

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willoughby Grange Care Home is a nursing home and was providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 38 people. The accommodation was on two floors. The ground floor that was called the 'Garden Suite' was reserved for 10 people who lived with dementia.

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

People were positive about the service and the care provided. A person said, "I am very happy living here" and another person said, "I couldn't find a better place." They said they felt safe at the service and staff looked after them well.

Staff were aware of the actions needed to protect people from abuse and avoidable harm. There were sufficient staff employed to enable people's needs to be met and they completed regular training to ensure they were up to date with best practice. Appropriate systems were in place for the management and administration of medicines.

Staff were knowledgeable about the care and preferences of the people they supported and treated them with kindness and respect. When people were reaching the end of their life, staff provided individualised, compassionate care.

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

The registered manager provided clear and consistent leadership and staff felt well supported. The registered manager and the provider had systems in place for monitoring the quality of care provided and for continuously improving the service provided. People were involved in decision making and staff collaborated well with other agencies.

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 6 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Willoughby Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Willoughby Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people using the service, a relative and two visiting professionals. We spoke with five members of staff including the registered manager, three care staff and a housekeeper. We reviewed a range of records including three people's care records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We reviewed additional information provided by the registered manager including staff rosters and training records.

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 inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and a relative told us they were confident that their family member was safe. A person said, "There's always staff passing by if you need them and they check on you regularly."
- Staff completed training on protecting vulnerable people from abuse and were aware of the process for escalating and reporting concerns. The registered manager completed the necessary referrals to the local authority and notifications to the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- People's care records contained risk assessments to identify risks to people's health and safety and staff told us of actions they took to reduce risks to people, such as re-positioning people at risk of developing pressure ulcers and thickening fluids for people at risk of choking.
- People's care records demonstrated staff assisted people to move their position regularly when they were at high risk of developing pressure ulcers. A relative told us their family member had frequent admissions to hospital when they were at home and had not required a hospital admission since coming to the service.
- The required risk assessments and maintenance checks related to the buildings and environment were completed and documented.

Staffing and recruitment

- People using the service and staff we spoke with said they felt there were sufficient staff to meet people's needs. People told us staff responded promptly to any requests for assistance.
- The provider used a system to assess the staffing levels required based on the needs of people using the service. The registered manager said there was flexibility within this to enable them to respond to individual needs and circumstances. Records we reviewed indicated planned staffing levels were met.

Using medicines safely

- People told us they received their medicines regularly and staff explained their medicines to them.
- Safe processes were in place for the ordering, storage and management of people's medicines and we observed staff making the required checks to ensure they were administered safely. Staff received annual training updates and regular competency assessments.

Preventing and controlling infection

- The environment was visibly clean at the time of the inspection and we saw housekeeping staff performing cleaning tasks thoroughly. People told us they were happy with the cleanliness of the service.
- Staff completed training in infection prevention and control and were aware of the procedures to prevent infection and actions to be taken if a person had an infection.
- Personal preventative clothing and equipment was readily available and we observed staff using it appropriately.

Learning lessons when things go wrong

- The registered manager reviewed all incidents monthly and identified themes and learning that were communicated to staff. For example, learning from investigations of two pressure ulcers, resulted in discussions about skin care at staff supervisions, review of competency assessments and the purchase of pressure relieving boots to protect the heels of people assessed as at highest risk.

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 inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and risk assessments were completed using standardised tools in line with good practice. Care plans were developed based on people's assessed needs.
- Staff had access to best practice guidelines; for example wound assessment and management guidelines.

Staff support: induction, training, skills and experience

- Staff received an induction and the opportunity to shadow experienced staff when they commenced working at the service. They received regular supervision and appraisal. Nurses received support to maintain their professional registration.
- Staff were up to date with their required training to ensure they were able to carry out their role safely and effectively. Staff told us they were able to ask for additional training if they identified a need and it would be sourced wherever possible.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and ensured they received the support needed to eat and drink. They monitored people's weight and ensured those at risk of losing weight received additional support; they sought advice from dietitians and speech and language therapists where necessary.
- People had access to a nutritious and balanced diet. People told us they had a choice of meals and they enjoyed the food.

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

- Staff worked well with other professionals to provide coordinated care. A visiting professional told us staff communicated well with them and worked collaboratively to ensure people's needs were recognised and met. We saw evidence within people's care records that they were referred and reviewed by a range of professionals according to their needs.
- A relative told us staff were quick to identify when their family member was unwell and sought medical attention when it was required.
- People were supported to access health screening such as breast screening, diabetes health checks and annual health checks. They had access to annual flu vaccinations. The provider was in the process of introducing oral health assessments and we saw people were able to access a dentist.

