Heatherwood Nursing Home Ltd

Willow Lodge Nursing 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

Willow Lodge Nursing Home provides nursing and personal care for up to 27 people. The service specialises in supporting older people living with dementia or mental ill health. At the time of our inspection there were 22 people residing at the home.

Since our last inspection of Willow Lodge Nursing Home in July 2014 the service has been taken over by a new provider Heatherwood Nursing Home Ltd. The home was re-registered by the Care Quality Commission (CQC) in November 2016. Consequently, this inspection represents the service's inaugural inspection and rating.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The previous registered manager left the service in January 2017. A new permanent home manager was appointed immediately and at the time of this inspection was waiting to hear the outcome of their registered manager application to the CQC.

People and their relatives told us they were happy with the care the service provided at Willow Lodge. We saw staff looked after people in a way which was kind and caring. Staff had built caring and friendly relationships with people and their relatives. Our discussions with people living in the home, their relatives and community health care professionals supported this.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. There were enough staff to keep people safe. The premises and equipment were safe for people to use because managers and staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. People were supported to eat and drink enough to meet their dietary needs and preferences. They also received the support they needed to stay healthy and to access healthcare services.

People received personalised support that was responsive to their individual needs. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. We saw staff were caring and treated people well and ensured their privacy and dignity were met. Staff also encouraged people to actively participate in meaningful leisure activities that reflected their

social interests and to maintain relationships with people that mattered to them.

The new home manager provided good leadership. People felt comfortable raising any issues they might have about the home with the manager. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

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. There were enough staff to meet people's needs. The provider had completed checks to ensure as far as possible only suitable people were employed.

Staff knew how to safeguard people at risk. They ensured people received their medicines as prescribed.

There were assessments in place to ensure people were kept as safe as possible. Accidents and incidents were recorded so any trends could be identified to help prevent reoccurrences.

Is the service effective?

Good

The service was effective. Staff had completed their required training or received adequate support from their managers and senior staff to ensure they had the right knowledge and skills to effectively perform their roles.

The homes manager and staff were knowledgeable about and adhered to the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

People were actively encouraged to participate in social activities that were meaningful and reflected their social interests.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well-led. The new home manager provided good leadership.

The provider routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Willow Lodge 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 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 was an unannounced comprehensive inspection which took place on 9 and 12 May 2017. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included the notifications the provider had sent to us about significant events and incidents that have occurred within the service and the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they intend to make.

During this two-day inspection we spoke with three people who lived at the home, four visiting relatives, the new permanent home manager, the company director, the area compliance manager, the deputy manager/clinical lead nurse, two other nurses, three care workers, the activities coordinator and the cook. We observed the way staff interacted with people living in the home and performed their duties of care. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Records we looked at included five care plans, eight staff files and a range of other documents that related to the overall management of the service, such as quality assurance audits, medicines administration sheets, complaints records, and accidents and incident reports.

As part of the inspection we also contacted two community health and/or social care professionals who knew the service well and were able to provide us with some written feedback regarding their experiences of

working with Willow Lodge Nursing Home.

Good

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person's relative commented, "I think my [family member] is very safe living at Willow Lodge."

The provider had robust systems in place to identify report and act on signs or allegations of abuse. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. We looked at documentation where there had been safeguarding concerns about people and saw the provider had taken appropriate action, which they followed up to ensure people, remained safe and to prevent reoccurrence.

Measures were in place to reduce identified risks to people's health, safety and welfare. Senior staff routinely assessed and reviewed risks to people due to their specific health care needs. They had put in place risk management plans for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. This included eating and drinking, mobility and safe transfer using a hoist and skin care. Our observations and discussions showed staff understood the risks people faced and took action to minimise them. For example, we saw staff followed individual guidance to mitigate the risk of people who were confined to their beds developing pressure sores.

