

Maria Mallaband Limited

# Willowbank Nursing Home

## Inspection report

5-7 Barwick Road, Leeds, West Yorkshire, LS15 8SE  
Tel: 0113 264 7924

Date of inspection visit: 3 November 2015  
Date of publication: 11/01/2016

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on 03 November 2015 and was unannounced.

Our last inspection took place on 20 August 2014, at that time; we found the service was meeting the regulations we looked at.

Willowbank Nursing Home offers long term and respite care, and has 28 single and four double bedrooms, all with en-suite facilities. The home had two lounges and a large kitchen area. The home has well maintained gardens throughout.

At the time of this inspection 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 and associated Regulations about how the service is run.

People and their relatives told us they or their family member felt safe at the home. There were effective systems in place to ensure people's safety at the home, whilst encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

# Summary of findings

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. Staff spoke of their training and said this supported them well in their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, care plans in place which described all aspects of their care and support needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity to make decisions these were made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. People were provided with a choice of suitable healthy food and drink which ensured their nutritional needs were met.

People participated in a range of activities both in the home and in the community and received the support they needed to help them stay in contact with family and friends. However activities were not always being evidenced in the activities files, there were some gaps in the paperwork to support what people had done within the home.

Staff had good relationships with the people living at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

People who used the service and staff spoke highly of the support they received from the registered manager. Staff said that the registered manager was lovely and that if they had any concerns they would speak to the registered manager. People told us that the registered manager of the home was approachable.

# Summary of findings

## 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

Good



Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Medications were managed safely and administered in line with the prescribing instructions. They were ordered and stored correctly.

There were enough staff to meet people's needs and the recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

### Is the service effective?

The service was effective.

Good



The service met the requirements relating to the Mental Capacity Act 2005.

Staff training and support provided them with the knowledge and skills to care and support people safely.

People enjoyed their meals and were supported to have enough to eat and drink. People received appropriate support with their healthcare.

### Is the service caring?

The service was caring

Good



Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

We saw people's privacy and dignity was respected by staff.

Relatives felt they had being supported to be involved in the care for their family. People told us they were happy with the care.

### Is the service responsive?

The service was responsive.

Good



People received support when they needed it and in line with their care plans.

People who used the service were supported to take part in recreational activities in the home and the community. However this was not always documented.

# Summary of findings

People who lived at the home told us they felt comfortable raising concerns and complaints.

## Is the service well-led?

The service was well-led.

There was a registered manager in post at the time of our inspection.

Staff and residents meetings took place which meant people were involved in the service.

There were procedures in place to monitor the quality of the service.

**Good**



# Willowbank Nursing 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.

This inspection took place on 03 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor with a background in nursing, and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 29 people living at the home. During our visit we spoke and spent time with the people in the home. We spoke with the registered manager and the quality assurance manager, four people in the home and three members of staff. We spoke to five visiting relatives of the people who used the service and spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at five people's care plans.

Before the inspection we reviewed all the information held about the home. We spoke with the local authority contracts team about their views of the service no concerns were raised.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe in the home. These were some of the comments people made, one person said, "Yes I feel safe." We spoke with one person's relative who told us, "Very safe, they are on the ball, there's always people (staff) walking past." Another person's relative said, "My family member is safe yes they come in a lot and check she's alright."

We observed that although staff were busy, they were not rushing around or giving any indication that they were unable to support people. We saw that staff took time to stop and respond to people. Discussions with people and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The registered manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us that they felt that they had enough staff to support people but this was sometimes hard when staff were off sick. One staff member said, "If we are fully staffed were ok but sickness is a problem. In the past few months we have had to use a lot of agency staff on nights." We spoke with one person's relative who told us "There seems to be enough staff if they've done all their work they will sit down and have a drink with people- mingles." Another person's relative said, "I go to my mum's room, there's a dedicated carer for her. They have to feed her and give her drinks and she always gets what she needs at regular times." This was confirmed by our observations during the inspection.

We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had a good understanding of safeguarding. One staff member we spoke with said they were able to report safeguarding incidents directly to the registered manager. All the staff we spoke with told us they had received safeguarding training. Staff records confirmed that all staff had received safeguarding training and that an

up to date safeguarding policy was in place at the service. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out for bed rails, moving and handling, food and fluids and medication. These provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. Mobility risk assessments were in place for one person to be checked on every 30 minutes; this was observed on the day of inspection been done.

Records showed an up to date fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced weekly and also at unannounced intervals. The home had care plans in place for each person who used the service which provided staff with guidance on how to support people to move in the event of an emergency.

People received their medicines safely and when they needed them. A standard monitored dose blister pack system was in place in the home. We checked the stock levels for people against their medicine administration record (MAR) and found they were correct. We looked at MAR charts and saw there were no gaps where staff were required to sign to say they had given people their medicines. We saw on the reverse of the MAR there were notes made to evidence decisions to omit medication and where people had received 'as required' medication.

We looked at medication storage and saw that the medication refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The Controlled Drugs register and stock were checked; a random sample of three medicines were checked against prescription and found to be accurate. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

## Is the service safe?

We observed staff administering people's medication. We also saw staff stayed with people while they took their medication. Two nurses completed stock checks and weekly audits to ensure that the medication was correct.

