WP Lodge Limited

Willow Park Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Willow Park Lodge is a care home providing accommodation with nursing and personal care for up to 79 people. The service provides care and support for people with a range of needs, including people living with dementia. The service also provides short term care for people who need assessments of on-going care needs. Willow Park Lodge is arranged across 4 levels, the top floor is currently not being used. The ground floor mainly accommodates people requiring residential care, the first floor provides care for people living with dementia and the second floor is used for short term assessments. At the time of our inspection there were 52 people using the service.

People's experience of using this service and what we found
There was a registered manager in place, supported by a team of other managers but the structure was not always clear for people and visitors. There were quality monitoring processes in place but actions to address shortfalls were not always clearly documented.

Some care plans did not always contain enough detail to provide staff with the guidance needed to provide consistent care; and recording of information, such as hourly checks or fluid intake, was inconsistent. Not all risk assessments had been updated when a person's circumstances changed.

People, relatives and staff told us the registered manager was approachable, accessible and supportive, and they were confident to raise concerns if necessary.

People and their relatives told us they felt safe and happy living in the service. One relative said, "Yes they are safe, they are content and relaxed." Another relative said, "Yes, [relative] is safe. They had a few falls but walking much better now."

Risk to people had been assessed using recognised tools and documented, for example, risks of falls or skin damage. Information was available for staff to manage these risks, and staff knew people well. Environmental risks, for example, fire safety and water temperatures were managed. A relative told us, "Staff went out of their way to improve [relative's] situation."

There were enough staff deployed to provide safe care and staff had been trained to do their role. Medicines were managed safely and there were measures in place to prevent the spread of infection. The service was clean and uncluttered. People said it was a very clean and well-maintained home. A relative said, "It's been taken over and refurbished, it's like a hotel; clean and functional."

Most people enjoyed the food and their dietary needs and preferences were met, for example meat-free meals. People told us they had choices, but if they wanted something different, they only had to ask. One relative said, "I can't fault the food, it's all very good. The chef will always make something else if needed."

People were involved in decisions about their care and they received care which promoted their dignity and encouraged independence. Relatives told us they were involved in their relative's care plans where appropriate and were always kept up to date with any changes. The service sought feedback from people and relatives through meetings and surveys.

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.

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

Rating at last inspection
The service was registered with us on 5 July 2022 and this was the first inspection. The last rating for the service under the previous provider was requires improvement, published on 24 November 2021.

Why we inspected
The inspection was prompted in part due to concerns received about people's safety, standards of person-centred care, cleanliness and medicines management. A decision was made for us to inspect and examine those risks. We found evidence that the provider needs to make improvements. Please see the safe and well led section of this full report.

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.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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? 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 not always well led. Details are in our well led findings below.	**Requires Improvement**

Willow Park Lodge

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 Health and Social Care Act 2008.

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 3 inspectors 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 Park Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willow Park Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service and 12 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with 13 members of staff including the registered manager, compliance manager, nurses, care workers and support staff. We also spoke to visiting professionals. We looked at records relating to people's care and support including risk assessments, care plans and medicine administration records. We looked at 4 staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records and audits.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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

- Risk assessments did not always contain enough information for staff to provide safe care and manage any risks, such as falls, choking or skin damage. For example, the assessment for a person at very high risk of falls did not include details of any mobility aids or how staff should support them to minimise the risk of falling.
- Care notes were lacking in detail for staff to provide consistent support, for example, a person had become upset as they had mislaid a personal item. This person had an emotional support chart, but the incident had not been recorded. There were no details about how the issue was resolved to help other staff learn lessons.
- The provider used recognised tools for assessing risks such as skin damage and nutrition. There were health risk assessments in place where people had specific health needs, for example diabetes, epilepsy or diverticular disease.
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. The service had a maintenance book at the front desk for staff to log issues and this was signed off when issues were resolved, either by the maintenance person or external contractors. The service had fire marshals and staff had been trained in fire safety and knew how to move people safely in an emergency.

Staffing and recruitment

- There were enough staff deployed to meet peoples' needs. Rotas showed that planned shifts were filled. Staff told us they thought there were enough staff and regular agency staff were deployed to cover absences.
- Most relatives agreed there were enough staff. One said, "When I visit staff are always popping in and out." Another relative told us, "There are enough staff during the week. Staff do check on [relative], they have a call bell and get assistance quickly."
- Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.
- The registered manager had recorded and reported allegations of abuse to the appropriate authorities.