We observed staff follow a risk management plan that was in place to help them support people with behaviours that might challenge the service and to ensure people who lived at the home were safe. Two members of staff took their time to calmly talk to an individual who had become anxious during lunch and accidently wandered into the kitchen. These staff were able to politely redirect this person back to the dining room and managed to quickly deescalate a potentially hazardous situation with the minimum of fuss.

Senior staff followed up the occurrence of any incidents involving people living in the home and developed action plans to help prevent them from happening again. Examples included seeking advice from relevant external health and social care professionals and reviewing people's risk management plans so staff knew how to support people safely. The home manager gave us several examples of situations where they had used incident reporting to identify trends and patterns to develop an action plan which had resulted in a significant decrease in the number of incidents related to people's behaviour that challenged the service.

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, a personal emergency evacuation plan (PEEP) had been developed for each person who used the service, which provided guidance for staff if people needed to be evacuated from the premises in the event of an emergency. We saw the last fire evacuation drill staff had participated in was carried out within the last six months, which staff confirmed. Staff demonstrated a good understanding of their fire safety role and responsibility and told us they received on-going fire safety training.

The environment was well maintained which contributed to people's safety. Maintenance records showed service and equipment checks were regularly carried out at the home by suitably qualified professionals in relation to the home's fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems. We observed the environment was kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

The provider's recruitment process helped protect people from the risk of being cared for by unsuitable staff. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff they employed to support people living in the home. Records showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

People told us there were always enough staff on duty to support them. One person said, "There is plenty of staff about when you need them." When we arrived at the home on the first day of our inspection we saw the service was adequately staffed. We saw staff were visible in communal areas, which meant people could alert staff whenever they needed them. There were numerous examples of staff attending immediately to people's requests for a drink or assistance to stand. Staff were also quick to respond when they used their call bells. We saw the weekly staff rota was planned in advance and took account of the level of care and support people required in the home. Additional staff were arranged when needed, for example, when people needed one to one support or attended health care appointments outside the home.

There were robust systems in place to ensure medicines were managed safely. People's care plans contained detailed information regarding their medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MAR). There were no gaps or omissions which indicated people received their medicines as prescribed. Our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. Staff received training in the safe management of medicines and their competency to handle medicines safely was assessed annually. We saw a medicines audit had been undertaken in May 2017 by the services supplying pharmacist who stated they were satisfied with the way the provider managed medicines on behalf of people who lived at the home.

Good

Is the service effective?

Our findings

New staff received a thorough induction that included shadowing experienced members of staff. Systems were in place to ensure staff stayed up to date with training considered mandatory by the provider. Records indicated staff had recently completed training in dementia awareness, moving and handling, preventing and managing behaviours that challenged the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards, fire safety, food hygiene, end of life care, first aid and prevention and control of infection. Staff spoke positively about the training they had received. One member of staff told us, "The training I've had since working at Willow Lodge has been excellent." Another member of staff said, "Since Christmas I've received training in fire safety, safeguarding adults and end of life care. I learnt a lot on those courses."

Furthermore, many of the nurses received additional training in various clinical topics such as diabetes, pressure area care, wound management and medicines administration. This ensured they retained their knowledge and skills and knew how to care for people with a range of different medical needs.

Staff had sufficient opportunities to review and develop their working practices. Records showed the new home manager had ensured each member of staff had attended at least one individual supervision meetings with them in the first three months since they had been in charge. Staff also regularly attended group meetings with their fellow co-workers. Staff told us these individual and group meetings gave them sufficient opportunities to discuss their work and training needs. Staff also told us they felt supported by the service's new management team. The home manager told us dates had been confirmed for all staff to have their overall work performance appraised by them within the next six months. Staff also regularly attended group meetings with their fellow co-workers. Staff told us these individual and group meetings gave them sufficient opportunities to discuss their work and training needs. Progress made by the home manager to achieve this goal will be assessed at the services next inspection.

