

Willinbrook Healthcare Limited

Willowbrook

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willowbrook is a residential care home providing personal and nursing care to up to 77 people. The service provides support to people living with dementia and or support with their mental health. At the time of our inspection there were 75 people using the service. The service comprises of 2 buildings; Aldridge House and Alexander House.

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

Systems were in place to assess and mitigate risks. Some environmental risks were identified, the provider had action plans in place to address these.

Staff knew how to identify possible signs of abuse and how to escalate concerns. People received their medicines as prescribed. There were enough staff to support people safely and respond to their needs. Staff had been safely recruited. Where things went wrong action was taken to reduce the risk of reoccurrence and learn for the future.

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.

Staff were caring, compassionate and kind. Staff understood how to support people in a way that promoted their privacy, independence and dignity. The service sought to meet people's needs in relation to equality and diversity.

There was a positive and open culture, and the management team were approachable. There were a variety of systems in place to monitor and assess the care provided and people received good care. Where areas for action were identified during the inspection, the provider took immediate action.

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 the service was Outstanding (published on 08 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from outstanding to good, based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Willowbrook 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Willowbrook

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 conducted by 2 inspectors, a specialist nurse advisor and 2 expert by experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Willowbrook 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. Willowbrook 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). 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 9 people who used the service and 8 relatives about their experience of the care provided. We also spoke with 18 staff members including care staff, senior care, nursing staff, maintenance operative, house keeping, catering staff, deputy manager and the registered manager and a health and social care professional.

We reviewed a range of records, these included 6 people's care records, 4 people's medicines administration records and governance and quality assurance records. We also looked at 5 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as good the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- In June 2023 we discussed with the provider concerns in relation to their safeguarding procedures. At this inspection we found significant improvements had been made. There had been an increase in notifications received and these were relevant. Referrals had been made to the local authority safeguarding teams and police, in line with local safeguarding policy and procedures.
- There was an open and transparent culture that encouraged staff to raise any safeguarding concerns.
- Staff had received training in safeguarding and knew how to identify signs of possible abuse and how to escalate any concerns. A staff member said, " If I had any concerns I would report them straight away to the manager or deputy, and they would take action."
- Relatives told us they were happy with their family members care. A relative told us, " If I had any issues or concerns, I would raise them straight away with the manager or senior as my relative's care is so important to me." Another relative told us, " We as a family take turns to come and visit my relative every day. None of us have had any concerns about how my relative looks or is behaving. If any of us had any concerns or issues, we would contact the manager straight away.

Assessing risk, safety monitoring and management

- Risk assessments in place identified potential risks to people's safety and guided staff on how to keep people safe from harm. This included risks in relation to falls, health conditions and response to anxiety or distress.
- We discussed with the management team when a review of a person's risk assessment take place, this should include if the measures in place have been effective. The management team told us this would be actioned immediately.
- Staff understood people's risks and told us they were kept up to date with changes in people's needs. A relative told us, "I would, and I think all my family would, recommend this home the care my relative is getting is really good. All the staff know how to deal with my relative when they become angry or frustrated." Another relative said, "All the staff can recognise when my relative is getting upset and they gently walk them around the room or give them a drink."
- When people were unsettled staff were calm and used distraction and calming methods offering people a drink, sitting and chatting to people and taking them for a walk in the building.
- Staff were clear of the protocols to follow in the event of an accident, incident or a person becoming unwell.
- Systems were in place to identify and assess environmental risks. The fire risk assessment had identified a number of tasks including upgrading of a fire door, and some replacement of intumescent strips. There was an action plan in place with timescales scheduled for completion in January 2024.

Preventing and controlling infection

- Some people's flooring had been damaged and cleaning had become difficult. Also, in some shower facilities there had been ventilation problems and a build up of mould had developed. The provider had identified these issues, and an action plan with timescales to address the work was in place.
- The home was clean, we saw a dedicated housekeeping team followed cleaning schedules to ensure all areas of the home were systematically and regularly cleaned.
- Systems for safe infection prevention and control practices were in place. We observed a few staff who were not following the bare below guidance. This was being addressed by the management team through their own audits and checks. There was evidence of good practice consistent throughout the home, including staff washing their hands between each medicine administration, and people were supported to wash their hands prior to mealtimes.

Staffing and recruitment

- We observed staffing levels across all areas of the home. There were enough staff to support people safely. We saw staff were available to provide care in a timely way as well as respond to people's needs and requests.
- The provider told us in the Provider Information Return (PIR) how they assessed staffing levels using a dependency tool, and they also told us they referred to and followed good practice guidance on staffing levels.
- There had been some staff turn over in recent months. The registered manager told us despite some turn over of staff, safe staffing levels had been maintained. A relative told us, " There has been a bit of staff changes here recently but it doesn't seem to have affected the care provided for my relative. I am very happy my relative is here, they look well looked after."
- The provider followed safe recruitment practice. This included pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A staff member told us, "I had a full induction and training. I have recently moved onto another unit. I had induction support from the nurses and other staff. I worked with staff who knew the people and read all the care plans. I feel really settled on this unit and feel competent."

Using medicines safely

- People received their medicines as prescribed. We observed people being supported to take their medicines safely.
- Procedures for the safe management of medicines and systems to ensure the administration, storage and disposal of medicines were in place.
- Staff were professional and kind when administering people's medicines. For example, we observed they told people what the medicines were for, and were patient whilst people took their medicines.