Safeguarding records were completed and showed staff cooperated with investigations. Lessons learned were shared.

● People's relatives told us they felt safe living in Willow Park Lodge. One relative said, "Yes, they are safe. I can't fault the facilities, it's kind and inclusive." Another relative said, "Safe? Yes, 100% safe. No falls or incidents."

Using medicines safely

● Medicines were managed safely in line with national guidance. Medicines were stored securely in clean, temperature-controlled conditions. Medicine administration records were completed accurately. People and their relatives told us they got their medicines on time. One relative told us, "Staff give the medicines safely and on time. I've been there when they've been given, and staff wait to see that they're taken." Another relative told us they were happy medicines were given safely.

● Medicines were administered by nurses or nursing assistants who had been trained and assessed as competent by the clinical lead. Training and competency records were up to date.

● Medicines were audited regularly by the registered manager or deputy and there was oversight from the compliance manager. Medicine errors were documented, investigated and lessons learned shared during clinical meetings. New processes had been put in place following medicine errors to minimise the risk of the same error occurring.

Preventing and controlling infection

● We were assured the provider was preventing visitors from catching and spreading infections.

● We were assured the provider was supporting people living at the service to minimise the spread of infection.

● We were assured the provider was admitting people safely to the service.

● We were assured the provider was using PPE effectively and safely.

● We were assured the provider was responding effectively to risks and signs of infection.

● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was unrestricted and we saw relatives coming and going freely during the inspection. One relative told us, "I can visit unannounced at any time."

Learning lessons when things go wrong

● There was a system in place for recording accidents and incidents and staff knew what to do if someone had an accident. However, not all incidents or accidents had been recorded correctly. The registered manager had identified this and had arranged additional training for staff in the importance of reporting and recording. Professional advice was sought if necessary, for example, from the GP, emergency services or physiotherapy.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans were detailed; they contained enough information for staff to know about people's individual choices and wishes. For example, plans contained details about night time routines and food preferences. Relatives told us they had been consulted about their loved one's care plan, where this was appropriate. People had oral healthcare plans in place.
- People's assessments included needs relating to their culture and spiritual needs. Staff understood risks, for example, choking or falls, and knew what to do to keep people safe.
- Most staff had a good knowledge of people and their individual preferences and choices. Staff we spoke to were able to tell us about the people they were supporting. Relatives agreed that staff knew people well. One relative said, "Staff communicate well, they are friendly and joke with us, but are respectful. They know [relative's] care needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had received enough training to provide safe care. The registered manager had sourced specialised training to help staff support people who displayed anxiety and distressed behaviours.
- The registered manager had identified the need for additional training in recording and reporting and this training was in progress during our inspection.
- Most people and their relatives thought staff had enough training. One relative said, "Yes, staff are sufficiently trained. I have no reason to think otherwise." Another relative told us they did not think staff needed any extra training. However, one relative told us they thought newer staff had not had enough training for them to support people living with dementia. The provider did have a more comprehensive training plan in place and was working through this.
- Staff felt supported by their colleagues and the management team and told us they felt comfortable seeking advice and guidance. Agency staff were used to cover absences and were supported by an experienced member of staff. One member of staff told us, "We sometimes see issues in how agency staff work, but we are here to guide them."

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

- People were supported to eat and drink enough. Food preferences, allergies and intolerances were documented. People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. People at risk of malnutrition had access to a dietician and guidance was followed. The chef was knowledgeable about people and their requirements and there was clear guidance in place for kitchen staff to follow.

● Staff knew people well. One staff member who was supporting a person with their meal told us about the person's dietary requirements and knew what to do if they felt their needs had changed.
● People told us they had a choice of meals and their preferences were catered for. For example, some people who preferred a vegetarian diet told us they thoroughly enjoyed the meals provided.
● Most relatives agreed the food was good. One relative said, "I can't fault the food, it is all very good. The chef will always make something else if needed." Another relative told us there was a stable kitchen team and, "the food is marvellous".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Assessments and care plans included people's health needs and there were details of healthcare professionals' visits in individuals' records. Information was shared with others, such as hospitals, if people needed to access these services.
● People told us when they were unwell, staff would arrange appointments for them with a doctor or other health professional. On the day of inspection, a GP and the mental health team were visiting people in the service.
● People were happy with the support they received, and relatives were kept informed of any changes where appropriate. One relative said, "The home let me know straight away if [relative] is unwell." Another relative told us, "Yesterday, [relative] was in pain. I spoke to a nurse who did tests. The doctor was contacted, and an appointment was provided."
● Staff worked with other professionals such as physiotherapists, dieticians and specialist nurses to promote the best outcomes for people. One person who was cared for in bed when they first moved into the service had improved mobility and was able to now walk to local shops.