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. 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. We saw appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed people's capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people's ability to consent to the care and support they received. Staff we spoke with demonstrated a good understanding and awareness of people's capacity to consent and to make decisions about their care and support. Managers had identified that some people required their liberty to be deprived in order to keep them safe and free from harm. The registered manager

had applied to the local authority for authorisation to deprive people of their liberty, maintained records about the people where authorisations had been granted to deprive them of their liberty and when the authorisations were due to be reviewed.

People were supported to have enough to eat and drink. People typically described the quality of the food and drink they were offered at the home as "good". One person told us, "The food is fine. You can choose what you eat and the staff are very good at asking us what we would like for our lunch." Another person said, "The food isn't too bad here. The lasagne I had for lunch today was lovely." We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet or were diabetic. We observed staff offering people drinks throughout the day and jugs full of water or juice were available in peoples' bedrooms and the main communal areas. People's nutrition and hydration was provided in a way that met their specific needs, which included providing thickened fluids and soft diets.

People were supported to maintain good health. People told us they had access to a range of community health care professionals including a local GP who regularly visited the service. During our inspection we observed staff take appropriate action and promptly call for an ambulance for a person whose health had rapidly deteriorated. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. Care staff we spoke with were clearly knowledgeable about recognising signs and symptoms that a person's health was deteriorating. They liaised with the nursing staff if they had concerns about a person's health so that additional medical support could be obtained. The service operates a red bag system, which we saw contained important clinical data about people using the service that medical staff need to know when individuals are admitted to hospital. We also saw the service has purchased a defibrillator, which is kept on site.

Good

Is the service caring?

Our findings

People told us they were happy living at Willow Lodge and typically described staff as "friendly" and "helpful". One person said, "Willow Lodge is a nice place to live. The staff are lovely and treat us well." Another person told us, "The staff are always friendly and kind." People's relatives were equally complimentary about the home. Typical comments included, "I'm very satisfied with the care my [family member] receives at the home. I would give all the staff ten out of ten for their dedication and professionalism", "It's a very good home. The standard of care is always good. The staff do a pretty good job looking after my [family member] and me", and "I can't fault the place or any of the staff who work here. This is a lovely home." We also saw the service had received a number of written compliments from people's relatives.

We observed positive relationships had been built up between staff and the people living in the home. People told us staff always knocked on their bedroom door to ask their permission to enter before doing so, which we observed staff do throughout our inspection. We saw people were appropriately dressed and staff addressed people by their preferred name. People also looked at ease and comfortable in staff's presence, responding positively to their questions and requests for assistance. Staff also gave people their full attention during conversations and spoke to people in a kind and considerate way. We saw staff frequently checked if people were enjoying their meal or needed a drink and provided encouragement. Staff described the food before supporting people to eat it and assisted them in a dignified manner.

On the first day of inspection we saw most chest of drawers and wardrobes located in people's bedrooms with sticky labels that identified the item of clothing or bedding stored within, such as 'pants' and 'linen' for example. The home manager confirmed these labels were not in place to help people who lived in the home find their clothes more easily, but were an aid memoir for staff. We discussed this issue with the home manager who agreed these labels looked unsightly and might be perceived as patronising and/or undignified for people using the service. We noted that all the labels had been removed from people's bedroom furniture by the second day of our inspection.

Care plans were personalised and centred on people's needs, strengths and choices. People's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and were able to tell us about what certain individuals liked to do, their social interests, preferred routines and background. For example, staff were able to tell us about the country of birth, the professional careers and hobbies of several people we spoke with and whose care plan we looked at.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. Information about people's spiritual needs were included in their care plan. It was clear from comments made by staff that they were fully aware of the dietary requirements of this person and knew how to meet them. We observed the chef prepare a meal for the person which reflected their specific religious dietary needs and wishes. Religious leaders from various faiths regularly visited the home to support people to meet their spiritual needs and wishes.

Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. For example, we saw people could move freely around the home.

