Laudcare Limited

Willoughby Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 25 March 2015 and was unannounced.

Willoughby Grange Care Home is registered to provide accommodation and personal care for up to 44 older people and people living with a dementia. The home has two areas, the main house for people with nursing care needs and the Garden Suite for people living with a dementia. There were 37 people living at the service on the day of our inspection.

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

Summary of findings

At our last inspection in April 2014 we asked the provider to take action to make improvements to respecting and involving people, their care and welfare, the management of medicines, records and how they ensured the quality of the service. The provider sent us an action plan and told us that these actions would be completed by September 2014. On this inspection we found that the provider had not made all of the required improvements.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves or others. Two people living at the service had their freedom lawfully restricted under a DoLS authorisation.

People felt safe and were cared for by kind and caring staff. There were not always enough staff on duty in the morning to meet people's indivuidual needs. People received their prescribed medicines safely from staff who had the skills to do so. Staff knew what action to take and who to report to if they were concerned about the safety and welfare of the people in their care.

People were supported by designated activity coordinators to maintain their hobbies and interests. People were involved in planning future social events including trips out.

People were given a choice of nutritious and well presented home cooked meals. There were plenty of hot and cold drinks and snacks offered between meals. People were supported to have enough to eat and drink and have a balanced diet.

Staff were aware of people's choices and preferences. Staff had the skills to undertake risk assessments and plan people's personal, physical, social and psychological care needs. Staff had access to professional development, supervision and feedback on their performance.

People had their healthcare needs identified and were able to access healthcare professionals such as their GP or dietician. Staff knew how to access specialist professional help when needed.

There were systems in place to support people and their relatives to make comments about the service or raise concerns about the care they received. People and their families told us that the manager and staff were approachable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

The provider did not always ensure there were enough staff on duty to meet people's needs.

Staff followed correct procedures when administering medicines.

Staff had access to safeguarding policies and procedures and knew how to keep people safe.

Requires Improvement

Is the service effective?
The service was effective.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Who had the knowledge and skills to carry out their roles and responsibilities.

People were supported to have enough to eat and drink and have a balanced diet.

Good

Is the service caring?
The service was caring.

Staff had a good relationship with people and treated them with kindness and compassion.

People were treated with dignity and staff members respected their choices, needs and preferences.

Good

Is the service responsive?
The service was responsive.

A complaints policy and procedure was in place and people and their relatives told us that they knew how to complain.

People's care was regularly assessed, planned and reviewed to meet their individual care needs.

People were encouraged to maintain their hobbies and interests including accessing external resources.

Good

Is the service well-led?
The service was well-led.

The provider had completed quality checks to help ensure that people received appropriate and safe care.

Good

Summary of findings

People and their relatives were able to give their feedback on the service they received.

Staff and people living at the home found the registered manager approachable.

Willoughby Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection took place on 25 March 2015 and was unannounced.

The inspection team was made up of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection we looked at previous inspection reports and other information we held about the provider.

We looked at a range of records related to the running of and the quality of the service. This included staff training information and staff meeting minutes.

We also looked at the quality assurance audits that the registered manager and the provider completed which monitored and assessed the quality of the service provided. We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We used this information to help plan our inspection

During our inspection we spoke with the registered manager, a registered nurse, the housekeeper, four care staff and the chef. We also spoke with 11 people who lived at the service, three visiting health and social care professionals and six visiting relatives. In addition, we observed staff interacting with people in communal areas, providing care and support.

We looked at the care plans or daily care records for five people. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. In addition, we undertook a Short Observation Framework for Inspection (SOFI) at lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We asked the local authority and commissioners of healthcare services for information in order to get their view on the quality of care provided by the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection in April 2014 we found that the registered person did not protect service users against the risk associated with the unsafe use and movement of medicines, by means of making an appropriate arrangements for the recording of medicines used for the purpose of the regulated activity. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At this inspection we looked at the medicine administration records (MAR) charts for several people and noted they had a photograph of the person at the front for identification purposes. We observed three staff administering medicines to people and noted that appropriate checks were carried out and the administration records were completed. Staff stayed with the person until they had swallowed their medicine. We saw that the medicine trolley was always locked when unattended.

