

Athena Healthcare (Coombe Valley) Limited

Willow Park Lodge Care Home

Inspection report

57 Coombe Valley Road
Dover
Kent
CT17 0EX

Tel: 01304898989
Website: www.willowparklodge.co.uk

Date of inspection visit:
19 October 2021

Date of publication:
24 November 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willow Park Lodge is a residential care home providing personal and nursing care. The service can support up to 79 people in a purpose-built building. There are four floors of single room accommodation with en-suite facilities. At this inspection there were 32 people living at the service, six people living on the ground floor and 26 people on the first floor. No one was receiving nursing care.

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

People and relatives told us they felt safe living at the service. Since the last inspection the registered manager had left, the deputy manager had been promoted and was in the process of registering with the Care Quality Commission. The service continued to improve but further improvements were required.

Potential risks to people's health, welfare and safety had been assessed. There was guidance in place for staff to mitigate the risks, however, some care plans required additional points to be personalised. Accidents and incidents had been recorded and analysed to identify patterns and trends.

Staffing levels were at the minimum to meet people's needs and keep them safe. The manager continued to recruit care staff. New staff were being inducted during the inspection. Staff were recruited safely.

The service was clean, and staff followed infection control guidelines. Medicines were managed safely. Staff received training and their competency was checked before they administered medicines.

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

People were treated with kindness and compassion. Staff supported people to be as independent as possible and be involved in making decisions about their care. People and relatives were invited to attend meetings to discuss the service and give their views. Staff attended regular meetings to discuss their practice.

Checks and audits had been completed on all areas of the service. When shortfalls had been identified, action had been taken to rectify them. The provider completed quality checks on the service and a service development plan had been produced, which the manager was using to make improvements. Complaints had been recorded, investigated and action taken if required.

People told us they received care and support in the way they preferred. People had access to activities they enjoyed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 November 2020).

The provider completed an action plan after the inspection in February 2020 to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the breaches of regulation in Key Questions Effective, Caring and Responsive which contain those requirements. The Key Questions Effective, Caring and Responsive were inspected but not rated as not all the domain was covered.

The ratings from the previous comprehensive inspection for those key questions not rated on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Park Lodge on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about

Inspected but not rated

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Willow Park Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who had started the registration process.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the manager, quality manager, senior care workers, care workers and kitchen assistant. 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.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had been assessed. There was guidance for staff to mitigate risk. Some people were living with diabetes, there was guidance about the symptoms of high and low blood sugar and the action to take. In one care plan there was no information about the person's normal range of blood sugars. This was an area for improvement. Records showed people's blood sugars had remained stable and within accepted normal limits.
- Some people required equipment to move around the service. There was guidance in place for staff to move people safely. There was information about the hoist and sling but not the colour of loops to be used. This is an area for improvement. Staff knew people well and moved people safely.
- Previously, mattresses used to protect people's skin had not been set to the correct pressure and checks had not been recorded. We checked the mattresses in use and the pressure settings were correct and these had been checked by staff. People and relatives told us, they felt safe living at the service.
- Checks on the environment and equipment used by people had been completed to make sure they were safe. People had personal emergency evacuation plans in place these gave details of how people should be supported in an emergency. Building maintenance continued, the roof was being repaired at the time of the inspection.

Learning lessons when things go wrong

- Accidents and incidents had been recorded, reviewed and analysed to identify patterns and trends. Action had been taken following accidents including the introduction of sensor mats. These mats linked to the call bell system and alerted staff when people, at risk of falls, stood up. However, use of the mats meant people did not have a call bell. We discussed this with the manager and quality manager, they agreed to investigate the use of call pendants for people. We will check this on our next inspection.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. The manager used a dependency tool to calculate the number of care staff needed. They told us staffing to provide care was currently at the minimum level. When staff were sick or on leave it was difficult to cover the shift as agency cover was not always available. Care staff told us they were very busy and could not spend the time they wanted with people. We observed people were smart and looked well cared for, although care staff had limited time to spend with people. One person told us, there had been times when there was not enough staff, but this has improved now and there are enough.
- The care staff were supported by domestic, kitchen and lifestyle staff. The kitchen assistant supported in the dining room at mealtimes. They knew people's dietary needs, choices and preferences. Lifestyle staff

supported people each day with activities and hobbies. The manager had made recruitment a priority. We observed one care staff completing their induction during the inspection and another would be starting shortly. The manager had made the decision not to accept any more people into the service until more staff had been recruited.

- Staff were recruited safely. There were effective systems in place to recruit staff, checks were made to make sure staff were suitable to work with people. Staff completed an application form with a full employment history and references about their conduct in previous employment. Disclosure and Barring Service (DBS) checks were made before staff began work at the service. DBS checks identified if prospective staff had a criminal record or were barred from working with adults. There was proof of new staffs Covid-19 vaccination status.

