

# Cotswold Spa Retirement Hotels Limited

# Willow Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Willow Lodge Care Home provides accommodation and personal care for up to 48 older people, some of whom are living with dementia. At the time of our inspection there were 39 people receiving a service.

We carried out an unannounced focused inspection of Willow Lodge on 17 March 2016. This inspection took place because we had received information of concern regarding the care and safety of people living at the home. We previously carried out an inspection on 26 and 27 November 2015 and at that time, we found the provider was not meeting four regulations which related to person centred care, safe care and treatment, staffing and good governance. This report covers our findings into those concerns and the previous breaches of regulation.

The manager of the service was not yet registered with the Care Quality Commission, but she had an application in progress. A registered manager is a person who has registered with CQC 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 they felt safe and relatives agreed with this. Safeguarding procedures continued to be in place and the manager ensured staff were aware of their responsibilities. Accidents and incidents were recorded, monitored and reported as necessary to the local authority and CQC.

Improvements had been made in relation to the management of medicines. Safer management processes were in place. Staff administered and recorded medicines appropriately and accurately.

Improvements had been made in infection control. Deep cleaning had taken place, additional domestic staff had been appointed and the domestic staff were undertaking qualifications to improve their skills and knowledge.

Staffing levels had increased. Care staff told us they had additional staff on duty throughout the day to ensure people's care needs are met. Senior carers had more time to concentrate on their own duties rather than assisting with care tasks when they were short staffed.

People's opinion of the food still varied, we saw an appetising well balanced meal being served during the inspection. People were given choices and other options were available. Some staff were still talking over people's heads as they supported them. We have made a recommendation about staff training on the subject of person-centred care.

There were a significant range of repairs and redecorating being completed. We saw that there was some general untidiness associated with the redecoration. The plans in place to modernise and re-design the home included a larger dining area, a better clinical room and fresh decoration.

Everyone we spoke with spoke highly of the manager. We saw she had made significant improvements throughout the service. New and more detailed audits had been introduced and staff told us they were much more involved with the running of the service through various staff meetings and supervision sessions.

Some essential checks on the safety of the premises had been carried out by external contractors. Other checks, including fire safety had been carried out by the manager following the installation of a new fire detection system. The manager had arranged for a maintenance man from another home to visit and carry out other routine checks.

Care records were in the process of being reviewed by the manager and nursing staff. Some of the care records we reviewed contained blank care plans. The manager had an action plan in place which she used to ensure the identified gaps were completed and improvements were carried out.

We have not changed the rating of the home at this inspection. This was because work required to meet previously identified breaches of regulations was still being completed. We also wanted to be reassured that improvements made would be sustained over a longer period.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Some improvements had taken place regarding the safety of the premises but some checks were not still routinely carried out.

The cleanliness of the home had improved. Deep cleaning had been undertaken and additional domestic staff had been appointed.

Improvements had been made in relation to the management of medicines.

Staffing levels had increased. People, relatives and staff all told us that staffing was much better.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The support we observed was not always person-centred. We observed staff still spoke over people's heads as they were supporting them.

The opinion of the food was still mixed, although we observed the staff served a balanced and healthy meal.

People were given choices with regards to all aspects of their care and support.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

The manager was still in the process of registering with CQC.

Audits were routinely carried out and an action plan was in place to ensure the safety and quality of the service was improving.

People, relatives and staff spoke highly of the manager who they said had changed a lot of things for the better.

# Willow 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 was planned to check 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.

We undertook an unannounced focused inspection of Willow Lodge Care Home on 17 March 2016. This inspection was carried out in response to information of concern which we received from the local authority. We also checked that improvements to meet legal requirements planned by the provider following our inspection on 26 and 27 November 2015 were being made. We inspected the service against three key questions that we ask. Is it safe? Is it effective? Is it well-led? This is because the service was not meeting some legal requirements. The inspection team consisted of two inspectors.

Before the inspection, we spoke with the local authority contracts monitoring team who told us of some concerns they had. We also reviewed the action plan which the registered manager had sent to us following the last inspection. We used this information to inform our planning of the inspection.

During the inspection, we spoke with the manager, a nurse, senior care staff, care assistants and domestic staff. We observed care being delivered at lunchtime and we were able to interact with some people.

# Is the service safe?

## Our findings

We looked at whether the service was safe because we had been provided with information that people may not have been adequately safeguarded from harm or injury.

