

Athena Healthcare (Coombe Valley) Limited

Willow Park Lodge 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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 18 April 2018 and was unannounced.

Willow Park Lodge 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; both were looked at during this inspection. Willow Park Lodge accommodates up to 79 people in purpose built building. At the time of the inspection there were 20 people living at the service. The service will continue to be monitored as additional people move into the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse. Staff knew how to recognise the signs of abuse and how to report any concerns. The registered manager had reported any concerns to the local safeguarding authority when appropriate.

Potential risks to people's health and welfare had been assessed and staff had detailed guidance to mitigate the risk and keep people safe. Accidents and incidents were recorded and analysed to identify any trends and patterns, action was taken to reduce the risk of them happening again.

Checks and audits were completed on all aspects of the service. The audits had identified shortfalls, however, action plans to show what action needed to be taken, by whom and if the action had been completed were not always in place. This was an area for improvement. Records showed that action had been taken and the shortfalls had been rectified. Checks had been completed on the environment and equipment people used to keep people safe.

Willow Park Lodge was purpose built and met people's needs. People had access to outside space. The service was clean and odour free.

People were supported to express their views about their care; however, information was not always available in different formats to assist people's understanding. People, relatives and staff were invited to give their views on the service. The responses were mainly positive but when suggestions had been made the outcomes had not been consistently recorded or analysed. We have made a recommendation about this.

There were sufficient staff to meet people's needs, staff had been recruited safely. Staff told us they felt supported by the registered manager and had received supervision to discuss their practice and development. New staff completed an induction, their competency was assessed, staff received training

appropriate to their role.

People received their medicines safely and when they needed them. Staff monitored people's health and referred them to specialist healthcare professionals when needed. Staff followed any guidance given. People had access to health professionals such as dentists when required. People had enough to eat and drink and were supported to eat a healthy diet.

People's needs were assessed before they moved into the service using recognised tools in line with current guidance. Each person had a care plan that detailed their choices and preferences, these care plans were reviewed regularly. People were asked about their end of life wishes and these were recorded when people wanted to discuss them.

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

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had a system in place to track and monitor applications and authorisations.

The provider had a complaints policy, complaints had been investigated in line with the provider's policy.

People were treated with dignity and respect. People were encouraged to be as independent as possible. Staff supported people to take part in activities that interested them and encouraged them to be part of the community.

The registered manager's vision for the service was to provide excellent quality care and community engagement to ensure people are able to live their lives fully. Staff shared this vision and understood their roles and responsibilities to ensure the vision is attainable. The service had and was continuing to build links with the community. The registered manager worked with outside agencies such as the local safeguarding authority.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager had informed CQC of important events in a timely manner as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Potential risks to people had been assessed and staff had detailed guidance to mitigate risks.

Staff recognised signs of abuse and understood their responsibilities to report any concerns.

There sufficient staff on duty to meet people's needs, who had been recruited safely.

People received their medicines safely and when they needed them.

Accidents and incidents were analysed. Lessons had been learnt and action taken to prevent them from happening again.

The service was clean and odour free.

Is the service effective?

Good 

The service was effective.

People's needs were assessed in line with current guidance.

Staff received training appropriate to their role. Staff received supervision to discuss their practice and development.

People were supported to eat a balanced diet and maintain a healthy lifestyle.

Staff worked with healthcare professionals to ensure people received effective care. People had access to health professionals such as dentists when required.

Staff worked within the principles of the Mental Capacity Act 2005 and supported people to make decisions.

The service was purpose built and met people's needs.

Is the service caring?

Good ●

The service was caring.

People were encouraged to express their views, however, not all information was available additional formats.

People were treated with kindness, respect and compassion.

People were supported to be as independent as possible.

Is the service responsive?

Good ●

The service was not always responsive.

People's complaints were investigated in line with the provider's policy. The policy was not available in additional formats.

Each person had a care plan that was person centred and detailed their choices and preferences.

People were involved in activities that reflected their interests and hobbies.

People were asked about their end of life wishes, these were recorded when people had expressed their wishes.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Audits and checks were completed on all aspects of the service, however, action plans had not always been put in place when shortfalls were identified.

The registered manager had a clear vision for the service, staff shared this vision and were working to achieve it.

People, relatives and staff were encouraged to express their views about the service.

