

Heatherwood Nursing Home Ltd

Willow Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willow Lodge Nursing Home is a care home providing nursing and personal care for up to 27 people, some of whom may be living with dementia. The service is provided in one adapted building. At the time of our inspection 25 people were using the service.

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

The registered manager and staff managed people's risks and protected them from abuse. Robust recruitment processes were in place to ensure that staff were safe and suitable. People's medicines were stored, administered and recorded appropriately. Staff followed good hygiene practices to control the risk and spread of infection.

People had their needs assessed and were supported by staff who were supervised and trained. People ate well and were supported to remain healthy by accessing healthcare services whenever they needed to. Where people lacked capacity, staff followed the appropriate processes to ensure that restrictions in place to keep people safe were lawful and regularly reviewed. 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.

The service had an established and stable staff team who knew people well. People and their relatives told us that staff were caring and kind. People's privacy and dignity were maintained, and their cultural and spiritual needs were met.

The care provided to people was personalised. People and their relatives were involved in care planning and activities were available for people to participate in. People were supported to avoid social isolation and relatives were welcomed to the home. The registered manager used complaints to improve the quality of the service. Staff ensured people received dignified and compassionate care as they approached end of life.

People, relatives and staff were positive in their comments about the registered manager and leadership team. A programme of renovation, refurbishment and redecoration was underway at the service. Management plans were also in place to improve the frequency of activities for people outside of the service and their dining experience at the care home. The provider worked in partnership with others and promoted an open culture at the service.

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

Rating at last inspection

The last rating for this service was Good (published 11 November 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Willow Lodge Nursing 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.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willow Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. 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.

During the inspection

We spoke with five people and three relatives of people who lived at the service. We spoke with four staff, the chef, proprietor and registered manager. We reviewed seven people's care records and six staff files. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also contacted two healthcare professionals to gather their views about the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel absolutely safe and happy here."
- Staff were trained to keep people safe and understood the provider's safeguarding procedures and their responsibilities within them.
- The registered manager ensured that safeguarding concerns were addressed in line with the provider's policy.

Assessing risk, safety monitoring and management

- The registered manager assessed people's risks and implemented plans to reduce them.
- Where people were at risk of malnutrition due to poor appetite, staff managed the risk by fortifying people's meals to increase their calorie and nutritional content.
- People who were assessed as being at risk of falling were referred to health care professionals for assessment. Two people had sensory mats in their bedrooms which alerted staff to movement and the need to provide support to prevent falling.
- The provider assessed risks posed by the premises and took action to keep people safe. For example, the taps on the sinks in people's bedrooms contained thermostatic valves to protect people against the risk of scalding from hot water. When refurbishing bedrooms the provider had installed furnishings with curved edges to minimise risks to people.
- Windows restrictors were in place throughout the premises. This meant people were protected from the risk of falling from height.
- People had Personal Emergency Evacuation Plans [PEEPS] in place. These provided staff and responding emergency services personnel with the information they required to keep people safe in the event of an emergency. An emergency evacuation kit including walkie talkies, blankets, torches and essential telephone numbers was kept by a fire exit as part of the provider's emergency planning.

Staffing and recruitment

- The provider ensured that people were supported by staff who had been recruited appropriately. This included reviewing applications, interviewing candidates, confirming identities, taking up references and carrying out criminal records checks.
- The registered manager adjusted staffing levels to ensure they safely met meet people's changing needs. People and their relatives told us there were enough staff in place. One person said, "Generally enough staff" and "Always a quick response to calls for help." A relative told us, "There seems to be enough staff, you can always find someone".

Using medicines safely

- People received their medicines safely and in line with the prescriber's instructions.
- People's photographs were contained within medicines records to ensure the right person received the right medicine.
- Where people were prescribed 'when required' medicines, protocols were in place to guide staff.
- People's medicines were stored safely in locked medicines cabinets in a locked clinical room.
- The registered manager ensured that risk assessments were in place for medicines which had high risk profiles and additional security arrangements were in place including an additional locked cabinet and frequent stock checks.
- For medicines that needed to be kept cool, a refrigerator was in place in the clinical room. This too was locked, and its temperature was routinely checked and recorded.

Preventing and controlling infection

- People were protected from the risk and spread of infection by the hygiene practices followed by staff. This included wearing single use disposable gloves and aprons when providing people with personal care and when handling soiled items.
- People who required staff to support them with hoists had their own slings. This protected them against the risk of bacterial cross contamination which could occur if slings were shared.
- Hand sanitisers were available throughout the service for people, relatives, visitors and staff to use.
- The registered manager maintained records of antibiotics prescribed for people at the service and had contingency plans in place to manage infection outbreaks.
- The chef ensured that food items were stored, prepared and served safely. The service received a five out of five star rating when inspected by the Food Standards Agency.