Using medicines safely

- Medicines were managed safely. Senior care staff completed training and their competency was checked. During the inspection the morning medicines round took nearly three hours meaning they were not available to support people. We discussed this with the manager, they told us when possible two staff would complete the medicines round.
- There were systems in place to order, record and store medicines safely. Some people were prescribed medicines on an 'when required' basis such as pain relief. There were protocols in place about when to give the medicine, how often and what to do if it is not effective.
- Some medicines have specific storage and administration requirements; these requirements had been followed by staff. Room and fridge temperatures had been recorded to make sure medicines were stored at the correct temperature to remain effective.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from discrimination and abuse. The manager understood their responsibilities to report any concerns to the local safeguarding authority. Incidents had been referred to the local safeguarding authority as required.
- Staff knew how to recognise signs of abuse and how to report their concerns. They were confident the manager would deal with a concern appropriately. Staff understood the whistleblowing policy and who they could speak to if they thought people were at risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

Staff support: induction, training, skills and experience

At our inspection in February 2020 the provider had failed to ensure that staff had suitable training to enable them to carry out their role effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18. But further improvement was required.

- Previously, staff had not always received the training they required to meet people's needs. At this inspection, the level of staff training continued to improve. Staff knew people well and understood how to support them with health conditions such as diabetes. However, further improvement was still required.
- New staff had completed an induction including working with more experienced staff. The Care Certificate was being completed by staff who did not have formal qualifications in care. Staff continued their training in health topics to meet people's needs.
- Staff told us they received supervision from the manager. Staff competency had been checked such as medicines administration.

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

At our inspection in February 2020 the provider had failed to ensure that care was provided in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Previously, there had been no record of decision specific mental capacity assessments. At this inspection, assessments had been completed for decisions such medicines and safety.
- When it had been assessed people were being deprived of their liberty applications had been made for a DoLS authorisation.
- Staff were observed supporting people to make decisions about how they spent their time. Care plans were clear about how people should be supported to make decisions and how they communicated these.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our inspection in February 2020 the provider had failed to ensure that care was provided in a way that supported people's dignity. This was a breach of regulation 10 (Dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People told us staff treated them well. We observed staff speaking in a kind and compassionate way. People and staff appeared to be comfortable in each other's company. We observed people being supported to eat their lunch in a kind respectful way.
- When people needed support, staff spoke to them discreetly, supporting them to leave the area. Staff knocked on people's doors before entering and waited to be asked in. When providing care and support to people, staff ensured the doors and curtains were closed to maintain people's dignity.
- People were encouraged to be as independent as possible by using equipment to mobilise and eat their meals. Care plans contained information for staff to be able to support people to remain as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our inspection in February 2020 the provider had failed to ensure that support provided to people was person centred. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Previously, care plans had not always been updated to make sure they were accurate. Staff did not always have access to the care plans, there was a risk people would not receive person centred care. At this inspection, improvements had been made and care plans now contained up to date information. There was information about people's choices and preferences, we observed staff supporting people in the way they preferred.
- Staffing levels were stable and there was a regular team supporting people. Staff knew people well and understood how they liked to be supported. Staff told us about the different dietary requirements of people and how they liked their meals to be served. We observed people being supported to be as independent as possible with their meals.
- People told us they enjoyed the activities provided. Lifestyle staff provided activities seven days a week. People looked forward to meeting other people and the different activities. We observed people taking part in craft activities.

Improving care quality in response to complaints or concerns

At our inspection in February 2020 the provider had failed to operate an effective accessible system for receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Previously, records relating to complaints including the response and investigation were not available to

review. At this inspection, the manager had a record of all complaints received both written and verbal. There was information about the investigation into the complaint, the response and the action taken. The manager recorded if the complaint had been upheld and if any lessons had been learnt.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Since our last inspection the registered manager had left the service. The former deputy manager has been appointed as the new manager. They have started the registration process. The manager had a clear vision of how the keyworker system within the service would develop. Staff had been given responsibility for working with a small number of people and their relatives to review and develop their care plans. Staff would also be the main contact for those people within the service. The keyworker system as it develops, supports a more person-centred approach and empowers people to take control of their care. We will check the development of the keyworker system at our next inspection.
- People told us they felt the service had got better with the new manager. They thought the atmosphere had become more relaxed and felt they were able to sit and chat with them. Staff told us; they were now encouraged to be person-centred when supporting people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had been open and transparent when things had gone wrong. Relatives had been informed of incidents and accidents. The manager had taken action to reduce the risk of these happening again.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with guidance.

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

- Checks and audits had been completed on all areas of the service. These had been effective in identifying shortfalls and action had been taken to rectify these. When completed these had been signed off by the manager or quality manager.
- The provider had increased their oversight of the service. A quality management team visited the service every two months to undertake a quality monitoring visit. There was a home development plan in place. The plan was reviewed at each visit, progress recorded, and actions closed once completed.
- The manager completed spot checks and competency checks on staff to make sure they were completing their roles to the standard required.

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

- People and relatives had been invited to regular meetings. The manager had organised 'zoom' meetings for relatives to explain changes within the service. They were encouraged to express their views and opinions about the service. Changes had been made following meetings, such as, changes to the menus. People were encouraged to help design the new menus. The manager sent out regular newsletters to keep people up to date.
- Staff attended regular meetings, including specific staff groups and general staff meetings. Staff discussed their practice and developments within the service. Each meeting had an update on the outstanding actions from previous meetings. Progress had been made on some suggestions such as the use of blue plates on the unit supporting people living with dementia.
- Staff surveys had been completed in the past year. The results had been analysed and a plan had been put in place. The manager had prepared a document showing what the staff had highlighted and the action to rectify the issues.

Working in partnership with others

- The manager received national updates and was part of the local manager's forum to keep up to date with local developments.
- The service worked with other healthcare professionals and local commissioning groups.