

Victorguard Care Willow Bank

Inspection report

Willow Bank Care Village,
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Date of inspection visit: 17 December 2014
Date of publication: 25/06/2015

Ratings

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

Overall summary

On the 17 December 2014 we inspected Willow Bank Care Home. This was an unannounced inspection. Willow Bank is a purpose built care home providing personal care for up to 59 older people and people living with dementia. The accommodation is provided on two floors in single rooms with en-suite facilities. There are a number of communal rooms on the ground floor and communal bathrooms/showers and toilets are located throughout the home. There is ample car parking on site.

There was a registered manager in place. 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.

The home had a safeguarding policy in place. Staff told us they were aware what safeguarding was and how they would report it. Staff described different types of abuse and possible warning signs of abuse. This showed us people were protected from abuse.

We looked at five staff files and saw supervisions and appraisals were not taking place frequently. The registered manager acknowledged our concern and told us supervisions should be at least four a year. The

Summary of findings

training matrix indicated that a large proportion of staff were not up to date with mandatory training. This showed us that all staff did not receive appropriate support and training to complete their duties.

People that used the service told us the staff were nice and they had their dignity respected. They told us staff used their preferred names and knocked on the door before entering. We saw staff asking for permission before supporting them.

The home had an activities coordinator. The coordinator would have different activities each day. The coordinator told us they can change activities depending on the weather and what people want to do. We saw people being asked and encouraged if they wanted to join in with dominos.

Medicines were administered in a safe way. Medicines were dispensed one person at a time by staff who had received training. Some as and when required medicines did not have a record of why they were given and did not have protocols in place for staff to follow.

We saw staffing rotas reflected sufficient numbers of staff to keep people safe. During the inspection we saw people were not left waiting for periods of time. We observed staff did not rush people and people told us they were not left for long periods.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards)

which applies to care homes. We did not see any restrictions on people's liberty which could constitute an unlawful deprivation of their liberty. The home had made some DoLS referrals in agreement with the DoLS team. One referral had been authorised but the paperwork had not arrived yet. We had seen a confirmation e-mail regarding this.

We saw that accidents and incidents were recorded and analysed for trends. Accidents and incidents had been discussed at managers meetings and changes made where appropriate. This showed us that accidents and incidents were monitored effectively.

A complaints policy and procedure was in place. Staff and relatives we spoke with had confidence any concerns and complaints would be appropriately dealt with. We saw complaints had been actioned and followed the procedure. This showed us the complaints policy was effective and staff followed the correct procedure.

The registered manager ensured a robust programme of quality assurance was in place. We saw regular quality audits fed information into an action plan. The action plan was followed through to make changes.

We identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

We found medication was administered in line with directions from the prescriber. Medicines were stored in a safe environment according to their instructions.

We saw staff in communal areas at all times and when people requested support, support arrived without people waiting for long periods.

We saw staff was not allowed to start work until appropriate background checks had been completed.

Good



Is the service effective?

The service was not always effective.

We looked at staff training and saw staff did not receive regular updates of mandatory training courses or receive regular supervision.

We observed people were asked for their consent before staff started supported them.

We saw drinks were available throughout the day. Menus were on the walls and changed daily so people knew what they could have. Alternative food was available if people did not like the food on the menu.

Requires Improvement



Is the service caring?

The service was caring.

Staff told us details about people from their care plans. Staff could tell us people's likes and dislikes and about people's history.

We saw evidence of advocacy services being requested for support with decisions regarding people's care where no family were involved.

People's privacy was respected. We saw staff knocking on people's doors and waiting for a response before entering. People told us they were treated with dignity.

Good



Is the service responsive?

The service was responsive.

Care plans were created from an assessment of needs completed by the registered manager before people came to live at the home.

We saw care plans had been created with people and their families. People's plans contained personal preferences and care was delivered in accordance with people's care plans.

Good



Summary of findings

The service was responsive to complaints. Complaints had been investigated and acted on in a way that proved an understanding of the complaints policy.