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff confirmed they had received end of life care training.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission and personalised care plans developed. This ensured staff knew how to deliver care and support that met people's needs and wishes. Care plans contained personalised information about people's social interests, food preferences and how personal care and support was to be provided. For example, people's daily routine set out for staff how people wished to be supported with getting washed and dressed and when and where they would like to eat their meals.

Care plans were reviewed monthly, or sooner if there had been changes to people's needs. The home manager told us they had reviewed everyone's care plan in the last three months and up dated them accordingly where changes were needed. A community nurse commented that they had been "impressed" with how quickly the new manager had reviewed and up dated everyone's care plan in such a short period of time.

Staff were also knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes. Each person had a keyworker. This was a member of staff assigned to a person to make sure their care needs were met, and their choices about their care were known and respected.

People were given choices about various aspects of their daily lives. People told us staff supported them to make choices every day about the care and support they received. One person said, "Staff always ask me if I want to join in the activities they sometimes have in the lounge." We observed staff ask a number of people whether or not they would like to participate in the recreational activity the activities coordinator had organised in the lounge for people on both days of our inspection.

People had opportunities to participate in meaningful social activities. Several people told us the activities they could choose to participate had improved recently. One person said, "There seems to be a lot more going on at the home these days. It's never boring here." We met the activities coordinator and observed them initiate a number of activities in the main lounge, which people seemed to enjoy. The service has a National Association for Providers of Activities (NAPA) accredited activities coordinator in post. NAPA is an organisation that trains people working in adult social care to provide older people living in care homes interesting social, leisure and recreational activities. The activities coordinator gave us several good examples of new activities they had introduced recently, which included gentle exercise classes, bingo, sing-alongs and quizzes. It was also evident from care plans we looked at and comments we received from the activities coordinator they ensured people who liked to spend time on their own also had opportunities to engage socially with staff in their bedroom.

The provider responded to complaints appropriately. People and their relatives told us they felt able to raise a complaint if they had any concerns about the service provided at the home. One person told us, "The staff are very approachable and I certainly feel able to talk to any of them if I have a problem." Another person's relative gave us a good example of prompt action taken by the home manager to ensure toilets were always

sufficiently stocked with toilet tissue after they had raised this as an issue with them. The provider had a robust complaints procedure in place that was designed to ensure people's complaints were dealt with in a prompt and fair manner. The complaints procedure was openly displayed in the home and explained what people should do if they wished to make a complaint or were unhappy about the service they received.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager, but has not had one in post since January 2017. A new permanent home manager was appointed when the previous registered manager left and applied to be registered. They are currently waiting to hear the outcome of their registered manager application to the CQC.

The new home manager demonstrated a good understanding of their role and responsibilities with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service, including notifications about people's deaths, serious injuries they had sustained, any allegations of abuse and Deprivation of Liberty Safeguards (DoLS) authorised by the local authority.

The new home manager and provider had introduced effective governance systems to monitor and review the quality of care they delivered. This included regular daily, weekly and monthly audits completed by the home manager and senior nursing staff who worked at the home, as well as regular quality monitoring visits undertaken by the provider and the organisations compliance manager. We saw audits had been conducted in areas including care plans and risk assessments, medicines management, food hygiene and nutrition, staff training and supervision, health and safety, complaints and accidents and incidents. The home's maintenance records also showed equipment used in the home was routinely serviced and maintained to reduce possible risks to people.

The provider promoted an open and inclusive culture which welcomed and took into account the views and suggestions of people living in the home and their relatives. A relative told us, "The new owner and the manager are both easy to talk to." The provider used a range of methods to gather stakeholders' views about the service which included quarterly relatives meetings and an annual satisfaction survey. All the satisfaction questionnaires that had been completed and returned to the provider in the last six months were positive about the standard of care people had received at the home.

The provider also valued and listened to the views of staff working in the home. Staff spoke favourably about the relatively new home manager and their leadership style. Staff said they were approachable and supportive. One member of staff told us, "I think the new manager does listen to what we have to say." Staff meetings were held monthly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's care and support and developments in the home.