We found that medicines were stored appropriately in the clinical room. Medicines that required refrigeration were stored in a locked fridge and the fridge temperature was recorded daily and noted to be within acceptable limits. We saw that liquid medicines had the date of opening recorded on the bottle.

We spoke with staff about the ordering and supply of people's medicines. They told us there had been problems with receiving medicines supplies in a timely manner and that they had been working with the local GP practices and pharmacy to improve this. As a result, there had been improvements made.

Staff who administered medicines had undertaken initial medicine management training and their competency was assessed prior to them administering medicines. They also had their competency assessed annually. We observed that a senior carer was training a carer in the safe administration of medicines during the morning medicine round.

We saw that staff had access to an up to date medicines policy that provide guidance on the safe ordering, administration, storage and disposal of medicines. No one was self-administering their medicine or receiving their medicine covertly.

At this inspection we found that the provider was no longer in breach of this regulation.

We noted that most people remained in their bedrooms until late morning. We were told that this was partly through personal choice and also because care staff were busy assisting people with personal care and not free to spend time with people in the lounge. One senior member of staff told us that there were enough staff, but people's dependency levels were increasing. They added that they had undertaken a survey of people's needs and one additional staff member in the morning would be helpful. Some people told us that they would prefer to come downstairs a little bit earlier but staff were busy. One person said, "There is not enough staff. They keep leaving and don't seem to replace them."

We looked at the staff rotas for March and April 2015 and saw that all shifts had been covered by their own staff with the exception of three nursing shifts and these were covered by agency nurses. The registered manager told us that staff recruitment was an ongoing process.

People and their relatives told us that the service was safe. One person said, "Yes I feel safe here. I couldn't live on my own, I felt too vulnerable, but feel ok here." A relative told us, "We feel that she is in a place that is safe, homely and friendly."

Staff told us that they had received training on how to keep people safe and how to recognise signs of abuse. Furthermore, staff knew how to share their concerns with their senior staff and the registered manager and the local safeguarding authority. Staff had access to the contact details for the local safeguarding authority if they needed to raise a safeguarding alert. We saw that there was a policy available to guide staff on how to protect people from bullying, harassment, and avoidable harm and abuse that may breach their human rights. Up to date information leaflets were in the main entrance for people and their families to access on safeguarding and legal matters.

Requires Improvement

Is the service safe?

A range of risk assessments had been completed for each person for different aspects of care such as nutrition, moving and handling and falls. Care plans were in place to enable staff to reduce the risk and maintain a person's safety.

There were systems in place to support staff when the registered manager was not on duty. Staff had access to an emergency folder that contained contingency plans to be actioned in an emergency situation such as a fire or electrical failure. We saw that people had a personal emergency evacuation plan that detailed the safest way to evacuate them from the service.

We looked at three staff files and saw that there were recruitment processes in place. These ensured that all necessary safety checks were completed to ensure that a prospective staff member was suitable before they were appointed to post.

Good

Is the service effective?

Our findings

During our inspection in April 2014 we found that the registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care and treatment that was inappropriate or unsafe, by carrying out an assessment of needs of the service user and the planning and delivery of care to meet the service users' needs and ensure the welfare and safety of the service user. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At this inspection we found that there had been a robust recruitment drive to appoint staff that had the knowledge and skills to deliver effective care to people. People had an allocated named nurse and key worker who had the responsibility of assessing and planning individual care needs. We spoke with visiting relatives. One person's relative told us, "The staff have the skills on the unit [Garden Suite] to look after mum. Mum has flourished since she came here."

Staff undertook mandatory training in key areas such safeguarding, deprivation of liberty, dignity and equality, diversity and human rights. In addition, several staff were supported to work towards a nationally recognised qualification in adult social care and some staff had undertaken additional training in specialist subjects such as the care of a person living with dementia. One staff member told us, "I learnt a lot about dementia that you don't even think about until you do it in the training." The registered manager told us that staff received a letter to remind them when their annual training was due.

