

Willow Park Healthcare Limited

# Willow Park Care Home

## Inspection report

Baghill Lane  
Pontefract  
West Yorkshire  
WF8 2HB

Date of inspection visit:  
10 January 2018

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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

Willow Park Care Home is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 64 people. The purpose built home is divided over three floors with residential, dementia and nursing care on separate floors. There are dining rooms and lounges on each floor. The home has a café and bar area for people who use the service and their relatives.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Staff had regular opportunities to update their skills and professional development. Staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records contained clear information covering all aspects of people's individualised care and support and staff had a caring approach to working with the people who used the service. However on two people's care records some information had not been updated this was due to them to be completed the same night. The registered manager and deputy completed these on the same day of inspection.

Staff were confident in supporting people with medicines and knew people well.

There was a clear management structure and staff clearly understood their roles and responsibilities. There was an open and transparent culture in which staff felt valued and able to approach the registered manager. Staff told us they felt valued and enjoyed their job.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service has improved to Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Willow Park Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection which took place on 10 January 2018 and was unannounced.

The inspection was carried out by three social care inspectors and two experts by experience who had experience with supporting people with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our visit we spoke with 10 people who used the service, 11 members of staff including the cook, the deputy manager and the registered manager. We spoke with 10 relatives of people who lived in the home. We spent time observing support given to people in their home. We looked at documents and records that related to people's care and the management of the service. We looked at 10 people's care plans.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel better for being in here, it's done me good." Another person said, "Always people bobbing in and out to see if I'm okay." A third person said, "Feel safer here than at home." A fourth person said, "Very safe here, staff are very kind."

We observed enough staff to support people in the way they would like to be supported. We saw evidence the provider kept staffing levels under review. One person said, "Staff listen to us, I feel very safe here. Night staff are good too." Another person said, "Staff talk to us they are like daughters to us."

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and two written references were obtained before new employees started work.

We saw the provider had a policy for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. One member of staff said, "I would not hesitate to report any concerns I had to the deputy or manager."

Medicines were stored securely and safely. Storage temperatures were checked daily and staff told us they would report any issues. Records were kept for the fridge temperatures, and only medicines which required refrigerated storage were kept in the fridges. Everyone we spoke to told us they received their medicines on time.

We reviewed accident and incident forms. The service had involved the local Vanguard team (Vanguards support care homes) to help reduce falls and used new checklist forms. Advice from the Vanguard team included re-assessing the person's risk and updating care plans when needed. We saw this had taken place. The registered manager reviewed accidents each month and annually to inform continual improvement.

We saw there were systems in place to make sure the premises and equipment were maintained and serviced as required.

Everyone we spoke with praised the standards of cleanliness and hygiene at Willow Park Care Home. One visiting relative told us "Very clean, carpets regularly cleaned – they have a cleaning rota." We observed this to be correct at the time of inspection. Willow Park Care Home was very clean, homely and welcoming.

# Is the service effective?

## Our findings

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, in relation to Deprivation of Liberty Safeguarding (DoLS) and we were able to improve the rating to Good.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection over 20 people had a DoLS in place and another two were pending approval. Care plans showed a clear understanding of the MCA. Every person's file included a declaration of the person's human rights and a statement about their mental capacity. We saw mental capacity assessments had been completed each year for people about the decision to live in the home. For example for one person it stated, 'I am deemed to have the mental capacity to make my own decisions.' Other people's files showed they lacked capacity to make some decisions but 'wherever possible I will be assisted to make my own lifestyle choices'. Where people had been assessed as lacking capacity to make a decision, their care plan clearly stated who made which decisions, in their best interests. This included care staff, relatives and social workers, as appropriate. People who lacked mental capacity to make the decision to live in the home had a DoLS in place.

People we spoke with told us they had access to health care services and that staff were trained well and received support from healthcare professionals when they required this. One person said, "Easy to see a doctor, staff phone a GP and organise any follow up specialist appointments." Another person said, "Staff don't let anything slide as far as your health goes. Phone a doctor straight away if you are unwell." A third person said, "Saw the chiropodist today, feet are lovely now."

Staff told us they felt supported in relation to supervisions and appraisals. All the staff we spoke to said they felt these were valuable. We saw documentation which confirmed this. Staff told us they received training to support them in their role.

People we spoke to told us the food was nice. One person said, "Plenty of choice, kitchen will always make you an alternative if you don't fancy what's on the menu - sandwich, egg on toast." Another person said, "Always snacks behind the bar." A third person said, "Menus come around in the morning, always get offered a choice of two." A fourth person said, 'I always have a 'full English' for breakfast. It sets me up for the day.' One person said, "Food is okay, but gets a bit boring."

We saw throughout the day staff asking people if they would like drinks and snacks. These consisted of warm and cold drink options and fruit, biscuits and cakes.