At our last inspection we found the provider was in breach of two regulations concerning safety. There were concerns around medicine management, infection control and staffing. At this inspection we found some improvements had been made. A relative told us, "It's a lot better to what it used to be – I used to come every day, now I don't come every day because I am not worried."

We found improvements had been made regarding the management of medicines. Medicine Administration Records (MARs) had been printed by the pharmacy and staff had ensured these were completed legibly. We reviewed MARs and found them to be up to date and accurate. The former procedure of dispensing multiple numbers of medicines had been stopped and we observed staff attended to one person at a time, giving them plenty of time and encouragement, as necessary. There was still an overstock of medicine, however a senior care worker told us they were planning to remove all the surplus stock and start a 'smarter ordering' procedure which was being introduced by the local authority. The practice of using 'pain relief' medicine for general use had also ceased. A senior care worker told us, "We stopped that straight away." Care needs and risk assessment documentation which related to medicines were in the process of being reviewed and updated by a nurse.

Some improvements had been made which related to the safety of the premises. We saw that a new maintenance man had been appointed and he had started to implement all of the necessary safety checks on the premises. Unfortunately, after a few months he left the company and the safety checks fell behind again. We saw that the manager had undertaken some of the checks herself. We saw weekly records which the manager had made regarding fire safety included, the alarm panel, fire doors, and fire extinguishers. The manager had arranged a new contract with an external provider for a fire detection and alarm system. A practice evacuation drill had taken place in December 2105. Other safety checks on the premises such as testing water quality and testing the emergency lighting were due to be imminently carried out by the maintenance man from another of the provider's homes. We confirmed with the manager and these had been carried out the next day.

We also checked on the cleanliness of the home. One person said, "They definitely keep it clean now", and a nurse told us, "Cleanliness is much better." We saw that deep cleaning had been carried out in the kitchen and the clinical room. Trolleys used to transport food had also been thoroughly cleaned. Domestic staff had started qualifications in hospitality, food and domestic work. Additional training had taken place and rotas were in place for specific duties to be completed such as, washing floors and cleaning food trolleys. The cook had been appointed the role of infection control champion and now took a lead role in ensuring national safety guidance and best practice was shared amongst the staff team. New cleaning schedules were in place and they were more detailed than the previous ones. Colour coded cleaning equipment was in place and we saw all staff used personal protective equipment when carrying out their duties. We found there were still some minor issues around general tidiness in some of the communal areas. For example, on

our arrival we observed untidiness in a communal lounge which had been used to serve breakfast. We saw a packet of bread left open, crumbs on serving areas and the floor and the room was cluttered with boxes due to redecoration taking place in another area.

A relative told us, "I think staffing has been a lot better in the last few weeks." The care staff we spoke with confirmed that staffing levels had increased. A care worker told us, "There used to be only one senior and one carer downstairs and the senior couldn't get on with her work as they were helping with care tasks. For the last seven weeks or so, new staff have been brought on. It is so much better now." A new housekeeper role had been created since the last inspection and domestic staff had seen their hours increase. During our observations, we saw there was always a staff presence and people were being checked on frequently. We reviewed the duty rotas and saw these reflected an increase to the staffing levels.

People told us that felt safe living at the home. One person said, "I am very well looked after." Safeguarding procedures continued to be followed and the manager recorded and reported any incidents as necessary to the local authority and the Care Quality Commission (CQC).

Risk assessments were in place and had been up dated as necessary following changes in people's needs.

Safe recruitment processes were still in place in relation to the employment of the new staff.

## Is the service effective?

### Our findings

We looked at whether the service was effective because we had received some information which suggested that the changes to the design and adaptation of the premises were not being managed effectively.

The premises were being updated and re-designed. There was a lot of general maintenance work being carried out during the inspection. The manager told us about the plans to re-design the home to ensure it was better organised to support people more effectively. This included, making dining rooms bigger, amalgamating treatment rooms to make one large room and improving the décor. We observed some clutter in communal areas due to the redecoration of other rooms but the manager had tried to keep disruption to a minimum. We also found some unsafe items such as, loose and trailing wires. We asked the staff to remove these immediately which they did.

At the last inspection we identified a breach in Regulation 9 Person centred care.

We observed staff were very attentive during mealtimes; however we did note that some staff still spoke over the top of people's heads whilst supporting them. We heard comments such as, "Are you taking her to her room, I think she has some cream to put on her arm", and "I think (person) wanted a yoghurt." Some staff were not discreet when discussing people's support needs. We heard them openly discussing the names of people who required support with meals in their room.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to person-centred care.