Adapting service, design, decoration to meet people's needs
● The service was arranged on 3 levels with lift access for people with all abilities. We saw people walking and using self-propelling wheelchairs safely around the service, including in the communal areas.
● People's rooms were personalised with their own pictures, ornaments, furniture and art. One relative said, "Their room is personalised and has a little art gallery on the wall." Another relative told us, "Their bedroom is personalised. I emailed my pregnancy scan so it can go on the wall in their room." People's art was also displayed in communal areas where people and relatives admired it.
● Although signage around the service was good more could have been done to enrich the environment for people living with dementia. The registered manager had already identified this and was in the process of adding memory aids and prompts around the building.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

● The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of sensor mats for someone at high risk of falling. Best interest meetings were held between staff, relatives and other professionals and decisions documented.

● Staff had received MCA training and understood the principles of capacity and consent. People were encouraged to make their own choices and their decisions were respected. We observed staff asking for people's consent when supporting with personal care, meals or mobilising. A relative told us, "They don't do anything without letting them know."

● The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us, staff were caring and treated them respectfully. Staff knew people's preferences but still offered choice, for example when offering drinks. Staff were patient with people and gave them time to respond to questions; talking with them at their own level, using gentle tones, and offering reassurance.
- Relatives told us people were treated respectfully and described staff as caring, kind and respectful. One relative said, "All the staff I have met are definitely pleasant and respectful." Another relative told us, "Staff are kind and caring towards my [relative]. I wouldn't want them anywhere else. Communication is always respectful."
- Relatives told us staff also treated them well and with respect. One relative said, "The staff always make me feel welcome, I always get a cup of tea when I go." Another relative said, "They welcome me, they know me well. We are on first name terms."

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

- People's care plans were developed with them and their relatives where appropriate. People were encouraged to share their life experiences and plans contained sections called 'Who am I?' so that staff could get to know them better. People's likes and dislikes were documented and included, for example, whether they liked their door open or closed when they were in their rooms.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. Care plans documented people's personal goals and desired outcomes. People were able to choose the gender of people providing them personal care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was protected. We saw bedroom doors were closed whilst people were having their personal care needs tended to by staff. Staff were sitting with people and talking to them. A relative said, "Staff always knock the door before going in to [relative's] room and they always talk it through before starting care."
- Staff recognised and responded to individual needs and promoted independence. We saw staff supporting people to walk around. Relatives told us staff encouraged people to be as independent as possible. One relative said, "Yes, they encourage [relative] to be independent." People had their own key to their room, where this was their choice, following personalised risk assessments.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Care plans were personalised and reflected people's preferences in all areas. For example, food likes and dislikes, gender preferences of people giving personal care, and spiritual or religious needs.
- People and their relatives were involved in decisions about their care. One relative said, "I'm involved with decisions if I need to be, [relative] has their say."
- The provider had a system in place for regularly reviewing the care plans and risk assessments. Any changes in a person's needs were shared with staff during handover meetings which were documented.
- The service had an activities team and we saw people engaged in activities during the inspection. Relatives told us staff laughed and joked with people. One relative told us, "They had a group activity yesterday, music and joining in, a bit of a get-together."
- Activities were personalised for people. For example, a knitting club had been set up as someone enjoyed knitting; another person was encouraged to play their musical instrument. The activity coordinator told us they were starting to introduce more community outings. There was a regular visit from a chaplain which people enjoyed.
- The service had just introduced a cinema room, with large comfortable chairs and a projector, which they were using for film nights. One person enjoyed films that had a particular actor in them and took pleasure in visiting the cinema to see their favourite films.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and documented including any needs in relation to eyesight and hearing. Staff were observed communicating effectively with people. Most relatives told us staff communicated well with people, although some relatives told us staff whose first language was not English struggled sometimes with communication. We fed this back to the provider who said they would address this.
- Signage in the service was clear with pictures as well as words to aid understanding, for example, signs for the dining room and lounge.