The registered manager attended forums and meetings to keep up to date with current guidance to continuously improve the service.

The registered manager worked with other agencies such as the

local safeguarding authority.

Willow Park 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 checked 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 18 April 2018 and was unannounced.

This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us by law.

We looked at four people's care and support records, associated risk assessments and medicine records. We looked at three staff recruitment files, training, supervision and staff meeting minutes. We spoke with the registered manager, deputy manager and three care staff. We did not use a Short Observational Framework for Inspection as people were able to talk to us. We observed staff interactions with people and observed care and support in communal areas. We spoke with 10 people who use the service and five relatives.

We received feedback from one healthcare professional after the inspection.

The service had been registered with us since April 2017. This was the first inspection carried out on the service to check that it was safe, effective, caring, responsive and well led.

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included, "I feel very safe" and "I feel very secure here."

People were protected from discrimination and abuse. Staff had received training about how to keep people safe and understood the whistleblowing policy. Staff described the signs of abuse and the action they would take if they suspected abuse. Staff told us, "I would report it straight to the manager and they would sort it out." Staff were confident that the registered manager would deal with any concerns appropriately. The registered manager had discussed any safeguarding concerns with the local safeguarding authority and taken action as required. The deputy manager understood their responsibility to report any safeguarding concerns when the registered manager was not at the service.

Potential risks to people's health and welfare had been assessed and there were detailed guidance for staff to mitigate risks. People were living with health conditions such as osteoporosis; there was detailed guidance and information for staff about the condition, the symptoms that the person may display and how staff needed to support the person.

Some people required support from staff to remain safe when they mobilised. There was guidance for staff to follow including how to support people with a belt to help keep their balance while walking. We observed staff supporting the person as described in the person's care plan. Some people could display behaviours that others may find challenging. There was guidance for staff about how to record and monitor this and how the behaviour affected all aspects of the person's daily life through them being tired.

There were sufficient staff on duty to meet all aspects of people's needs. During the inspection, staff had time to spend with people chatting and completing quizzes. People told us that staff attended to them quickly when they rang their bell. One person told us, "They come very quickly if I press my bell." The registered manager used a dependency tool to calculate the number of staff that were needed. The registered manager told us that as more people moved into the service the amount of staff needed would be calculated according to people's needs and if needed would use agency staff to cover any shortfall until additional staff could be recruited.

Staff were recruited safely, checks were completed to ensure staff were of good character. Each staff member had an employment history recorded including information about gaps in employment. However, this information had not consistently been recorded in the same place, which made it difficult to find. We spoke with the registered manager about this and they agreed it was an area for improvement. Each member of staff had two written references that had been verified and photo identification. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

People were supported to receive their medicines safely. There was a system in place to order, record and dispose of medicines safely. Staff were observed giving people their medicines safely. Medicines were stored

in boxes and these were counted following each medicine round to ensure that the medicines had been given. Each person had a medicine record that included a front sheet with a photo and information about any allergies they may have. There was information about people's allergies on the wall in the medicines room. However, for one person the information on these two documents was not the same. The persons' allergies had not been recorded on their front sheet. Staff knew about the persons' allergy. The front sheet was rectified by staff during the inspection.

Some people were prescribed medicines on an 'as and when' basis, there was guidance in place for staff about when and how often to give these medicines. Handwritten instructions had been signed by two staff to ensure the instruction was correct. Medicines with specific procedures which should be followed with regards to storage and administration were stored and administered safely. The temperature of the room and fridge where medicines were stored was recorded daily to ensure that medicines were stored at a safe temperature to remain effective.

Any medicines errors identified were immediately dealt with. Staff received supervision and asked to complete a reflective practice about what had gone wrong. Staff told us they found reflective practice very useful and had learnt from each other and made changes to their own practice as a result.

Accidents and incidents were recorded and analysed to identify any trends or patterns. When people had fallen the registered manager had taken action to reduce the risk of people falling again. For example, people had been referred to the falls clinic and sensor mats had been put in place to alert staff when someone at risk of falls was mobilising. This had been effective in reducing the person falling.