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.

- Some people had conditions in place on their DoLS authorisation in relation to how they were supported to take their medicines. These restrictions were no longer required. The registered manager updated the local authority about these changes immediately following the inspection.
- Staff received training in relation to MCA and had a good understanding of its principles. People were supported wherever possible to make their own decisions. A staff member told us, " I have done MCA and DoLS training. On this unit most people don't have capacity. For one person in particular there are many best interest meetings and they have an advocate to speak on their behalf. Staff always ask for consent for everything we do. Where people refuse we leave them a short time and return and they usually agree."

Visiting in care homes

The provider was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. Visitors could access the home freely.

Learning lessons when things go wrong

- Systems were in place to ensure learning for the future happened following incidents and events. Accidents and incidents were reviewed to ensure the action taken was appropriate, to introduce any further changes or improvements and any learning was shared with the wider staff team.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- People were cared for and supported by staff that were kind and caring. We observed people were treated in a caring way by staff who showed a warm and friendly approach.
- People and relatives were happy with the care provided and praised the staff and told us positive relationships have developed between people and staff. A relative told us, " They tell me straight away if my relative has been poorly and they look after my relative fabulously. I love my relative to bits and want the best care for them. I believe this is the best place for my relative to be. This is their home now."
- Relatives were welcomed by staff and were made to feel included. A relative told us, "I cannot believe how good the staff here are. You need to be a special person to do this job and they are all so good. I'm even well looked after when I come here, I always get offered a coffee and sometimes cake. It feels like family here."
- The service was non-discriminatory. Staff told us they respected people's differences and provided them with person-centred care that reflected their protected characteristics. Staff and management team told us how they ensured people were treated well, regardless of disability, race, religion, sexual orientation, or preferred gender.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff team were committed and passionate about treating people as individuals. They responded quickly to people's changing needs and this ensured people received the right care and support.
- People were encouraged to maintain their independence. Staff understood and recognised when people needed assistance.
- People were approached by staff in a considerate, sensitive manner to offer support. For example, where people's needs were complex, staff were calm and used distraction methods, offered people a drink, and sat and chatted with them.

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

- The provider identified that although relatives were involved in their family members care, there was no formal system for monitoring this and for ensuring regular formal reviews of people's care took place. These were being implemented.
- People were supported to express their views and make decisions about their care.
- Staff spoke to people politely, and gave people time and choices about what they wished to eat and drink, where they wished to sit and what they wanted to do.
- Relatives consistently told us their family member was well cared for. A relative told us, "The staff are

wonderful; they enjoy picking out their clothes for them, and helping them to look how they would want to". Another relative told us, "The home keeps us up to date on how our relative is."

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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

- There was a system in place to monitor and assess the care provided.
- Areas identified for improvement during this inspection were either already identified by the provider and work was in progress, or the provider acted on our feedback during the inspection.
- Improvements had been made to the oversight of safeguarding people, local adult safeguarding policy and procedures were followed, and people were protected.
- Systems were in place to continuously review people's clinical care needs, so prompt action could be taken when required. For example, clinical risk meetings took place and considered a wide range of issues including, complex care issues, new referrals to the service and wound care.
- The provider understood when things went wrong it was their legal responsibility to be open and honest. The provider sent statutory notifications to the Care Quality Commission, as legally required.

Continuous learning and improving care

- The registered manager responded positively to feedback and took immediate action on issues identified during the inspection.
- The registered manager told us they were in the process of improving documentation in relation to prescribed creams, this was in process when we inspected.
- We discussed with the management team the need to ensure the evaluation of risk management plans showed measures in place to mitigate risk, had been reviewed. In addition, we discussed the pre-assessment process should include who provided the information about a person prior to a new admission taking place. The registered manager took immediate action to review these areas.

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.
- Where things had gone wrong the registered manager had spoken with people and their relatives, and explained what action they had taken to improve the quality of care people received and reduce the likelihood of things going wrong again.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service.
- People, relatives and staff consistently told us the service was well-led. A relative told us, "I have never come here and had concerns over how my relative is being cared for. I would definitely recommend this home, everyone is so friendly here, it is lovely to see how they interact with my relative. If I had any issues or concerns, I would raise them straight away with the manager or senior as my relative's care is so important to me."
- The registered manager held an open door surgery every Wednesday and relatives were welcome to speak with them about any aspect of their relatives care. Records showed minor niggles and queries could be addressed quickly and before escalating into something more complex.
- A range of meetings were established for sharing information and gathering views about the service. Including, heads of department, health and safety and staff meetings.
- A Newsletter was distributed every 3 months, this was detailed in content and included information about current people living at the service, events and activities taking place. It also reached out to relatives offering dementia support groups and training for all family members.
- Staff achievements were recognised and captured. Long service awards were given to 65 staff who had worked between 5 and 12 years for the provider. Staff achievements were also celebrated, a staff member received glowing reviews by their tutor for their abilities and conduct. Another staff member was supported to, and successfully completed their nursing degree. They were also recognised for their person-centred care values.

Working in partnership with others

- The registered manager and staff team worked alongside other professionals to ensure people's needs were met. A health and social care professional told us the managers were welcoming, helpful and professional.