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place and the registered manager investigated all concerns. Outcomes were shared with complainants in accordance with the company's time scales. However, resolutions were not always documented or communicated, and it was not always clear whether people were satisfied with the outcome. We discussed this with the registered manager who said they would review their processes.
● People we spoke to and their relatives knew how to raise concerns and were confident that something would be done if they did. One relative told us, "If there is something I don't like, I tell them. I've raised concerns in the past and they have been sorted." Another relative said, "I've got no concerns or complaints. I've got a number of people I can go to; I get on well with the manager, we are on first name terms."

End of life care and support
● The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.
● Most care plans included instructions about end of life care wishes. If people did not want to discuss end of life care, their wishes were respected and reflected in the care plan documents.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Feedback from healthcare professionals was not always positive. Some told us they had difficulty getting through to the right person. Another professional expressed concerns about communication and lack of clarity about who to communicate with. For example, they had visited a person as arranged following a referral to them by the registered manager. They fed back to a manager on the day of their visit, but the following day another manager contacted them to ask when they would be visiting. The provider acknowledged this poor communication and apologised to the relevant healthcare team after our inspection.
- The provider had quality monitoring processes in place and a range of audits were undertaken. Where shortfalls had been found during audits, action plans had not been fully completed or monitored. For example, medicine audits for 2 consecutive months had the same incomplete action log. This meant lessons from incidents were not always identified in order to improve people's care.
- Recording of details such as mattress checks, fluid intake, repositioning or hourly checks was inconsistent in most cases. For example, some people had hourly checks detailed in their care plan, but there was no evidence that these had always been done. Fluid intake was not always being recorded accurately, and in some cases entries were contradictory.
- Recording of oral hygiene was not consistent. For example, 3 people's records only had 2 entries relating to oral health or dental care for a 6-day period. This was the same for mattress checks. The registered manager could not be assured care and support had been provided in accordance with people's plans.
- The provider and registered manager had a commitment to continuous improvement and a lot of new processes had been introduced. However, these had not yet been fully embedded into the culture of the service to ensure improvements were sustained.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

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

- The provider and registered manager had been in the service for 6 months and were working towards creating a positive culture where people felt empowered and involved. There was a commitment to continuous improvement. Management and compliance reports demonstrated some improvements had been made. The registered manager had an open-door policy and encouraged staff, people and relatives to

share their views.
● Staff told us they enjoyed working in the service and there was good teamwork. People and their relatives agreed. One relative said, "People in the care home are really nice. I'm getting to know them. There are different staff at weekends." Another relative said, "I've not met anyone that hasn't been pleasant. The home is newly refurbished, clean and modern. Staff are friendly and sincere."
● Most people and their relatives knew who the registered manager was and found them approachable and accessible. One relative said, "I know the manager, they are very nice, no formalities. They are good in the way they manage my [relative]." One relative described the atmosphere of the home as "warm, friendly and fun."

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
● Relatives told us, and records confirmed that staff were in regular contact with them. Relatives confirmed that staff contacted them with updates when necessary. One relative told us their relative had to go to hospital, and said, "They let me know as soon as they knew." Another relative said, "I've heard from the staff and the manager if there have been any problems."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager met daily with unit managers and other heads of departments to ensure that key messages about people were shared in a timely way. Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention.
● The registered manager had established staff groups on a communications platform so that the right messages could get to the right people at the right time.
● Staff were invited to regular meetings and the registered manager was visible in the service daily. Staff told us they had regular supervision sessions. The results of the most recent staff survey (November 2022) were positive; 90% of staff enjoyed their role and 86% said it was a friendly place to work. Staff were confident in reporting any concerns to the management team. One staff member said, "Willow Park Lodge is a lovely place to work and I look forward to the increasing improvements that are being made as a service and a home." Another staff member said, "I can see a lot of positive changes happening."
● People and their relatives had been asked their opinions on the service, either individually through conversations, via the feedback survey or at meetings. A meeting had been held with people and their relatives and feedback questionnaires had been sent. Most people said they would recommend Willow Park Lodge. One person said, "The building is very clean and smells nice." Other people had more negative comments, for example, about the external environment and gardens. One person said, "The home has many good points, but we still feel it is a work in progress." Negative feedback had been transferred to the home improvement plan.

Working in partnership with others
● The registered manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding teams.
● Managers and nurses liaised regularly with other health professionals. We saw nurses working closely with a diabetes nurse specialist to ensure a person was receiving the best care.