

Bondcare (Darrington) Limited

Willow Park Care Home

Inspection report

Baghill Lane
Pontefract
West Yorkshire
WF8 2HB

Tel: 01977877680

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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 Park is a nursing home providing accommodation for persons who require nursing or personal care for up to 64 people. The service provides support to people who have physical health needs and conditions such as Dementia. At the time of our inspection there were 57 people using the service.

The home is set out across 3 floors, each of which has adapted facilities. Each bedroom has an en-suite facility. One floor specialised in providing care to people living with dementia and another floor supported people with complex care needs. There were communal areas, dining rooms, a bar, hair salon and an area acting as a library.

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

People and relatives spoke positively about the care received from the staff team and the manager.

People were protected from the risk of abuse by staff who were trained and knowledgeable about safeguarding. People's risks were appropriately assessed, and the provider sought advice from relevant professionals where appropriate.

Sufficient numbers of staff were available to meet people's needs. One person said, "There's plenty of staff here to cover any eventuality." The provider appropriately supported staff through induction, training and supervision. The manager was seeking additional training to the mandatory training provided to develop staff's knowledge around infection, prevention and control and Dementia. The provider followed safe recruitment practices.

People's medicines were not always managed in safe way. Governance oversight and record keeping concerns meant people were at risk of not having their medicines managed in a safe way. The provider addressed the record keeping concerns during the inspection process. We found no evidence of harm to people.

We have made a recommendation the provider embeds the current quality assurance processes in practice to ensure the safe management of medicines.

People's care plans were mostly reflective and person-centred. The provider was transitioning to electronic care planning and actively reviewing people's needs to identify shortfalls.

People were supported by staff who were caring and respected their dignity. Staff sought consent from people when offering care. People were encouraged to express their views and be involved in decisions about their care.

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.

People and relatives spoke positively about person-centred activities within the service. We saw evidence of feedback surveys conducted by the activities staff to ensure people were not at risk of social isolation.

People and staff spoke positively about the culture of the service and the manager. The management team were new to the service and were working proactively and promptly to drive service improvement, including embedding quality assurance processes and improve record keeping.

We have made a recommendation the provider continues to embed governance oversight around record keeping.

The provider used a variety of channels such as surveys, meetings, complaints and compliments to learn lessons and encourage improvement.

We found the service worked effectively with other health and social care professional and feedback from other professionals was positive.

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 the service under the previous provider was Good, published on 27 February 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to inspect the service under the new provider.

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 the service can respond to COVID-19 and other infection outbreaks effectively.

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

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 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 Park 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 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 Care Home 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 Care Home is a care home registered with nursing care but was not providing nursing care to anyone in the service. 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 not a registered manager in post. A new manager had been in post for 6 weeks and had applied to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we had received about this service since its registration under the new provider in 2019. We requested feedback from stakeholders, including local safeguarding and commissioning teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 5 relatives about their experience of care provided. We gathered feedback from 11 staff members including the manager, regional support manager, unit manager, kitchen staff, activities staff and care staff. We also spoke with 2 visiting professionals.

We reviewed a range of records including 8 people's care plans, risk assessments and medicines records. We looked at 5 staff files in relation to recruitment and training. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records. Following the site visit, we reviewed further information and evidence from the provider including action plans, compliance reports, feedback forms and medicine records.

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 registered service under a new provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were not always safely managed. We found no evidence people had been harmed.
- Guidance and records were not always in place to support the safe administration of medicines, including topical medicines and creams.
- Where creams were applied by care staff the record did not clearly show who had applied them. The provider has since implemented task records to ensure management had oversight of which staff were applying creams.
- Where 'when required' medicines were administered it wasn't always documented why they were given or if they were effective. This meant there was a risk people did not receive their medicines consistently or when they needed them. The service had recently asked the prescriber for a medicine review of these people to ensure the administration was appropriate.
- The provider had a medication stock count in place to check medicine were administered as prescribed, however when discrepancies were noted these were not always escalated for investigation.
- The provider's audits had not picked up all the issues we found on inspection. After our inspection, the manager reviewed our feedback and an action plan was put in place to address the issues and appropriate mitigation was put in place. However, we were not able to test the effectiveness of these as part of this inspection.