We found the provider was no longer in breach of this regulation.

We observed that people's consent to care and treatment was always sought by staff. People had signed their consent to have their photograph taken for identification purposes. Where a person lacked capacity to give their consent staff acted in their best interest and a mental capacity assessment had been undertaken with the registered nurse and the person's relative.

We spoke with the registered manager and nursing and care staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. Where it is judged that a person lacks capacity then it requires that a person making a decision on their behalf does so in their best interests. We saw there was a policy to support the DoLS and MCA decision making processes. The registered manager had requested a DoLS authorisation for two people.

We found that some people had chosen to make advanced decisions about the care they did not want to receive in a medical emergency or at the end of their life. Some people had a do not attempt cardio pulmonary resuscitation (DNACPR) order stored at the front of their care file. A DNACPR is a decision made when it is not in a person's best interest to resuscitate them if their heart should stop beating suddenly. We looked at three DNACPR orders and found that the decision had been discussed with the person and a close relative. We found that information on DNACPR was exchanged at shift handover. Furthermore, an information sharing board in the nurse's office identified those people who had a DNACPR order in place.

In the main house breakfast was served to people in their bedroom. One person told us that they would prefer to eat in the dining room. However another person said, "I like it up here, I get breakfast in peace." And a relative who visited in the morning said, "Although they can eat where they like, because mum is in her room in the mornings it gives me some privacy with her."

At lunchtime, all non-essential duties stopped and all staff assisted with meals. We were told this was because there were ten people who required assistance to eat their meal and this was a priority. Staff created a pleasant environment in the dining room to support a positive lunchtime experience for people. People were asked where they would like to sit, and several chose to sit in friendship groups. They were offered a choice of fruit juice. The chef served the main meal, asked people what they would like to eat and addressed them by their preferred name. Staff sat beside people who needed support and encouraged them to eat at their own pace. At the end of the meal staff asked people if they were finished and if they had enjoyed their meal before they cleared the plates away.

Good

Is the service effective?

We spoke with the chef who explained how they provided a balanced diet for people. They told us if a person did not want the menu choices available alterative food options were offered, such as beans on toast. Also, they fortified some dishes to support people who may be at risk of weight loss. For example, we found that cream and honey were added to porridge, butter to mashed potatoes and people had homemade cakes with their afternoon drink. Most dishes were homemade and made with fresh ingredients. We observed that people assessed at risk of malnutrition or dehydration had their food and fluid intake monitored. We found that this information was shared with the person's GP or dietician.

The chef had developed a nutritional profile for each person. This contained information about their likes and dislikes and special diets. They told us that they spoke with people and learnt from them. They gave an example of one person who did not like to sit at the table to eat and they had introduced finger food that was also nutritious and well balanced. In addition, people had completed a dining experience audit. Catering and care staff had made improvements to the dining experience such as they now ensured people were always offered a drink with their meal.

We observed a member of care staff assist a person in bed to eat their lunch. The experience was person centred. They were assisted into a comfortable position and the staff member sat beside them and maintained eye contact throughout the meal. They chatted with the person and it was a positive social interaction. Afterwards the person told us, "The food is good."

The speech and language therapist (SALT) visited at lunchtime and undertook assessments with staff and people who had swallowing difficulties. We observed the registered nurse provide the SALT with an update on the progress people had made since their last visit. The SALT told us that staff were prepared for their assessments and were competent to assist people with swallowing difficulties as they had observed them assist people to eat at the appropriate rate.

People were supported to maintain good health and had access to healthcare services such as their GP, district nurse and dietician. We saw where a person was at risk of choking that their GP had referred them to the speech and language therapist for support. As a result of this the person's food intake improved and they gained weight.

People and their relatives had access to advice sheets to help them better understand their condition, such as guidance on how to live well with dementia. One relative told us that staff helped to keep their parent well. They said, "If he's quiet or down they will ring me, and when he had a tumble they called the paramedics straight away."

Good

Is the service caring?