The opinion about the food on offer remained mixed. One person told us, "The food is hitty missy (variable)." We observed a meal which consisted of steak pie, cauliflower, broccoli and gravy being served. It looked appetising and well-balanced. People appeared to enjoy it. There was another option available and some people chose that. People who required a soft or pureed diet were catered for and we saw staff support people with their meals. Staff sat with people while they ate and encouraged them to try everything on offer. A dessert was also served and unlimited tea, coffee and cold drinks were also available.

Staff training was on-going and we saw that domestic staff were now also gaining qualifications. The training matrix was up to date and future training was scheduled in.

Staff continued to receive regular supervision and appraisal. We saw that the previous inspection had been discussed and shared with staff during supervision and team meetings in order to effectively communicate what is required of them.

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 it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. We saw that the service continued to assess and review people's capacity. Decisions which were made in people's best interests were appropriately carried out and recorded in care plans.

We observed staff giving people a choice with regards to how and where they wanted their support to take place. We saw people offered choices at mealtimes and were asked about which activity they'd like to take part in. Care records showed where appropriate people and/or their relatives had given consent to receive the agreed care and support.

People's well-being was monitored and maintained. We found one example where a person's weight loss not being recorded accurately and no follow up action had been taken as a result. We spoke with the manager about this who arranged for the person to be weighed straight away and action was taken to ensure appropriate healthcare was sought. Care records showed that people had access to health and social care professionals such as, GPs, social workers and dieticians.

## Is the service well-led?

### Our findings

We looked at whether the service was well-led because we received some information that care records still contained incomplete care plans and safety checks regarding the premises were not routinely carried out.

The care records we reviewed contained care plans which were not all completed. We spoke to the manager about this who told us that she and the senior staff were in the process of reviewing all care records and completing the missing care plans, as necessary. She told us staff had sat down with people and recorded their life histories within the care records.

The manager had introduced a number of new audits which monitored the quality and safety of the service. Historical audits which were formally in place had been replaced with more detailed documentation. We reviewed numerous audits which included, a 'resident tracker' (a weekly audit of a care record), daily and weekly medicine audits, audit of staff files and a health and safety audit. The manager was also completing spot checks and 'walk-arounds' at various times throughout the day. These audits had all been carried out recently. The regional manager had also carried out a monthly 'provider audit'.

Essential safety records, such as tests of gas and electricity were in place and up to date. A senior care worker was now responsible for moving and handling and they had ensured equipment used to move people, such as hoists and slings, were being regularly checked for safety. Whilst most safety checks were in place, some remained outstanding. The manager had arranged for a maintenance man from one of the provider's other homes to attend to these.

At the last inspection we identified a breach in Regulation 17 Good governance. We found that the manager had made some significant improvements in this area.

Staff told us, "(Manager) is good, she is full of knowledge. She knows a lot of stuff and she explains it in a way you can understand...not jargon." Relatives made comments such as, "The new manager is very approachable. She has made a lot of very good changes" and "(Manager) is very nice, she's changed a lot of stuff for the better."

The manager was still not registered with CQC but she told us she had liaised with a registration inspector and her application and supporting documents were in place. She expected the approval through any day. The manager had completed an action plan and submitted it to CQC which reported the action she planned to take to ensure the service met with the regulations of the Health and Social Care Act (2008). We found that the manager used this document to measure her progress against the actions and improvements required. There was also a 'Business Development' action plan dated November 2015 which the manager had devised and was using as a guide to improvements.

Staff meetings continued to be held monthly and staff told us they felt comfortable sharing ideas and issues

with the manager. New 'flash meetings' took place with staff from all departments, there was a head of department meeting now structured monthly and clinical governance meetings held between the manager and nursing staff. The manager was in the process of helping staff with reflective accounts for their personal development review and revalidation for the nursing staff.

The manager spoke with relatives on a regular basis and the relatives we spoke with had no concerns in approaching the manager, if necessary. She told us she planned to devise a newsletter for people and relatives. She had already gained the consent of one person to be involved in sharing their life history in a section of the newsletter.

The manager told us at the last inspection that her aim was to have "happy staff, happy residents and happy relatives." We found that overall people, their relatives and the staff were much happier with the home than in previous months. Some further improvements still required to be made but it was evident the new manager had made some progress.