Checks on the environment and equipment that people used were completed to ensure they were safe for people to use. The checks included water temperatures to reduce the risk of scalding and checks on hoists to make sure they were working correctly and were safe to use. Regular checks were completed on the fire alarm and equipment. Each person had a personal emergency evacuation plan, which gave information about how to support the person to leave the building in the event of an emergency. Regular fire drills had taken place during the day; there had been no drills at night. The registered manager told us that night staff had attended the day drills as there had not been enough people living in the service to have one at night. They agreed that night fire drills should be completed now there were more people living in the building.

The premises were clean and odour free. People told us that their rooms were deep cleaned each week. One person told us, "Cleaning is very thorough; when they deep clean everything comes away from the walls." Staff followed safe working practices to reduce the risk of infection. Staff were observed wearing personal protective equipment such as gloves and aprons. The service had one washing machine and one dryer at present, staff confirmed this was enough for the current level of occupancy. The registered manager told us that this would be increased when there was a higher occupancy. We will check this at our next inspection.

Is the service effective?

Our findings

People told us staff contacted healthcare professionals when they needed them. One person told us, "They ring the doctor if I need them."

Willow Park Lodge is a purpose built building; each person has their own en-suite facilities including a shower. There is a fully adapted bathroom available in each unit. The signage in the unit where people living with dementia lived had pictorial signs which would help people to orientate around their home. Each person had a memory box outside their room to help them find their room. However, no person had been going into other people's rooms; the registered manager asked the person what picture they would like to help them recognise their door. The person chose their football team emblem. The person now knew which room was theirs.

People and their relatives met with the registered manager before they came to live at the service, to ensure that staff would be able to meet their needs. The assessment covered all areas of people's physical, mental, social and cultural needs; this was used to complete a comprehensive care plan. People's needs were assessed in line with good practice guidelines from the National Institute of Clinical Excellence. Staff used recognised tools such as Waterlow to assess the risk of pressure damage and the malnutrition universal screening tool (MUST) to assess people's risk of weight loss. Staff completed these assessments and reviewed them regularly, taking action when required to reduce the risk identified.

Staff received training appropriate to their role. Training in essential topics such as fire, first aid, moving and handling and infection control were completed. Staff also received additional training in health conditions including diabetes and dementia. The registered manager had also arranged for the Care Homes Nurse Specialist to provide training for staff to monitor people's vital signs including pulse and temperature. This would enable staff to give healthcare professional additional clinical information so that they could make informed decisions.

New staff completed an induction period; during this time they would shadow more experienced staff to learn people's choices and preferences. All staff, including domestic staff, completed the Care Certificate. The Care Certificate is a set of nationally recognised standards that social care workers adhere to in their daily lives. The registered manager told us that it was important for all staff to understand the standard of care that was expected.

Staff told us that they felt supported by the management team and were able to discuss any concerns they may have. Staff received one to one supervision and annual appraisals were planned for staff who had worked at the service for a year. Staff were able to discuss their practice and their development. Staff told us that the registered manager was supportive and encouraged them to improve their skills, some staff were completing vocational qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 so that they can receive care and treatment when this is in their best interests and legally authorised under MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS when required and when DoLS had been authorised the registered manager was aware of when to reapply for further authorisation.

Staff understood the principles of MCA. Staff supported people to make choices throughout the inspection about what they would like to eat and drink and how they would like to spend their time. Staff described how they supported people to make decisions including showing them a choice of clothing and pictures of the meals available.

People were given a choice of meals. The registered manager told us that people had decided to have a light meal during the day and the main meal was served in the evening. Snacks and drinks were available throughout the day. We observed the lunch time meal; people were given a choice of sandwiches, a hot meal and a pudding, the meal looked appetising. There was a friendly relaxed atmosphere in the residential dining area as people chatted together.

Staff monitored people's health and referred people to healthcare professionals when their needs changed. People were referred to the dietician when they had lost weight and staff followed the guidance given. One person told us, "I have a milkshake at 10am to build me up, I lost weight, I am weighed every Thursday."

People had access to dentists, opticians and chiropodists when needed. One person told us, "I see the chiropodist when they come." Staff accompanied people to hospital when the person had requested support. One person told us, "The staff accompany us to the hospital." People's care plans had been updated when changes to people's support had been made.

People were encouraged to lead as healthy life as possible; people were encouraged to stay as mobile as possible. Activities within the service encouraged people to exercise, during the inspection, a jive dancing session took place and people joined in. People were encouraged to continue their hobbies such as sewing and knitting to keep them as mentally alert as possible.

Is the service caring?