Our findings

During our inspection in August 2014 we found that the registered person did not in so far as is reasonably practicable, make suitable arrangements to ensure the dignity, privacy and independence of service users and they did not treat service users with consideration and respect. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At this inspection we found that staff had received training in areas relevant to delivering person centred dignified care. Furthermore, we found that the registered manager conducted daily walkabouts and observed that people were treated with kindness and compassion from caring staff. We were made aware that any issues were dealt with straight away.

We saw that there was a good rapport between staff and people and people were treated with kindness and compassion. A visiting health care professional told us that staff were always polite and helpful towards them and the people they cared for. We noted that people, their relatives and staff had access to information on how to promote a person's dignity.

We saw that small gestures of kindness helped to maintain a person's dignity. For example, at lunchtime staff offered people a tabard to wear to protect their clothes from spills.

We found the provider was no longer in breach of this regulation.

People told us that the care was good. One person said, "I am very happy here. I can have a bath when I want." Another person said, "They are all very friendly and helpful. They know who I am and all about me."

One person's relative told us, "The care is good. I have never had any trouble with the care. The staff are very kind here."

Care staff told us that they thought the care they gave made a difference to the quality of people's lives. One staff member said, "I wish I had done it years ago. [work in care] It's helping people and giving them a good quality of life. I feel I can make a difference."

We saw evidence in the care files that people or their close relatives had been involved in decisions about their care. Their care plans were person centred. One relative said, "I have been involved with the care reviews and staff keep me up to date with information from the GP."

We found that people's bedrooms were personalised with keepsakes and photographs. People who lived in the Garden Suite had their bedroom door personalised with pictures of people and past events that were important to them to help them identify their own bedroom and give staff a focal point to reminisce with them.

Where needed staff supported people to have access to an independent advocate to enable them make difficult decisions about their care and treatment.

We watched care staff interact with a person who had limited mobility to transfer from their armchair to their wheelchair using a special hoist. Care staff explained what they were going to do and constantly checked that the person felt supported. They did not leave the person until they were confident that they had everything that they needed within reach. We saw that they put the person at the centre of the caring process and that the person was made to feel like they mattered.

Good

Is the service responsive?

Our findings

We spoke with relatives and they told us that their loved ones could spend their time as they wished. One person's relative told us, "Staff take time to talk to them and ask what they want to do. He goes to bed when he likes and always gets another cup of tea." Another person's relatives told us, "Every day the staff make sure she is wearing her jewellery and perfume and her nails are painted. These are things that are important to her."

People had their care needs assessed and personalised care plans were introduced to outline the care they received. For example, where a person was at risks of falls from bed at night, we saw that they had bed rails in place. Their care file recorded the risk assessment and action staff would take. We looked at the care file for a person living with dementia. We saw that their care plans all made reference to this to ensure staff gave them the opportunity to make their own choices. This helped to enable people's individual care needs to be met

The activity coordinator was on leave and we found that there were no formal activities arranged during their absence. They had positioned notices throughout the service informing people and their visitors that they were on leave. We saw a copy of the newsletter for March 2015. It welcomed people new to the service, wished others happy birthday. It also gave details of forthcoming entertainment, provided information on the history of significant events such as mother's day and the Christian season of Lent and reminded people that the clocks would move forward.

People told us that they often joined in activities such as quizzes, spelling bees and flower arranging. One person told us that they had really enjoyed a visit to the air museum.

We spoke with the senior carer for the Garden Suite who told us about a booklet they used to help get to know people better called, "My Journal". We looked at journals for three people and saw that they reflected their lifestyle choices. For example, we saw written in one that the person liked to wear makeup. We met with this person in their bedroom as they were applying their makeup. Another person's journal spoke of their fondness for music. We saw the pictures on their bedroom door were mostly music related.

Although there were no formal activities, staff supported people to follow their interests. For example, in the Garden Suite we saw two people sat together with picture books talking and laughing together about their content. In the lounge in the main house we saw one person was enjoying singing along with the radio. After lunch several people were sat together in small groups in the main lounge or the conservatory chatting with each other and their visitors. Other people were watching television or reading.

We saw that some people had an entry in their care plan called, "Connecting with your community". This detailed positive and negative aspects of the person's life story and gave care staff insight into the person's life.

