

Victorguard Care plc

Willow Bank Care Home

Inspection report

Willow Bank Care Village
Bell Dean Road
Bradford
West Yorkshire
BD15 7WB

Tel: 01274889275

Website: www.victorguardcare.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

Willow Bank Care Home is a residential home situated in Bradford. The home provides accommodation and personal care for up to 59 older people and people living with dementia. At the time of the inspection there were 38 people living at the home. The care home accommodates people across two wings, each of which has separate adapted facilities.

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

Recruitment was generally managed safely but some improvements were needed. Checks had been completed but we found gaps in staff employment histories had not always been fully reviewed. We have made a recommendation recruitment processes are updated.

People's care needs were assessed. Care plans were person centred and generally up to date and staff understood how to support people.

People and relatives told us they thought the service was safe. They praised the standard of care at the home and described staff as kind and caring. The atmosphere in the home was relaxed and inclusive.

Medicines were managed safely. People's health needs were met and there were close links with health professionals and other agencies.

The home and the grounds were accessible and well maintained. Some areas had been recently been refurbished.

Staff were knowledgeable about people and the topics we asked them about. They received a range of training, supervision and appraisal.

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 registered manager provided the home with leadership and promoted a strong team culture. They maintained good oversight through communication with people and the team and a detailed scheduled of audits. They were passionate about continuing to improve the quality of 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 and update

The last rating for this service was requires improvement (published 14 August 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made

and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

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 Bank Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The first day of the inspection was carried out by one inspector, an assistant 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 service. The second day was carried out by one inspector.

Service and service type

Willow Bank 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.

Notice of inspection

This inspection was unannounced on both days.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We asked for feedback from the local authority and commissioning teams in Bradford. We used all this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care provided.

We spoke with seven care staff, the activity coordinator and the cook.

We spoke with the registered manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with one visiting health care professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and other records and audits relating to the management of the home.

After the inspection

We asked the registered manager to send us further documents after the inspection. They were received promptly and considered as part of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection systems of governance were not effective. We found the management of fire safety was not sufficiently robust. We contacted the West Yorkshire Fire and Rescue Service. We also found internal medication audits had not been effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The Fire Officer had visited the service and made recommendations. We saw these had been fully addressed by the provider. Actions included updating the fire risk assessment and introducing equipment to assist people to evacuate the building safely. We saw the fire system had been well maintained and staff training was up to date.
- Each person had a personal evacuation plan (PEEP) and staff knew what action to take in a fire. On the first day of inspection we identified one person's PEEP had not been reviewed to reflect changes in their mobility. On the second day of the inspection we saw this had been updated.
- On the first day of the inspection we identified the window restrictors could be disengaged allowing the windows to open freely. We discussed this with the provider and immediate action was taken. When we returned on the second day of the inspection all the window restrictors had been replaced.
- Risks to people's health and well being were assessed and regularly monitored and reviewed.

Using medicines safely

- Medication systems were organised, and people were receiving medication when they should. The provider had developed two designated clinic areas since the last inspection.
- At the last inspection we found prescribed creams were not always consistently applied and recorded. At this inspection we found systems were in place to ensure staff were aware of how and when creams should be applied. Creams were stored safely and the records showed they had been consistently applied.
- We observed staff supporting people with medicines in a patient and considerate manner.
- Staff who supported people with their medicines received regular training. Competency checks were carried out in line with recognised good practise.

- Regular audits of the management, storage and administration were undertaken by senior staff. This included a daily checks. Any issues identified were actioned promptly.

Staffing and recruitment

- Safe recruitment processes were generally followed. The service had carried out required checks such as criminal record checks, evidence of identity and suitable written references. However, we found some shortfalls in processes. We saw two records where the full employment history had not been identified. We discussed this with the registered manager on the first day of the inspection. On the second day of the inspection we found the relevant checks had been made.

We recommend the provider reviews recruitment procedures to ensure full employment checks are embedded in their processes.

- People and relatives said there were enough staff. One relative said, "Yes I am rest assured, [relative] is well looked after, that's peace of mind."
- Staff said staffing levels had increased since the last inspection and there were enough staff on duty to support and care for people. Throughout the inspection we observed people received timely support.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living in the home. One person said, "Yes, I do. I feel safer living here than I did at home."
- Staff had completed safeguarding training. They told us they were confident people were safe.
- Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.

Preventing and controlling infection

- Staff completed training in infection control. We saw they had access to aprons and gloves when supporting people with personal care or preparing food.
- The service employed a domestic team and comprehensive cleaning schedules were in place. We found all communal areas were tidy and clean. One relative said, "They [staff] keep their rooms tidy and it is clean."