Everyone we spoke to was happy with the layout and appearance of the home.

## Is the service caring?

### Our findings

Everyone we spoke to told us they were very well looked after. One person said, "Staff help me dress, take me for a bath – wash my back and help me dry. They respect my privacy. Some are very kind, most caring." Another person said, "Staff help me dress, always very kind and respectful." A third person said, "I can't dress without help, staff are very good."

Visiting relatives and people told us Willow Park Care Home made visitors welcome at all times. One relative said, "Staff are always telling us what's going on, and there's an Information Board we can look at." Another relative said, "Staff never fob you off, always explain things to us."

We observed good interactions by staff with people throughout the inspection. We saw staff chatting with people in a relaxed way. People told us staff always had time to sit and talk to them and always listened to them. One person said, "All the staff know our Christian names." A second person said, "Staff are all nice to me, they all know my name." A third person said, "Staff know what I like and don't like." A fourth person said, "Some staff are better than others, some worth their weight in gold."

We observed staff knocking on doors and waiting for an answer before they entered. One staff member told us, "I would not like someone just walking in." We saw staff treat people in a respectful calming way.

We saw evidence in the care plans where involvement had been gained with the person and family in relation to their care plans and relevant documentation. We saw the home actively sourced advocates for people and in one care plan we saw a friend was their advocate. One person said, "Yes I do have a care plan staff here know exactly what I like." We saw people's life histories in place and what people liked and didn't like. One member of staff said, "It's good to know what people do like when they move in so we have a place to start."

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable.

## Is the service responsive?

### Our findings

People we spoke to told us they enjoyed the activities at the home. One person said, "I love going to Castleford market, I like Bingo." Another person said, "We have chair exercises, love the Reminiscent Days." A third person said, "Trips to garden centre and Pontefract market." A fourth person said, "Christmas here was lovely. Had a lovely visit from a Pantomime group at Christmas." We saw people were engaged in different activities such as chatting, reading and completing jigsaws throughout the inspection.

Two care plans we looked at had not always been updated to reflect advice given, however we asked care staff to tell us details of how they cared for three different people and they were giving appropriate care and following the advice given by district nurses. For example, a person had developed a pressure ulcer. The staff had noted the area was red and telephoned the district nurse who had advised the use of a pressure relief cushion and periods of bedrest. We observed this to be in place at the time of inspection. However this was not recorded in the person's care plan but all the staff we spoke with knew of the advice and delivered the correct care and this was reflected in the daily notes. We spoke with the deputy manager and the registered manager about this in the morning of the inspection and before the end of the day we saw both care plans had been updated to reflect the actual care the person received. The deputy manager told us, "This was in the process of been updated tonight once the care plans had been audited."

We saw care plans included detailed information about people's lifestyle choices. This included the time they liked to get up, what toiletries they liked to use, their food preferences and social choices. Care plans were personalised, reviewed monthly and usually updated when needs changed. They reflected current risk assessments, personal histories and preferences.

People and their relatives told us they would know how to make a complaint. One person said, "Never seen the manager, but would complain to them if I had a problem. 'A second person said, "I complained once, told them my dinner was cold – so they fetched me a hot one." We saw complaints were recorded and investigated appropriately by the registered manager. The registered manager told us they did not have anyone at the time who needed this in an alternative format, however if this changed they would put this into place."

We looked at many compliments which the home received. These included, 'The love, patience, kindness and devotion shown to mum and dad is quite superb' And 'To find a care home that is genuinely here because you care is extraordinary' And 'The team on the first floor are superb' And 'The professionalism and dignity of care seen on a daily basis should be a benchmark to others'.

We saw in people's care plans information on end of life. People and their relatives were actively encouraged to complete and discuss information relevant to the person.

## Is the service well-led?

### Our findings

At the time of inspection there was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall people told us they were happy with their home. Comments included, "Managers are very approachable." And "I like it here I am well looked after."

We saw evidence of staff meetings in the home. Items of discussion included; maintenance, creams/meds, bowels, cleaning, safeguarding, laundry, sheets and pregnancy risk assessments. Staff told us they felt valued and listened to in the staff meetings. One member of staff said, "Yes I feel valued my manager is great we all get along well."

We saw surveys had been completed in 2017 which showed people considered the home was well run. There were no negative comments throughout the survey.

There were systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered manager had good systems in place to maintain and drive standards forward. The registered manager and deputy manager told us the two care plans which had not been updated were due for completing at the end of the shift. They said they would look into this and ensure this would not happen again. We saw extensive audits which included; medication audits, accident and incident analysis, walk rounds, supervision and training. Where issues were identified, action was taken. For example, the registered manager discussed previous missed signatures in the medication records with staff in supervision and in staff meetings. This was addressed and improvements had been observed. The registered manager said, "This is their home and we want this to be the best it possibly can for them."