Is the service well-led?

The service was well-led.

The home had a registered manager since 2010.

Staff told us they had confidence in the management and that if they had a complaint, they felt it would be taken seriously and followed up.

We observed the registered manager had a presence in the home and had a good understanding of what happened and what people's roles were. We saw the registered manager involved in the service and questioning practice to improve quality.

Good



Willow Bank

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 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.

The inspection took place on 17 December 2014 and was unannounced.

The inspection team consisted of two inspectors.

We looked at four people's care plans. We spoke with seven people that used the service. We spent time observing care and speaking with the deputy manager, registered manager, the provider and staff. We spoke with three visiting professionals and prior to the inspection we asked for feedback from the City of Bradford Adult Protection Unit.

Before our inspections we usually ask the provider to complete Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to complete a PIR. Before the inspection, we reviewed all the information held about the provider.

Is the service safe?

Our findings

Medicines were managed in a safe way. People's medicines were stored in locked medication cabinets with the keys held by senior staff. We saw senior staff when administering medicines followed good practice. For example, we witnessed staff take one person their medicines with a glass of juice, explain what they were doing and wait patiently until the person had taken their medicine. Staff signed to say medication had been administered after the person had taken them. We saw one person was prescribed a mild pain killer to be taken as and when required. We witnessed staff ask this person if they would like any pain relief, this was then administered to the person. However, the reason why this pain relief was being given was not being recorded so trends could not be identified. Medicines that could be administered as and when required (PRN) did not have a protocol sheet present for staff to follow. This meant staff did not have information about when PRN medication should be considered. We raised this at the inspection and received assurances this would be addressed.

The home had stores of controlled drugs (CD's). These are drugs listed under the Misuse of Drugs Act 1971. These drugs require strict guidelines on storage and administration to be followed. We found the CD's were stored in a suitable CD cabinet behind two locked doors. When CD's were being administered there was two staff signatures with a date, time and quantity check.

We spot checked six people's medication to see if it had been administered in line with pharmacy and doctor guidance. We found all medicines were in date and had been signed for appropriately. Medication that was not in a blister pack was labelled as such. Medicines to be stored in a fridge was done so with daily temperature checks recorded.

We spoke with four staff members about safeguarding. Staff were able to tell us about how abuse comes in different forms, and warning signs they would look for. For example, one staff member told us they could look for if someone was withdrawn or their appetite had decreased. Staff also told us about the reporting of safeguarding policy and procedure. Staff were aware of who inside and outside of the provider they could contact and where to find their

contact details. We saw the provider had a safeguarding policy in place for staff to access. The policy listed contact details for the local Adult Protection Unit, police and the Care Quality Commission.

We saw appropriate checks were undertaken before staff were employed. We looked at the personnel files for five staff. These confirmed they had been interviewed, two references had been requested and received and the provider had completed appropriate background checks before they started work. We saw checks had been undertaken for all new staff with the Disclosure and Barring Service (DBS). Care workers had completed application forms which provided evidence of their employment history, with reasons for leaving their previous jobs. This helped the provider to ensure potential new care workers were of good character.

Staff files held a record of the interview showing questions asked and the quality of the responses given. Care worker personal records included proof of identity, including photographic identification, proof of residence and two references. We saw the service had procedures in place to check prospective employees were legally entitled to work in the United Kingdom.

On the day of inspection we saw sufficient staff on duty to attend to people's needs. For example we saw three kitchen staff, one laundry assistant, three domestic staff, seven care assistants, five senior care assistants, one activities coordinator, one receptionist, one deputy manager and one registered manager. We observed practice throughout the two days of inspection and saw examples of people receiving support in a timely way. For example, we saw one person ask a domestic staff for support to the toilet. The domestic staff explained they had to get a care assistant and would return. A care assistant arrived within four minutes. We spoke with a relative of a person that used the service. They told us, "They always have enough staff working." This showed us that staffing levels in the home were sufficient to keep people safe.