We recommend the provider continues to embed the newly implemented quality assurance processes to ensure the safe management of medicines.

Systems and processes to safeguard people from the risk of abuse

- The providers safeguarding systems protected people from the risk of abuse. People and relatives felt support was provided safely.
- Staff were trained and were knowledgeable about their safeguarding responsibilities and knew what procedure to follow if they had concerns. One staff member said, "We protect them and keep them safe from harm." A relative said, "I feel [person] is very safe here."
- The provider had a safeguarding and whistleblowing policy which was accessible to staff.

Assessing risk, safety monitoring and management

- People felt safe. One person said, "Yes, there is always [staff] walking about, you can go to anyone [staff] and ask things and they're [staff] always there to call on."
- Risks associated with people's care had been assessed and staff knew risks associated with people's care. Where people's needs had recently changed or new risks had been identified, records had been updated.

- Risk assessments were mostly person-centred and detailed. The new management team were completing a review of all people's needs to ensure records were relevant.
- Staff had a good understanding of where to find information related to managing risks. Staff were aware to inform the manager of any safety concerns. One staff member said, "Yes, I would look in their [people's] care plan."

Staffing and recruitment

- The provider followed safe recruitment practices and carried out appropriate recruitment checks to ensure the suitability of staff to meet people's needs.
- The provider was actively recruiting to fill their current vacancies.
- Staff deployment met people's needs effectively. The provider had additional staff to support people to do the things they enjoyed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visitors in the care home was in line with current government guidance and people were supported to have visitors. Visitors were encouraged to wear face masks.
- We observed multiple visitors entering the home throughout the day and were seen spending time with their family members in their bedrooms, communal areas and in the private garden.

Learning lessons when things go wrong

- The management team reviewed all accidents and incidents and recorded actions taken to improve practice. These actions were followed up in a timely manner.
- Staff were aware how to report any incident to the management team. We found lessons learnt were shared with staff via meetings or supervisions.
- Appropriate actions were taken for all incidents and records were updated to mitigate incidents of a similar nature.

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 of this registered service under a new provider. 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; Staff working with other agencies to provide consistent, effective, timely care

- The provider had an assessment process in place for when people were admitted into the service. This assessment tool included information about people's risks, communication and lifestyle preferences.
- The management team and staff worked with other health and social care agencies to ensure people received effective care.
- Feedback from visiting professionals suggested staff knew residents needs well. One healthcare professional said, "The staff here really know the residents, the staff are always present and interacting with them."

Staff support: induction, training, skills and experience

- Staff completed an induction and training relevant to the needs of the people they supported.
- Staff had given feedback in staff meetings they would benefit from further training. The manager had sourced and scheduled this.
- Staff felt supported in their role and spoke positively about the new management team. One staff member said, "The new manager is really nice and supportive, the unit manager is very supportive too."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were being supported with their nutritional and hydrational needs.
- Feedback about the dining experience within the service was mixed. The manager was actively working to improve the dining experience for people.
- The manager had recently implemented revised menus, pictorial menus, dining experience audits and feedback forms.
- During the inspection, the manager implemented a 'down-tools' time where all staff on-site including management, housekeeping and admin staff supported people during mealtimes to allow more direct support.

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

- The environment was homely, and the layout allowed for social interaction.
- The provider was completing refurbishment work in the service. People had been involved in suggestions to the communal decoration and their bedrooms.
- The provider was making improvements to support people living with dementia, including personalising

people's door to allow for easy identification, updating crockery and decoration around the home.

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, 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.

- People were supported in line with the principles of the MCA.
- Care plans included appropriate assessments of people's capacity to make decisions about their care and support.
- Where it was identified a person lacked capacity, we saw evidence of best interest decisions with relatives and representatives consulted in the person's best interest.
- The manager had worked with the local authority when they found a person lacked the mental capacity to agree to their care arrangements. The manager recorded when a person's deprivation of liberty had been authorised.
- Staff were knowledgeable about the principles of the MCA and we observed staff seeking consent from people before providing care and support.