Our findings

People told us that the staff were kind, caring and respected their privacy. One person told us, "They are discreet and always knock." Another person told us, "Nothing is too much trouble, they are happy to help."

People were supported to express their views about their care; staff supported them to attend appointments. From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The service provided menu flashcards, to show people pictures of the meals available. Individuals had been provided with pictorial information when requested and resident meetings were recorded so that people could listen to them. We discussed AIS with the registered manager and that all information including the care reviews, should be provided to people in a way they can access and understand. The registered manager agreed to make further changes to ensure that all information was accessible to meet people's needs.

Staff knew people well and had time to spend with them. People told us that staff were always available and happy to chat. One person told us, "All the staff are nice here, it is a nice home, all my friends are here." Staff ensured that people were at the centre of everything they did. Staff encouraged people to be as independent as possible; people were supported to be as mobile as possible with walking aids and reassurance. Staff supported people to go out into the garden, as they understood this helped to make people less anxious.

People told us about times when staff had gone above and beyond to make them feel important and valued. One person told us, "Chef makes you a birthday cake, unfortunately, I was in hospital for my birthday but they rang up and sang happy birthday down the phone." People and relatives praised the staff for supporting them when speaking to other healthcare professionals. One relative told us, "We had trouble talking to the consultant about a problem; the deputy manager intervened and contacted them which resolved the problem."

We observed staff treating people with dignity and respect. Staff supporting people with dementia, involved them in the decisions about what activities they wanted. Some people wanted to help with folding the laundry while others wanted to dance to music. Staff supported each person to do what they wanted. People were comfortable with staff and each other, people showed concern for others, asking if people were alright or wanted to join in an activity.

Staff were observed knocking on people's doors and waiting to be invited in. People were encouraged to personalise their rooms. People had brought photos and ornaments from home and had their own bedding, so their rooms looked homely.

People were supported to maintain relationships with people who were important to them. Relatives were able to visit at any time and were made to feel welcome. The Royal British Legion hosted veteran tea parties

at the service, people enjoyed talking about their service days. There was a 'wishing well' in the communal lounge, people were encouraged to write down a wish that they had and put it into the well. The staff then supported people to complete these wishes, for example, having a trip to an ice cream parlour.

People were supported to attend events in the community to meet people with similar interests. People attended a local Christian community centre and a group from the centre sang hymns at the service.

The majority of people were able to share their views about their care and treatment with staff and others. However, when people required support to do this they were supported by their families, solicitor, their care manager or an advocate. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and the support they received was in accordance to their preferences and choices. One person told us, "They review my care plan regularly."

People and relatives told us they knew how to complain. One person told us, "I would always talk to the manager if I had any worries." A relative told us, "I know how to complain, feedback is encouraged, I would have no hesitation in talking to the manager or deputy if we had a problem."

The complaints policy was not available in pictorial or easy read formats to support people living with dementia to understand the process.

We recommend that the provider develops an accessible format of the complaints policy for people.

Complaints were recorded on a complaints log; there had been two complaints since the service opened. Complaints had been investigated by the registered manager and resolved to the complainant's satisfaction.

Each person had a care plan that detailed all elements of their care including physical, spiritual, cultural and mental health needs. Care plans were very detailed about how people liked to receive their care and support. There were step by step guidelines for staff to follow including how people liked their clothes placed when getting dressed. All activities of daily living were planned, including people's expression of sexuality and cultural needs. Staff told us how they supported people and knew their choices and preferences. We observed staff supporting people in the way that had been described in the care plan.

Some guidance in the care plans was repeated, for example, there were plans for personal care and another for dressing. Most of the information in the dressing care plan had been included in the personal care plan, other plans were also duplicated. The duplication of guidance meant that people's care plans were difficult to work through to identify the essential guidance that staff needed. We discussed this with the registered manager and they agreed that a short guide to people's choices and preferences to complement the care plan would help new staff to support people in the way they preferred. The registered manager told us that they would assess if some duplicate care plans could be amalgamated to keep the same detailed guidance but reduce the amount that staff had to read.

People's care was reviewed regularly; when people's needs changed, this was assessed and if staff were unable to meet people's needs then they would be supported to move to a more appropriate service.