People had risk assessments in place. We looked at people's care plans which were created from the risk assessments. Personal risk assessments for people covered different areas of their lives. For example we saw personal risk assessments for mobility, nutrition, safeguarding and pressure ulcer care. We also saw general risk assessments for the home had been completed. For example wheel chair, infection control and fire assessments. Staff told us

Is the service safe?

the risk assessments had been reviewed on a monthly basis to check they are still keeping people safe. We saw

each assessment had a review sheet which identified when a review had taken place and any changes made. This showed us risks had been identified and managed effectively.

Is the service effective?

Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. Where people were restricted from leaving the home in order to keep them safe the registered manager had made applications for DoLS authorisations. One person had a DoLS authorisation in place however the paperwork had not arrived at the home at the time of our visit. We saw this was a recent referral. We saw evidence the home made regular referrals to protect people from being deprived of their liberty unlawfully.

We looked at the training plan for 2014. This showed the training that was to be carried out yearly in order to ensure staff had up to date knowledge around mandatory training subjects. This included safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition, infection control, dementia care and communications and complaints. We found the training undertaken demonstrated that the training plan would not be achieved. For example safeguarding, nutrition and infection control training had been completed by 50% of staff. The registered manager acknowledged that the training plan would not be achieved and added that they had struggled to source suitable training in the area of the MCA and DoLS. We saw new care workers had completed an induction programme which introduced them to the service and provided training in basic care competencies.

We saw people were asked for their consent and that staff respected their decision. For example, we saw evidence of one person who did not have dementia living on the dementia wing in the home. This person was asked if they would like to move when a room was available but they chose to stay where they were.

We looked at four care plans and saw a 'consent summary' that was signed by people that used the service. Care plans were all signed by a person or their family member. We observed medication being administered and saw staff always explained what they were doing and offered the medication. If people refused a further prompt was given but the ultimate decision made by the person was respected. We saw staff asked people before they supported them to be moved and waited patiently for a response.

We saw from looking at staff files that supervision meetings and appraisals were not taking place on a regular basis. The registered manager told us that supervision should take place every three months yet we found some staff had received no supervision in the past 12 months and no-one had received the required four supervisions a year as stated in the provider's supervision policy. Annual appraisals were not consistently carried out annually. Some staff files we looked at demonstrated that some staff were approaching two years since their last appraisal. The registered manager agreed that supervision meetings and annual appraisals were not being carried out as required but we did see that arrangements were in place to start to address the shortfall.

With a lack of staff supervision and appraisals and a significant shortfall in the provision of core competency training we were not able to see a staff development plan. This meant that people receiving care could not be assured they were being cared for by staff that had the necessary skills and knowledge.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans included an assessment of their needs completed prior to them moving into the home. This 'pre-assessment sheet' also identified people's health care needs and was completed by the registered manager to see if Willow Bank could meet the needs of that person. This assessment became the basis of people's care plans.

People's care plans included risk assessments for pressure area care, falls, personal safety, behaviours that challenge, mobility and nutrition. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. In daily notes we saw evidence of input into care plans from district nurses, community matrons and dieticians. This showed us where the home could not directly meet the health needs of a person, professional assistance was requested.

We spoke with a community nurse that visited the service. Comments around communication being a weakness were made. They told us, "Staff do care and they do their best." They said, "Staff do follow our direction" but also said, "There is room for improvement."

Is the service effective?

We looked to see how people were supported to have sufficient food and drink and maintain a balanced diet. We saw drinks offered throughout the two days of inspection. Each day there was a new menu on the wall so people were aware what food was available. On the first day of inspection we saw people had soup and quiche followed by milk pudding for lunch and roast pork with strawberry gateau for dinner. If people did not want the food offered, an alternative menu was available including jacket potato, salad, sandwiches and eggs.