There was a complaints policy and people and their relatives had access to it. We looked at two formal complaints and two verbal complaints received in the last year and found that all have been investigated and resolved in line with the provider's policy. Relatives told us that they were aware of the complaints procedures and one of them said, "When I had a concern I raised it with the registered manager and it had been dealt with and sorted out promptly." Staff were able to tell us what they would do if a person raised a concern or complaint.

Good

Is the service well-led?

Our findings

During our inspection in April 2014 we found that the registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At this inspection we found that the registered manager undertook an audit called a resident care tracker on one person each week. They looked at the person's care plan and MAR chart, observed staff give the person their medicine and spoke with the person to enquire if staff were respectful and if they we happy with their care. We saw that all areas of the audit had been completed and the outcome was fed back to staff. In addition, we found evidence of further quality audits, for example, the safe use of bed rails and medicines management.

The registered manager was required to complete a quality assurance report each month for the provider. We saw the report for March 2015 which recorded information on any complaints, safeguarding alerts, staff vacancies and agency use and staffing training undertaken. In addition, a quality assurance officer undertook an annual quality survey on behalf of the provider.

We found the provider was no longer in breach of this regulation.

During our inspection in April 2014 we found that the registered person did not ensure that records were kept securely and could be located promptly when required. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At this inspection we found that all care records for the Garden Suite were securely stored in a locked filing cabinet. In addition, the upstairs nurses' office in the main building was locked and a sign was insitu reminding all staff to ensure the room was locked when vacant. Finally, the DNACPR forms were stored appropriately in individual care files.

We found the provider was no longer in breach of this regulation.

The provider had a copy of their ethos of care on display at the main entrance, setting out their values. There were also copies of the provider's information book, statement of purpose and their most recent CQC report on display at the main entrance.

People and their relatives were invited to group meetings. We read the minutes from the previous meeting held in February 2015. The meeting was attended by 10 people and/or their relatives and was led by the registered manager and the activity coordinator. The subjects discussed focused on how people wanted to spend their time, such as bus trips. Relatives told us that any issues raised were responded to and they felt listened to. For example, one person wanted their bedroom decorated and this was done and they had a say on the décor.

The provider had recently installed a feedback device situated in the area where visitors signed into the service. This had a touch screen and visitors could give their feedback on their experience of the service. In addition, there was a visitor feedback book. Relatives recorded in this when they had given some personal care to their relative. For example, we saw one relative had recorded, "Cut nails when visiting." This meant that there was a line of non-verbal communication between visitors and staff.

We observed the staff handover at the start of the afternoon shift. A summary was given of each person's previous 24 hours, and information was shared on any input from health and social care professionals and any changes made to their care needs. Furthermore, staff were kept up to date through regular meetings. We saw the minutes of the meeting held in November 2014. Topics discussed included an update on the quarterly care plan audits, dignity, teamwork and appraisals.

The service had received a five star food hygiene rating from the local environmental health officer.

Staff received regular supervision every eight weeks and an annual appraisal from their head of department. The chef told us that they received supervision from the registered

Good

Is the service well-led?

manager and that they had been trained in leading supervision with their staff and undertook a session every two months. In addition, the registered manager held group supervision sessions. These were held to address issues pertinent to all staff. For example the previous session was about dignifies care.

One relative told us, "We do like the manager; hopefully she will stay a bit." Another relative said, "They now have a permanent manager who staff respect."

Staff spoke positively about the registered manager and said they were approachable. One registered nurse said, "Absolutely lovely, lovely manager. Understands nursing side of the home. Hands on if has to be. Good people manager." One staff member said, "Very good at her job, gives praise where due."

Staff had access to policies and procedures on a range of topics relevant to their roles, For example, we saw policies on safeguarding, nutrition, tissue viability and moving and handling. Staff were aware of the whistle blowing policy, knew where to find it and knew how to raise concerns about the care people received with their manager, local authority and CQC. We found that previous whistleblowing concerns had been investigated by the registered manager and appropriate actions had been taken.