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

- The premises had been adapted to provide people with a safe but homely environment. Bathrooms and toilets had been adapted to enable people with a physical disability to either use them safely alone or with assistance of staff. People were not restricted by their environment. The home had a safe and accessible garden area, with outdoor seating for people who wished to use the garden.
- The Garden Suite, that was the home of people living with dementia would have benefited from more 'adaptations to support people living with dementia to enable them to find their way around the building. However, the registered manager told us there were plans to individualise bedroom doors to make them more easily recognisable for people and to introduce more adaptations during future refurbishment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make their own decisions where possible. When they were unable to make a decision themselves, the principles of the MCA were followed.
- Where required, the provider had made appropriate applications to the local authority in relation to deprivations of liberty. The registered manager had a good oversight of the progress of these applications and of any conditions attached to DoLS authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well looked after and staff were kind and considerate. One person said, "All the staff are nice; nothing is too much trouble. You couldn't find a better place." We reviewed numerous compliments cards the service had received praising staff for their care, kindness and attention. One person commented in relation to the care of their relative, "You could make her smile no matter how she was feeling."
- The service had participated and piloted an Alzheimer's Society toolbox called "Lifting the lid on sexuality" and presented this to other homes. The project aims to challenge staff perceptions about sex and relationships in care homes.

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

- People and relatives were encouraged to become involved with decisions about their or their family member's care. People felt able to express their views and said they would be listened to and respected.
- People and their relatives (where appropriate) were involved in the development of their care plans and when there were changes to a person's condition the care plans were discussed with them. However, documentation to support this process was not always available. The registered manager agreed to review how this was recorded.

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with dignity and respect. We saw people were well presented and appeared well cared for. Staff responded quickly and sensitively when people had spilt food or drink to ensure their clothes were protected and their dignity maintained.
- We observed staff treating people with dignity. They discussed sensitive issues quietly and discreetly to promote people's right to privacy.
- Staff encouraged people to maintain their independence and participate in their care and daily activities when possible. For example, plate guards and adapted cutlery were used for some people to enable them to maintain their independence at mealtimes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

- Staff had a good knowledge of people's care and support needs and their preferences in relation to their care. People told us staff understood their preferences and were flexible to allow for these. They felt they had choice and staff respected their decisions.
- People's care plans contained the key information required to enable staff to provide individualised care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff carried out assessments of people's communication needs. and appropriate support was provided where needed. For example, one person was not able to communicate verbally and staff used picture cards and yes/no cards to enable them to express their wishes. The registered manager said they had tried picture menus for people living with dementia; however, they found presenting the different options on a plate at the mealtime was more successful. They spoke of how they had used yellow crockery for a person with visual impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we found there was a lack of activities for people and the activities coordinator post had been vacant for almost a year. At this inspection we found there was an activities coordinator in post and activities provision had improved.
- People we spoke with said they enjoyed the activities provided and they had the opportunity to go out into the local area when they wished. There was a planned programme of activities and were told this was flexible to accommodate people's wishes on the day. On the day of the inspection, there was an exercise group, a church service and we observed people being supported to undertake individual activities and follow their personal interests.
- A relative told us they were able to visit at any time and staff always made them welcome.

Improving care quality in response to complaints or concerns

- People were confident they could raise any concerns with the registered manager and staff and said action would be taken to resolve the concern. A relative said, "If there are any problems, the manager is always happy to discuss and address them."
- The provider had a policy for the management of complaints. Complaints were fully investigated and there was good communication with complainants.

End of life care and support

- Staff understood the importance of good end of life care that reflected the person's individual wishes. They explored people's wishes and documented these in their care records.
- The service admitted people for end of life care and we viewed some very positive feedback from relatives about the care provided. For example, one relative said, "Thank you for the wonderful care and attention in the final weeks of [person's] life. Dignity in death is so important and you gave him that as well".
- The service used the Gold Standards Framework (a national best practice framework) and ReSPECT forms to support end of life care and ensure people's wishes were explored and documented. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices.

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 inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had clear values and enthusiasm about how they expected the service to be provided; these values reflected the provider's values and were shared with the whole staff team.
- There was positive and open culture whereby people were at the heart of everything the service did. People commented on the family feel and homely atmosphere. People were involved in all decisions about their care as much as possible.
- Staff and people using the service were very positive about the support and leadership of the registered manager. A visiting professional commented on the open and transparent approach of staff within the service and good communication from staff.

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. Working in partnership with others

- The registered manager was clear about their responsibility under the duty of candour. They gave us an example of an incident that had been reported and the discussions they had with the person's family to keep them informed throughout the investigation process.
- There were good relationships with other agencies and services. They provided placements for students from a local high school and college and had developed links with other care homes in the locality.

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

- Staff were clear about their roles and responsibilities and felt well supported. They told us there was an on-call system out of hours and the registered manager was always available if needed.
- The provider and the registered manager completed quality audits to monitor the care provided. Actions from the audits were identified and addressed.

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

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

for improvements.

- People were encouraged to be involved in decisions within the service such as the décor and colour schemes and in staff recruitment.
- Staff felt involved, supported and valued. Two of the staff team had been shortlisted for local community care awards and the provider also had a system for recognising outstanding contributions.

Continuous learning and improving care

- Themes from complaints, incidents, accidents and feedback were identified and used to improve services. The registered manager had an action plan for continuous improvement and this was discussed with representatives of the provider regularly.
- New roles were considered and developed. For example, the service was introducing the role of the assistant nurse practitioner to provide support to the nursing staff; this provided development opportunities for staff to undertake training for the role.