The dining area was a large bright room with tables laid out with place mats, cutlery, napkins, salt and pepper. We saw people were not rushed to eat. The downstairs dining area had 28 people eating, while supported by seven staff. We found those who required support with eating their food received support. We spoke with four people during lunch time, they told us they enjoyed the food and the atmosphere. One person said, "There is plenty of food and you can ask for more if you want."

Is the service caring?

Our findings

We spoke with seven people that used the service. People told us they were treated with kindness and compassion and their dignity was respected. People said, "Staff treat us great" and, "We like it here." Another person said, "Staff are very good and they know me well" and, "Staff whisper anything private in my ear." Another person told us, "I tell staff what I like to do and I get to do it." This showed us people were supported to maintain their independence and were treated in a caring way.

We observed care workers knocked on people's doors before entering rooms and staff took time to talk with people or provide activities. People were treated with dignity and respect by staff. For example, we saw when staff asked people if they would like to go to the toilet; this was asked in a discreet way. They used people's preferred names and we saw warmth and affection being shown to people. People recognised staff and responded to them with smiles which showed they felt comfortable with them. Care workers took time with people. Tasks or activities were not rushed and they worked at the person's own pace. For example, we saw staff sat next to a partially sighted person and read the newspaper to them.

We looked at four people's care records. Care plans had recorded information about people's family life, employment and religious beliefs. People's preferences regarding their daily care and support were recorded. This information was used to engage with people and ensured people received their care in their preferred way. We also saw one staff member asked people if they wanted assistance, the person accepted and the staff member helped. This valued the person's opinion.

People's care plans were signed by the person or their family members. Information was person centred and this built up a history of the person. Files of people with family involvement contained a 'care plan discussion sheet' signed by the family members. Where decisions had to be

made and no family was present, the home promoted advocacy. We spoke with the registered manager who told us one person had an advocate involved in the planning of their care. We looked at this person's paperwork and saw appropriate documentation to prove an advocate had been involved.

We saw in daily notes evidence of staff following information in people's care plans. People's notes contained evidence staff supported people to be independent and maintain their own lives as much as possible. Notes referred to people's personal life. For example staff asking how someone's favourite football team was doing. This showed us staff had knowledge of people and their interests.

We spoke with four staff and they told us people were well cared for and had their needs met. We asked staff about specific information in people's care plans and staff were able to expand on people's personal information. Staff gave us examples of how they promoted independence in the home and how they treated people with dignity and respected their privacy. One staff member said, "We always knock before we enter people's rooms, and I prompt people to do things themselves if they can." Another staff member said, "I call them Mr (person's name) as that's what they told me to say."

We saw care plans had an 'End of life' planning tool available. We looked at people's files that had this document in place. This document identified people's wishes and preferences they wanted to receive in their last stages of life. This document was signed by the person or their family members. This showed us that people were involved in planning their end of life care and the home actively supported people to express these personal views with decision making. Another person had a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. This was part of an advanced decision made by the family and signed by a medical professional.

Is the service responsive?

Our findings

We looked at four care plans in detail. At the beginning of the inspection we asked the registered manager what they were good at. They told us care plans were detailed and person centred but they may not all be up to date. The care plans we viewed had all been reviewed in the previous six months. However, in one person's care plans we saw a falls risk assessment stating assistance was required from one staff member, although their mobility care plan described moving with two staff members. Staff were involved in reviewing people's care plans and local healthcare

Professional support was sought. The home was responsive to people's immediate health concerns although this was not always reflected in people's care plans.

Care plans were written in a person centred way listing people's personal preferences. For example one person's care plan said they liked fish and chips but disliked melted cheese. Another person's care plan listed activities they liked to do.

Staff understood the importance of involving people in appropriate activities which help people to feel involved, valued and which were stimulating. Staff told us activities were based on people's preferences. For example, there were one to one activities such as talking, jigsaws and arts and crafts and group activities such as dominoes. The activity co-ordinator told us they had a plan each day so people could look forward to activities, but if people want to change then they changed the activity. In the afternoon we saw people were asked if they wanted to take part in dominoes.