During the inspection we looked around the premises. We saw the home was clean and tidy and free from malodours. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also

with people's agreement looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair. We looked at maintenance records and saw all necessary checks had been carried out.

Accidents and incidents were monitored and recorded by the registered manager to look at any trends.

# Is the service effective?

## Our findings

At the inspection, we found that people had access to healthcare services when they needed them. We saw evidence in five people's care plan which showed they regularly visited other healthcare professionals such as nurses, GP, chiropodists. In one care plan a dietician had been actively sought to monitor and maintain a person's dietary needs. The registered manager was actively seeking a dentist to visit the home to see people who could not access external dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

We saw a "memory tree" with lighting and names of those people who had passed away during the year. The registered manager and staff felt that this was a positive way to remember people by.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, food hygiene, management of medicines, infection control, safeguarding adults, supporting people with Parkinson's and meeting nutritional needs. Staff we spoke with told us they had completed several training courses and spoke about medication, pressure care, dementia training and supporting people with Parkinson's training. Staff said that they felt that the training they received supported them to carry out their job. We looked at five staff files and were able to see information relating to the completion of induction.

During our inspection we spoke with staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. We looked at five staff files and we were able to see evidence that each member of staff had received monthly supervisions this year up to the day of inspection. We saw staff had received an annual appraisal of their role in 2015. Staff said they received good support from the registered manager; describing them as lovely and approachable. Staff said they found both one to one supervisions and appraisals useful in gaining feedback on their performance and in identifying any future training needs. One staff member said, "I don't have any problems".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for

themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We spoke with staff about their understanding of the Mental Capacity Act (2005). One staff member said, "I always assume capacity first". Another staff member said, "I would speak to the registered manager if I was unsure about someone's capacity." We looked at staff training records and saw staff had completed the training. This meant all staff had knowledge and understanding of the Mental Capacity Act (2005). The care plans we looked at contained information relating to people's capacity being assessed and showed family involvement.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of the inspection the home had sent through ten (DoLS) applications. The service was meeting the requirements at the time of our inspection in relation to (DoLS).

Staff said the food in the home was good. Staff we spoke with told us of the importance of good nutrition and hydration for people who used the service. They said it was important to ensure good health and avoid illnesses such as urine infections. Staff described how they encouraged people who were nutritionally at risk to eat and drink. This was observed on the day of inspection by one member of staff encouraging a person to eat a bit more. The staff member got onto her knees to talk to the person at eye level and did this in a kind manner.

One person who used the service said they enjoyed the meals. They said, "Yes I've a choice. I'm a faddy eater". A relative of a person visiting the service said, "They get a choice they were asked today what they would like for tomorrow and the staff then remind them again in the morning what they have said". We looked at food and fluid monitoring charts for people who used the service. These were completed well and gave a good picture of people's



## Is the service effective?

intake and if there was a need for further action such as to 'encourage fluids' or contact a health professional, they were reviewed and signed each day by a nurse or senior carer.

The chef was aware of the specific dietary needs of people who used the service, and there were written records of this in the kitchen for the chef and kitchen staff to refer to. We reviewed the weekly menus that were in place and could see there were a wide variety of choices at every meal

We observed the lunch time meal in the dining room and saw that the tables were set with water and juice. The

dining room was clean and spacious. We saw the staff brought people into the dining room where they needed assistance and were respectful and kind towards the people in the home as they did this. The meal looked appetising and was well presented. We saw that staff serving the meals interacted with the people sitting down and assisting with meal and talking to them at the persons pace and was constantly checking that the person was alright and reassuring them throughout lunch. We saw some people were eating their meals in the lounge and also in their own room. This meant people had the choice where to eat their meals.

# Is the service caring?

## Our findings

People told us that they felt staff were caring. One person told us “People are nice, staff are nice. You can speak to them in confidence. Its home from home, I can’t say anything wrong about it if anyone is miserable here it’s their own fault.” Another person told us “The staff hoist me into the bath and I have proper bed washes as well, at first I thought I would be embarrassed but they do it lovely.” A relative of a person who used the service told us “Everyone is pleasant and friendly. I get on well with all the staff nothings too much trouble for them.” Another relative said, “Staff were caring, excellent and approachable.” They added “I’ve never heard anyone spoken to nastily, they all seem to treat people with respect, and nothing has ever concerned me.”

Our observations showed that staff knew people and their needs well. People who used the service had a very good rapport with staff. Staff were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care. Another relative told us “All the staff are lovely that work here they have always got a smile, they are always caring they always make us feel welcome and ask if I would like a cup of tea.”

We saw people were comfortable in the presence of staff and staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was

positive and relaxed and we saw that staff had time to attend to people’s needs and spend time with them. People who used the service enjoyed the friendly communication from staff. The staff answered people’s questions and requests politely and patiently; giving explanations and information to assist people’s understanding where needed.

