safety and staffing arrangements. Following these audits, action had been taken to rectify any deficiencies noted.
- Social and healthcare professionals made positive comments regarding the willingness of the management of the home to improve care. One professional stated, "I have found the manager to be easy to talk with and approachable. She is responsive and open to discussions about her residents and staff; she will listen and take appropriate action when concerns / feedback are raised. She will ensure it is done in people's best interest."