Learning lessons when things go wrong

- The registered manager ensured that learning took place when things had gone wrong to prevent recurrence. For example, where an error occurred in medicines recording the registered manager sent a member of staff on medicines refresher training and then evaluated their competence afterwards.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs prior to them moving in to the service to make sure the provider could support them effectively.
- People and their relatives participated in needs assessments to ensure that preferences were reflected.
- People's needs were reassessed when their needs changed.
- When required people received specialist assessments undertaken by health and social care professionals. Care records noted the names and contact details of health and social care professionals who were involved in people's care.

Staff support: induction, training, skills and experience

- People received their care and support from trained and supervised staff.
- The registered manager ensured staff received training in areas such as health and safety, dementia awareness, managing medicines and first aid.
- Staff received on-going supervision to discuss people's changing needs and appraisals where their performance and professional development were discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat well and drink regularly. One person told us, "The meals are quite good" and "There's plenty to drink"
- People's nutritional needs were assessed, and staff supported people in line with their care plans. For example, where required, staff physically supported people to eat.
- The service planned to introduce a pictorial menu to support people to make more informed meal choices.

Supporting people to live healthier lives, access healthcare services and support ; Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a range of other organisations to meet people's needs. For example, staff liaised with the hospitals, local authorities and other providers to ensure people transitioned into the service effectively.
- People were supported to access healthcare professionals whenever they required. One person told us, "I do feel they would get medical help if needed" and added "I saw the doctor today" One relative told us, "The doctor visits and there is a nurse here"
- Healthcare professionals visited people at the service. For example, people were visited by dental,

optician and physiotherapy services and a local GP service did a weekly round.

- Staff carried out observations and recorded them on a regular basis. This included recording people's respiration, blood oxygen, pulse, blood pressure and temperature. This information was recorded on graphs to monitor trends over time and shared with healthcare professionals when people's needs changed.

Adapting service, design, decoration to meet people's needs

- A substantial programme of renovation work was underway at the service. Seven bedrooms had been refurnished and refurbished and each had ceiling tracking hoists to safely support people's mobility.
- A new wet room had been built which had a water image mural which people found relaxing.
- In line with good practice for people living with dementia and failing vision, yellow signage, light switches and grab rails were used. Similarly, toilet seats were a different colour to the toilet bowls enabling people to see them more clearly.

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

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.

- Where required people were supported with mental capacity assessments. Care records included the date upon which DoLS were approved and the specifics of the restrictions in place to keep people safe.
- Where DoLS were not granted the registered manager, ensured that the appropriate documentation was in place and restrictions were not in place.

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 Caring. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us that staff were kind and caring. One person said, "Staff are very good to me, friendly." One relative said, "Staff are so kind and caring...they treat [my relative] and all the others like family." A member of staff told us, "Some people have involved family and some people don't, but we have our relationships too, so they feel cared for."
- Relatives told us that people were happy and that staff created a joyful environment. One relative told us, "My [family member] has dementia but we can see they are happy." Another relative said, "This is a tactile environment. The staff hug me when they see me. They give my [family member] a hug. We all dance. It's appropriate and lovely to see and join in." They added, "If I get older and I get ill like [family member], I hope I end up in a place like this."
- People and staff knew each other well. People were supported by a consistent staff team who had supported them for many years, enabling positive relationships to grow over time. One relative told us, "The staff are constant, which is important to [family member]. Continuity is everything." Records showed no staff vacancies and very little staff turnover. Another relative told us, "Staff know [family member] well. Because [family member] has lost their verbal ability, staff pick up on body language such as when they want to go to the toilet."
- Relatives told us that respect and care for their family members was particularly evident on their birthdays. One relative told us, "They really make of fuss of people for their birthdays here; a massive homemade cake and decorations everywhere." Another relative said, "Staff made a special effort on [family members] birthday with cake, cards and [the person's cultural] music." Photographs showed that staff researched and displayed birthday messages in people's first languages.
- The service met people's identified spiritual needs. Clerics and parishioners from local Church of England, Catholic and New Testament churches visited people at the care home. Services were held and people's spiritual needs were tended to such as the administering of communion.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and support. For example, people chose the clothes they wore and the activities they engaged in.
- Where required, staff carried out assessments to establish how people made decisions. For example, staff observed one person to identify their likes and noted the duration for which they could concentrate. Staff used this information to support the person to engage in activities they liked for short periods at a time.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected. One person said, "My privacy is respected"
- We observed that staff knocked people's bedroom doors before entering.
- People were referred to by their preferred names, including nicknames.
- Staff encouraged people to do what they could for themselves in line with their assessments and care plans.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. People and their relatives participated in continually evolving care plans.
- People's care records noted their preferences. For example, one person's care records stated, they "Prefer to wear a blouse and trousers." Another person's noted they liked "Tea with lemon and no milk." Within a third person's care records staff were informed, "[Person] should be approached from the left side as [they] can see better from their left eye."
- Staff supported people and their relatives to personalise bedrooms. This included displaying photographs of family and friends, souvenirs from holidays and trips, and items brought from their homes.
- The provider responded to the individual changing needs of people living with dementia. For example, where people no longer recognised themselves and found their reflections confusing, staff replaced their large bedroom mirrors with pictures.
- The service provided people with dementia-friendly clocks which informed people of the day, date, time and whether it was morning, afternoon or evening in a large, easy-to-read format to support their orientation to time.
- Relatives spoke positively about the management of people's behavioural support needs. One relative told us, "Staff have got to know [family member]. They know [family member's] behaviours are the disease and not them. They manage behaviours using distraction techniques."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was developing the means by which it supported people's communication needs. This included plans to introduce a pictorial menu and easier-to-read policies.
- Where required, staff carried out an Abbey Pain Scale Assessment with people. These assessments were carried out for people living with dementia and who were no longer able to express verbally that they are experiencing discomfort. Information for staff included people's facial expressions and changes in behaviour.
- A visual communication aid book was available in a communal area. It contained large pictures as well as large ticks and crosses on each page to assist people to make choices about activities and food.
- Where required people with failing vision were supported to assess audio books and magazines.