Staff we spoke with said people received very good care. Staff gave good examples of how they protected people’s privacy and dignity and this was observed through the day of inspection. We observed signs placed on bedroom doors to say “care in progress”. We observed staff knocking on people’s doors before entering. Staff told us they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful manner such as using people’s preferred communication. Staff spoke of the importance of people’s identity around their own choice of clothing and jewellery.

We looked at the care records of five people and found evidence which showed the involvement of the person concerned. We saw where documents required signing by the person this had been done. People we spoke with told us they knew they had care records which the home kept about their care. We also spoke with one relative who told us, “I’ve talked about end of life plan and the staff explained everything in a very nice way.” This meant that people were actively involved in making decisions about their care, treatment and support.

# Is the service responsive?

## Our findings

The care records contained a clear assessment of people's needs before they started to receive care. This included the types of assistance that was needed, how the person liked to receive assistance and the communication to support the person. This also included people's likes and dislikes.

People were encouraged to maintain relationships with family members by staff. One person we spoke with told us their family member who visited them was always made to feel welcome by staff. The relative of one person told us, "Yes, we can visit when we want and the home encourages us to come we are always offered a drink and staff are always lovely."

Staff said they found the care plans useful and gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. One person needed support to use their wheelchair until further medical assessments had been completed. Staff transferred the person in a gentle, kindly and safe manner with both care workers giving reassurance at all times. This meant the care plans were person centred around the individual.

People we spoke with told us they had been involved in developing their care plans and in reviews of them. They felt they had been listened to and their needs were a priority. They said the care and support plans met their current needs and if any adjustments were made then they were involved in that. The person told us, "I and my family are involved."

People told us that the home provided a lot of activities for them. One person said, "We do all sorts of things, jigsaws, paintings- there's quite a bit to do. But if you don't want to do anything you don't have to you can stay in your room or go into the lounge and do puzzle books." Another person told us "Mostly I'm sat in the lounge but I'm doing puzzles, I don't get bored. There's always someone to talk to. We do quite a few things." One visiting relative told us "They do

cake making, drawing and singing. I called in last week and there was a guy singing and then bingo. They have a Christmas Fair and a summer fair which are quite good, all the family come."

We observed on the day of the inspection an entertainer arrived for bingo. The activity board stated "cupcake making". People told us that this was not unusual and whilst activities did take place throughout the day, programmes shown on the activities notice board were not always adhered to. One member of staff said, "The activities notice board is not really a time table, more showing the options available." Another staff member said, "It does happen but we ask if people they want to do the planned activity so it will change sometimes." Activity logs were in place in the home but these were sometimes missed or not filled in by staff. It was difficult to see any consistency around the record keeping of the activities as these did not seem to reflect what had happened throughout the day. We spoke with the registered manager and the quality manager, both agreed there was work needed to be done on both training the staff and the record keeping of the activities in the home.

We saw the complaints policy was available in the home and the registered manager told us this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns and speak to the registered manager. Staff were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke to one visitor who said, "If I had any issues I would speak to the staff or registered manager." Another relative said, "If I wasn't happy I would tell them. I'm not slow in telling people if I need to, I have no complaints."

We looked at the complaints file which showed complaints through the last year. The registered manager had responded to these complaints in line with the provider's policy.

# Is the service well-led?

## Our findings

At the time of the inspection there was a registered manager at the service. People told us that the registered manager at the home was approachable. One person said, “The staff and management are very good; you can talk to them.” One visiting relative said, “The manager is approachable. I can go to them but I don’t feel the need to. If I ever had a question I could ask anyone.” Another relative said, “I can talk to staff without a doubt.”

We spoke with the registered manager about the governance of the service and it was apparent by the system that the registered manager had in place and feedback by people that had a robust quality assurance monitoring system. The registered manager completed weekly and monthly reports and sent these to the quality assurance manager who visited the home monthly to complete an overall audit of the home. The quality assurance manager said, “These visits are always unannounced the manager does not know I am coming I just turn up.”

We saw evidence the registered manager audited people's care plans and risk assessments on a monthly basis. All safeguarding referrals had been reported to the Care Quality Commission and there had been no whistle blowing concerns. We saw the registered manager also checked the staff training matrix on a weekly basis to make sure they provided accurate and up to date information.

Maintenance checks were in place as well as monthly fire drills with all staff. Wheelchair checks and call bell checks were in place and evidence of actions taken for example replacing new batteries were recorded.

The registered manager told us that staff supervisions happened monthly and staff received a yearly appraisal. On the day of the inspection this was evidenced through the staff files. We saw staff had been observed monthly by the supervisor, any training needs identified were then recorded and acted upon. Staff meetings minutes were evidenced on the day of inspection, and these were carried out monthly.

People told us that the home had Resident and Relatives meetings. One relative told us “Yes I have been to one, don’t really know why. They are always on the notice board but I’m confident enough to know that I can talk to the staff if there are any problems they will tell me.” A number of people told us about “your care rating survey” that had been sent to them October 2014 asking for their views about the service. In the surveys returned we saw people said that they were happy with the service and the support staff provides to them around their care needs. People said that the staff communicated well and were always friendly and that the management team were very approachable.

Staff had completed a survey in October 2014. In the survey staff had said that they felt that communication and approachability of the registered manager was really important and they also felt valued.