Learning lessons when things go wrong

- Accidents and incidents were recorded, and the registered manager completed a monthly analysis to identify any themes or trends. We saw actions were taken to reduce incidents. For example, one person's bedroom furniture had been moved round to minimise the risk of falls.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure people's nutritional and hydration needs were met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 14.

- People's nutritional needs were assessed and met by the service.
- People's weights and details of food and fluids intake were monitored when this was part of their care plan.
- The mealtime experience was a relaxed and sociable experience. We observed people being supported in a patient and discrete manner. We observed one staff member supporting someone who was reluctant to eat. They reassured them in a quiet and affectionate manner and took time to assist them and offer them a range of choices.
- The cook had a good understanding of people's dietary needs and individual preferences. We saw drinks were regularly refreshed and snacks and supplements available to people.

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

- People's needs were assessed before they moved into the home.
- The information gathered during the assessment was used to develop care plans and risk assessments. People's care plans described the support required and were up to date. They contained person centred information.
- Staff said care plans had improved significantly since the last inspection. They said this supported them to care for people effectively. One staff member said, "There have been loads of improvements in paperwork and we know everyone is getting the care they need."

Staff support: induction, training, skills and experience

- Staff we spoke with were knowledgeable and skilled. They spoke positively about the training they received. All the staff we spoke with said the quality and frequency of training had improved since the last inspection. We saw there was a comprehensive training programme. This included weekly face to face

sessions by a dedicated trainer, on line training and external courses.

- We reviewed the training matrix for the service which showed most of the mandatory training was up to date or scheduled.
- Staff received regular supervision and an annual appraisal.
- The home had a skin integrity champion and several staff members had completed "React to Red" competency assessments. "React to Red" is a pressure ulcer prevention campaign. Staff received regular on the spot coaching to support them to maintain people's skin integrity and prevent pressure areas.
- One relative said, "They [staff] are very professional. They know their job."

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

- People's care plans contained clear information about their health needs and records showed people had access to a wide range of health and social care professionals.
- People and relatives said people's health needs were supported. One relative said, "There have been a few medical issues with [relative] and they've been on top of that."
- The district nurse team visited daily and for two longer sessions twice a week. We spoke to one health care professional who said the team responded well to advice and guidance. They commented they had seen a lot of improvements since the last inspection.
- The service was part of the Telemedicine initiative. This meant staff and people were able to access remote video consultations with health professionals using a lap top in the service. The deputy manager said this provided prompt and professional support for people.

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

- The building was adapted to meet people's needs. In addition to spacious lounge and dining areas there was a smaller quiet lounge and a dedicated activity room. We saw there were plants, ornaments and soft furnishings which helped create a homely atmosphere.
- There was direct access to safe gardens from the lounges and activity room.
- Dementia friendly signage helped people who lived at the home orientate themselves. The doors to people's bedrooms had been painted different colours and included individualised art work. All the bathroom doors were painted blue. A staff member told us how this had assisted one person living with dementia to maintain their continence.
- The home had recently had lounge and dining areas refurbished and redecorated. In the small lounge the carpet was aged and worn in places. The provider told us this was included in an ongoing refurbishment plan.

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.

- The service was acting within the legal framework for MCA. People's capacity to consent to their care and

treatment was assessed. People had been involved in decisions relating to their care and support where they had capacity to do so.

- Appropriate DoLS applications had been made in a timely manner by the service.
- Information about people's capacity to make decisions had been clearly assessed.
- We observed staff asking for consent from people before they provided support or care. We saw a member of staff asking a person if they were ready to change position. They talked to them calmly about how they were going to be hoisted.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection we saw people were not always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition we saw information was not always stored confidentially. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations 10 and 17.

- People's comments about their care included, "Absolutely brilliant, no complaints." Another person said, "They [staff] all seem so nice."
- Information on people's past lives was recorded to assist staff to know and support them better. Staff knew people well. One staff member said, "If you learn how to fulfil their [residents] wishes the way they want they are happier."
- Throughout the inspection the atmosphere was relaxed, and we saw some caring and affectionate interventions. We saw staff referred to people by their name and adapted their communication style according to people's individual needs.
- The home had three staff who were dignity champions. Their role was to influence and inform colleagues. They also carried out regular recorded observations to ensure people were treated with respect and dignity.
- We saw a range of thank you cards from people and relatives. One said, "Thank you for all the care, compassion and love shown to our [relative]."

Respecting and promoting people's privacy, dignity and independence

- We saw records were stored confidentially. Additional secure office space had been identified since the last inspection to store care plans and records. Staff understood the importance of ensuring people's personal information was stored appropriately.
- Staff were conscious of maintaining people's privacy and dignity including knocking on doors before entering and discretely adjusting people's clothing before helping them change position.

- People generally looked well presented and cared for. We saw some men did not appear to have had a shave. This had also been highlighted in observations made by the dignity champion. We discussed this with the registered manager and we were confident this would be addressed.
- We saw care plans promoted people's independence. One person told us they had used a wheelchair when they entered the home and had been encouraged to walk.