Each person's care plan included a section for their wishes at the end of their life. Some people had expressed their wishes and these were recorded, other people had not wanted to discuss this with staff when asked. The registered manager told us that they supported people at the end of their lives with the support of healthcare professionals such as the district nurses to ensure people received the medicines they needed to keep them comfortable.

People told us that they enjoyed the activities that were provided, people's interests were considered when deciding what activities were provided. Staff ensured that people were able to take part in activities such as quizzes and charades each day. There was also a programme of outside entertainment and groups that came into the service. One person told us, "I like the chair exercises and enjoy the painting." Another told us, "There is something happening every day. The activities leader is a marvel."

The registered manager invited the local nursery into the service and people had gone to the nursery to help with reading to the children. Craft events such as 'knit and natter' sessions were held with local groups, a pet as therapy dog came in monthly, the registered manager continued to look into activities that people might enjoy.

Is the service well-led?

Our findings

People and relatives told us the service was well led and the registered manager was approachable. One person told us, "I know the manager very well." A relative told us, "Management is really open and approachable, happy to talk to you whenever."

The provider, registered manager and staff completed audits on the quality of the service, including care plans, infection control and health and safety. The audits had identified shortfalls in some care plans, however, there were no action plans in place to record who was responsible for taking action to rectify the shortfall, when the action had to be completed by and if the actions had been completed. We reviewed one of the care plans where shortfalls had been identified and these had been rectified. Following the inspection, the registered manager sent us a copy of the new form to be used to document the action needed. This included who was responsible and a section which was to be signed off by the registered manager when the actions had been completed. The provider has also implemented a development plan that will be sent to the service following a provider audit visit.

People, relatives and staff had the opportunity to attend meetings to express their views about the service. Staff meetings discussed staff practice and elements of the service. The minutes of the meetings had actions that needed to be completed but there was no plan about when these actions should be completed by and when. The next meeting did not discuss the issues from the previous meeting to record if the actions had been taken. In November 2017, concerns about the exchange of information at handover had been raised. The registered manager had reminded staff about how the handover should take place and who should be involved. The minutes of the next meeting did not assess if the concerns had been resolved. We discussed this with the registered manager, who agreed that the progress of any actions would be recorded on the minutes of the staff meetings.

People and relatives had completed a quality assurance survey. The responses were all positive and nobody had raised any concerns. However, there had been no analysis recorded of the surveys show that there was no action required. Staff had completed a survey, the analysis showed that the responses were positive and there was no action required.

We recommend the provider ensures that quality monitoring systems and processes are embedded and reviewed to sustain improvements.

Relatives had expressed that the dining room on the ground floor was not big enough, it was agreed that people who wanted to, would eat in the dining area in the main communal space. We observed this during the inspection. Some people who were living with diabetes raised concerns about what meals were suitable for them to eat. The chef had attended a meeting and explained the ingredients used and that all meals were suitable for people with diabetes. The minutes showed that people were reassured by the explanation.

There was an open and transparent culture within the service. The registered manager was a visible presence within the service. They were greeted warmly by people and relatives; they knew people and their

needs well. The registered manager's vision for the service was to provide excellent quality care and community engagement to ensure people are able to live their lives fully. Staff shared this vision and understood their roles and responsibilities to ensure the vision is attainable.

People were at the centre of the service. The registered manager and staff worked together to ensure people were as independent as possible and maintained links to the community. The registered manager ensured the service was open to the local community. The service was taking part in the national care homes day and a local Christian group held meetings at the service and people from the community were invited to come. The registered manager had attended a monthly meeting 'Dover Big Local', this group enables local networks to establish links. The service has established links with local groups and companies including the Kent Wildlife Trust and gardening suppliers. The registered manager wanted people to be involved in interests that were part of their lives before they came to live at the service. Police Community Support Officers (PCSO) completed a placement at the service; this was to help their understanding of the needs of people living with dementia. Feedback from PCSOs was positive and had helped them to understand dementia and how it affects people.

The registered manager attended meetings with the managers of the providers other services to keep up to date with changes and developments. The registered manager was aware of local registered managers forums but had not attended them but planned to do so in the future.

The registered manager worked with other agencies such as the local safeguarding team and the clinical commissioning group. The registered manager was developing links and working with healthcare agencies to develop dementia services in the local area.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager had informed CQC of important events such as incidents that had been reported to the police, events that may stop the service, serious injuries and allegations of abuse in a timely manner as required.