We looked at records of complaints and concerns received in the last 12 months. We saw people had their comments listened to and acted upon. Complaints received did not show a pattern of underlying issues.

During the past 12 months, six complaints had been received. All complaints had been addressed within acceptable timescales and complainants had been kept informed pending the outcome of any investigation. Letters addressing complaints showed openness to problems with details of actions taken. All complaints had been resolved with the initial letter. However, the complaints log sheet was not fully completed and had no evidence that the service was using the outcome of complaints to learn lessons from shortfalls and improve quality. We discussed this with the registered manager who agreed the log had not been fully completed and that the learning aspect had not been used to improve the service. We were however shown a new incident and complaints recording form which required sign-off from more senior managers within the provider's organisation.

Relatives told us they were involved in the planning and the reviews of their relatives care and treatment. One relative said, "I'm invited to care planning meetings for my relative" and, "There's plenty for my family member to do here." They also said, "I haven't complained but I would go see the manager and I know it would be dealt with." This showed us relatives have confidence complaints are listened too and families are involved in people's care planning.

Is the service well-led?

Our findings

Relatives and healthcare professionals said the registered manager was approachable and effective. Relatives told us, "I've been coming here a while but the current manager is good and communicates well with me." Another relative said, "The manager is helpful."

A healthcare professional said, "I've spoken with the manager and he's very professional." We observed the deputy manager and the registered manager talked to people and their relatives throughout the day and spent time ensuring people were content and happy with the service they were receiving.

Staff told us, and we saw evidence, there was good communication between all staff within the home. Staff informed us they received regular handovers between shift changes. Staff said handovers gave them current information to continue to meet people's needs. For example we observed a handover where specific issues relating to people's care were discussed and an approach agreed to manage those issues. We saw all people that lived at Willow Bank were discussed. Staff said handovers were valuable to make improvements and learn from past experiences. Staff said their views were encouraged during handover and throughout the shift.

Staff meetings were held at least twice a year and minutes of the meetings were recorded and made available to all staff. We saw a record of the last staff meeting minutes held on 15 October 2014. During one meeting staff were involved in discussion about re writing care plans, checking what abuse was and what could be improved. Meeting minutes showed everyone had a chance to speak if they wished and people's opinions were recorded. They discussed how to support people, training and changes to the home.

The registered manager attended a senior meeting with the provider once a month. These meetings were recorded. We saw the last meeting discussed accidents and incidents to

identify trends and patterns and to learn from others experiences. Complaints from the services were also covered to gain knowledge of where improvements could be made.

We saw people had a regular chance to voice their opinions in the resident's discussion meeting. We looked at the last meeting minutes and saw people had raised some issues to be addressed. One person had said to remind all staff to knock before entering their rooms. Another person raised an issue they had with an activity that had taken place. We spoke with the activity coordinator who confirmed this issue was passed to them.

The Home had a registered manager in place. The registered manager completed checks and observations in the home. On the day of inspection we witnessed them reporting issues to maintenance and questioning staff about their practice. They sent through notifications to the CQC. Prior to the inspection we saw the notifications had been sent. This showed us the registered manager was open and transparent.

One overall audit was completed by an outside company. They came at the request of the provider and produced a report of their findings. This report highlighted areas for improvement. We also saw a monthly audit for falls completed 28 November 2014 which had actions identified. A health and safety audit had been completed on 28 October 2014. This report identified one of the lounge carpets needed to be professionally cleaned. The last medication audit on 12 November 2014 identified one person's photograph was missing from their documentation and a larger fridge to be ordered. On the day of inspection the new fridge arrived and the lounge carpet appeared clean. In a communal hall way of the home was a big poster about what people that used the service had said they wanted to change, and what the home had done to meet that request. This showed us the home had a robust audit system in place that identified areas of improvement and encouraged everybody's involvement to drive up quality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Some staff did not receive appropriate support through supervision and appraisal and did not receive sufficient training.