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

- Staff had formed good relationships with people They supported people to make decisions about their care and were able to give positive examples on how they did this daily.
- People and relatives were involved in planning and reviewing their care.
- Relatives said they felt welcomed coming into the home. One relative said, "They are so friendly and caring all the time. They come across and make a fuss of my [relative] It's a lovely atmosphere and [relative] seems content." Relatives said staff communicated well. One relative said, " Staff communicate well, and they always keep me up to date."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection we identified accurate and contemporaneous records were not maintained. This a continuous breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- People and relatives said person centred care was provided at the service.
- People's care needs were assessed, and a range of detailed care plans put in place. This included a "This is Me" plan which people and/or their relatives completed to include their history and things that were important to them.
- Recognised guidance was used to inform practise. This included screening tools for falls, nutritional risk and skin integrity. We saw these were reviewed monthly. We saw one person's mobility needs had changed and a manual handling assessment had been completed. This information was included in the review, but the relevant care plan had not been updated to reflect this. We saw there had been no impact on the person. When we returned on the second day of the inspection the care plan had been updated.
- People also stayed at Willow Bank for short breaks. We saw care plans were flexible to support people to recuperate. One card said, "Thank you for all the banter, chats and laughs, you all helped me on the road to recovery."
- People's religious and cultural needs were considered.

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 identified people's communication needs by assessing them
- People's care plans had clear information to support staff to communicate with people with a hearing or a sight impairment.
- Staff used a discrete set of flash cards to support some people to make choices and express how they

were feeling. The cards included symbols and words.

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

- The home employed an activity coordinator and there was a range of activities available to people. This included entertainers, visits from the local school and a Pets as Therapy dog. During the inspection we observed people participating in a craft session and going out for a walk in the local community.
- The home had a dedicated activity room. In one lounge there was a piano and a small area designed in a wild west theme and in another there was a small café area.
- The feedback we had about activities was mixed. One person said, they got bored. Another relative said activities could be improved. They said, "Would there be anything that would stimulate people more?"
- We saw a pictorial newsletter which included information about planned events. The activity coordinator talked individually with people about what was available. They told us they were working with people and other homes and networks to review the activity programme.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. Concerns and complaints had been clearly recorded and the appropriate action taken. We saw complaints were discussed in team meetings as a way of improving the quality of the service.
- The home had a suggestions box in the entrance area. This gave people and visitors the opportunity to give feedback at any time.

End of life care and support

- People's end of life wishes were discussed and we saw basic information was recorded.
- The registered manager told us they were working with people and their families to develop plans to include more person-centred information. Systems were in place to reflect on people's experiences and make improvements.
- We saw thank you cards from relatives. One said, " Staff went above and beyond when [relative] passed away keeping us supplied with endless cups of tea. [Relative] was very happy at Willow Bank."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found systems of governance were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager and staff we spoke with were clear about their role and responsibilities and had a good knowledge of the service. The service was well run and organised. The home had a management team consisting of the registered manager, deputy manager and clinical lead. Their roles within the home were clearly defined.
- The registered manager and nominated individual had completed a detailed action plan to address the requirements of the last inspection.
- A range of detailed checks and audits were completed to monitor the quality and safety of the service. We found some minor shortfalls, but these were addressed promptly.
- Staff praised the home and the way it was run. They spoke positively about the registered manager and nominated individual. They gave examples of them being approachable and fair. One person said, "Any issues we have, they try to resolve them."
- The registered manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.
- We found a warm and inclusive atmosphere within the home.

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

- The registered manager spoke positively about developing teamwork. They had recently introduced champion roles for dignity and skin integrity.
- Staff told us they felt supported and morale and teamwork was good. They said they had seen

improvements in the service since the last inspection. One staff member said, "[Registered manager] tries to make this home from home. It is their [residents] home."

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

- Meetings were held regularly with people, relatives and staff.
- The provider had conducted surveys to seek the views of people, relatives and staff. The feedback was generally positive, and we saw some suggestions had been acted upon.

Continuous learning and improving care:

Working in partnership with others

- The registered manager understood their legal responsibilities and were committed to learning and improving care.
- The registered manager and team were receptive to feedback throughout the inspection and responded quickly to address concerns and improve the service.
- Staff were encouraged to share ideas. One staff member had recently attended a conference about people living with dementia and they had shared ideas about how to improve care plans. The aim of this was to have more detailed personalised information which would support staff to build meaningful relationships with people.
- The registered manager met regularly with other managers in the network. These meetings were used to learn lessons and share good practise.
- The registered manager planned to update oral health care plans to include recommendations from CQC's recent publication, "Smiling Matters Oral Health"