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

- Staff made activities available for people to participate in. One person told us, "I've been offered to go to activities and they know my interests and what I can take part in."
- The service had an activities coordinator who organised activities such as games, reading, seated exercises, dance, arts and crafts.
- Four people were supported to attend the day activities provided by other providers.
- When supporting people to engage in activities in the community, the provider increased staffing levels.

Improving care quality in response to complaints or concerns

- Where complaints were received the registered manager undertook investigations and communicated the outcome to the complainant.
- To avoid reoccurrence the registered manager informed staff about complaints and shared the learning from them.

End of life care and support

- People identified to be approaching end of life were treated with dignity and compassion by staff.
- People and the relatives were supported to develop advanced care plans which detailed their preferences and addressed their concerns around end of life care.
- The service had achieved platinum status within the gold standard framework (GSF). The GSF provides training to staff in the provision of end of life care. This meant the service was assessed as continuing to deliver end of life care in line with best practice.
- The registered manager ensured that people were supported by the appropriate healthcare professionals during end of life care. This included visits from a palliative nurse and the GP.
- 'Just in case' medication was available to ensure people would not be in pain or anxious during the dying phase of their end of life care.
- Where required the service supported people and their relatives with funeral arrangements and the provider's practice was for at least one member of staff to attend people's funerals.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the registered manager and management of the service. One person told us, "I have no doubt she [the registered manager] is running the place well and I learnt that very early on." One relative said, "The manager is lovely and bubbly and the owner is so polite and gracious." Another relative told us, "The home seems well run."
- There was a culture of warmth and openness at the service. A relative told us, "There is a very friendly feel about the place, like family." Another relative said, "When I get older, if can't look after myself I'd be happy to live in a place like this."
- Compliments and thank you cards were displayed in the reception area and office. For example, we read thank you cards from the relatives of people who had received end of life care at the service and who had passed away. The registered manager ensured staff were aware of positive comments made and used them to highlight behaviours to be emulated.
- The registered manager arranged team meetings for staff to attend. Minutes of these meetings showed safety, care, protected characteristics and building improvements were discussed.

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 service was transparent with people and healthcare professionals when reviewing incidents and concerns.
- The provider was open and upfront with people, relatives and professionals about its fees and displayed them prominently and clearly on its website. This supported people to make informed decisions about their care and support.

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

- The manager undertook a range of audits. These included staff training, infection control, food safety and medicines.
- Staff maintained daily records which were updated throughout the day. These noted the care and support people received, the activities people engaged in and their mood. The registered manager and clinical lead reviewed these care records to confirm the quality of care people were receiving along with the quality of record keeping by staff.
- The provider had begun an extensive programme of improvements to the care home which included

re-decoration and refurbishment. Works were carried out in phases to minimise disruption. Areas undergoing refurbishment were sealed off and made inaccessible to people.

- Refurbishment plans included creating a dining area, refurbishing each bedroom and creating a new clinical room.

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

- The service gathered the views of people and their relatives. Keyworkers gathered people's views on an on-going basis and relatives' meetings were arranged every three months.
- The provider worked in partnership with other organisations to obtain positive outcomes for people. For example, people attended external day services when they chose, and the registered manager attended a provider's forum at which learning and good practice examples were shared. Similarly, the provider participated in a number of care and nursing home provider's networks.
- The service undertook a range of engagement activities with the local community and wider public. For example, the service provided opportunities for young people from the National Citizen Service, whose volunteers organised a barbeque for people, their relatives and neighbours at the service.