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 of this registered service under a new provider. 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

- Staff treated people well and the culture of the service promoted a person-centred approach to care. People and relatives said staff were kind and caring. One person said, "They're [staff] very kind to be and helpful" and "They treat me very well."
- Activities incorporated differences in cultural preferences. The service recently held an 'Italian' day and other cultural 'special occasions' were celebrated. People who wanted to, had been supported to access the local church. One relative said, "[Activities co-ordinator] is a breath of fresh air, they are wonderful."

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

- People were supported to express their views and be involved in decisions about their care through multiple channels.
- The manager held resident and relative meetings, conducted surveys and asked for feedback on specific areas of the service provided.
- People were supported by a staff team who knew them well and were familiar with their preferences. One relative said, "[Relative] likes to wear tights and the colour pink and they [staff] try and match her clothes up."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. We observed staff knocking on people's doors and asking permission to enter. One person said, "The staff are always helping. They [staff] can't do enough to get you what you need."
- People were encouraged to maintain their independence. We observed one staff member supporting a person to walk independently who said, "Come on, you're doing 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 of this registered service under a new provider. 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

- Care plans were mostly person-centred and detailed, and provided staff with clear guidance on how to support people in a way which respected their likes and dislikes.
- Staff demonstrated a good understanding of people's needs and knew care plans needed regularly reviewing in case people's needs or preferences changed.
- People received support based on their preferences. One person said, "If you tell them [staff] you don't like certain things. They [staff] bring you different things."

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 were identified and detailed in care plans.
- There was pictorial and easy read information throughout the home.
- People who were unable to verbally communicate or hear well had alternate communication methods in place to allow effective communication.

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 activities co-ordinator was very enthusiastic and passionate about their role. They reviewed activities and sought feedback to improve the activities in a person-centred way.
- Multiple activities took place during our inspection, including Bingo, karaoke, armchair aerobics and board games. We saw evidence of person-centred activities scheduled daily. One person said, "We have an [activities coordinator], we play games and cards, puzzles, do craft work and painting."
- We saw evidence of people's specific goals being achieved. For example, one person wished to ride a bike as they had when they were younger. The activities staff supported the person to do this.
- People who were cared for in bed were supported with 1:1 activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.

- There was information around the home to advise people and relatives how to submit a complaint.
- The service had not received any recent complaints. However, the manager was able to tell us how they would deal with a complaint.

End of life care and support

- The provider was not currently providing support to anyone at the end of their life. However, the provider had the appropriate training in place to support someone effectively if the need arose.

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 of this registered service under a new provider. This key question has been rated 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; Continuous learning and improving care

- The manager demonstrated a good understanding of their roles and responsibilities.
- The provider had auditing systems in place, and most were being used effectively to have oversight of the quality of care at the service. Actions identified were appropriately followed up.
- The management team was embedding newer quality assurance processes. This included recent reviews of people's care and record keeping.
- The manager ensured the appropriate notifications were sent to CQC in a timely manner and in line with their regulatory responsibilities.

We recommend the provider continues to embed the quality assurance process in place and monitor record compliance.

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

- The management team and staff were committed to providing a caring and person-centred service. One relative said, "When we [relatives] come in they [management team] chat to us straight away, they're on the ball, they know about [relative]."
- The management team were new to the service. However, most people and relatives were able to point the manager out.
- All staff said the provider and the manager were supportive. One staff member said, "They [management] are lovely and I feel very supported."
- The manager had an 'open door' policy and had also protected time to allow staff to have a 'drop in' service each week to openly discuss concerns. This was alongside team meetings and supervision.
- We found the management team to be working efficiently to review the service as a whole and drive improvements to achieve good outcomes and compliance.

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 manager promoted an open and transparent culture throughout the service. The manager understood the importance of the duty of candour.
- The manager was appropriately reporting incidents in line with their legal responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people, relatives and staff to continuously improve the service. Feedback was considered and actions taken based on this. One person said, "We've [people] had a few different surveys to complete about activities." They've [management team] started regular relatives' meetings, but I feel I can always talk to someone."
- The provider worked in partnership with other services to support people effectively. Records evidenced communication with health and social care professionals.