

Willow Lodge Care Home Service

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Telephone: 01324357770

Type of inspection:
Unannounced

Completed on:
14 November 2024

Service provided by:
The Willows (Falkirk) Limited

Service provider number:
SP2021000090

Service no:
CS2021000147

About the service

Willow Lodge is a purpose-built mental health care home in Falkirk. It offers personalised care and support to adults enduring or recovering from mental health difficulties.

There are 29 en suite bedrooms and four self-contained flats to allow the home to meet people's needs as they regain independence and living skills. There are various lounges and recreation rooms as well as cooking areas that enable people to develop and regain skills and confidence. There is a walled garden area with seating that people can access freely.

At the time of the inspection, there were 33 people living in the home.

About the inspection

This was an unannounced inspection which took place on 13 and 14 October 2024. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection, we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with seven people using the service and two of their relatives
- spoke with 12 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Willow Lodge is a well-performing care home for people with mental health conditions.
- The staff team are well trained and informed.
- The provider offers high-quality learning and development opportunities to support staff to offer quality care and support.
- People are supported in ways that enable them to achieve their goals and provide stability and recovery.
- Staff team dynamics need to be addressed in order for the service to fulfil its potential.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People were treated with dignity and respect and staff were overall, well regarded by people living in Willow Lodge. Some comments from people have included things like, "Staff are nice," and "They can't do enough for you." People were mostly happy living in the home, with some people having been recently advised they will be able to move on to more independent living environments. A couple of people told us they just wanted to live in their own homes again, but were not ready for this yet.

Interactions were kind and appropriate. Staff were skilled in using both verbal and nonverbal communication in response to people's requests for support or assistance if they were busy, and staff communicated well with each other to attend to people as quickly as possible. Sometimes, this was not fast enough for people; however, staff were respectful in conveying that there were other people needing support, without appearing dismissive of people's needs.

Difficult situations were managed well, with input from specialist services and professionals being obtained. At times, people had behaved in ways that were threatening and aggressive towards staff. Incident reporting and follow up was happening. Debrief took place, although we were not able to see any records of this. We suggested that resident meetings or one-to-one meetings could take place in response to and in prevention of some of these incidents to reinforce expectations. No one had been served notice of termination of their place at Willow Lodge in recent months. There had been an area for improvement made about this from a complaint investigation; however, we were unable to follow up on this because no terminations had been served. We will follow up at future inspections.

The service was focused on ensuring that people were able to meet their goals and wishes, and offered therapeutic activities to promote life skills and wellbeing. Cooking classes, music therapy, art therapy and a range of recreational activities were offered each week. We heard how the music therapy had encouraged one person to communicate and engage more with staff, and we could see a marked difference in their confidence since we last visited the service at the last inspection, which demonstrated significant progress for them.

We thought that further structured support around budgeting skills could be offered to support people as they prepare to move on from the service.

There was good health and wellbeing support provided to people, around both physical and mental wellbeing. The staff team had worked proactively to support people with GP appointments, medical screening, sexual health and input from specialist teams as needed to follow up when things were changing or progressing. This meant that care and support was able to be provided in line with best practice and professional advice.

People were encouraged and supported with healthy meal choices and encouraged to take activity. Sometimes this was just a local walk to shops with staff or around the garden. We noted that people were looking well, both physically and in their confidence and interaction levels. This demonstrated good outcomes for people in physical and mental wellbeing. We noted how staff were working with one person

in skilful ways to support them to develop their communication and conversation skills, and build relationships.

Medication continued to be overall well managed with good practice in place. We noted some gaps in recording of as required medication outcomes, and advised that this needs to be reinforced in order to ensure efficacy of as required medications. Clarification was needed around the details of a covert pathway for one person; however, staff had identified this prior to the inspection and action had been taken to obtain clarification.

Recording of eating and drinking support for people could be improved to include more detail about the level of support offered and provided to ensure that practice is in keeping with people's specific dietary and eating requirements. This would help ensure that people are supported safely.

We encouraged the management team to think about how dementia friendly the environment in the service was. There were people who had received a diagnosis of dementia in addition to their mental health diagnosis, and some actions had been taken to support communication and orientation for them, which was good to see. We suggested the provider could look at some of their own provisions for older people or specific dementia settings to help inform this.

How good is our staff team?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

We received comments from staff that were mixed and indicated further work was needed to address working cultures across the nursing and support staff team. Some of the feedback included a sense of high staff turnover, although staff figures this year did not reflect this. Other feedback indicated that managers were helpful, supportive and approachable, but also a sense that nothing was being done about addressing issues that staff raised. Some of these issues may be confidential in nature, so staff may only expect to receive minimal feedback. The management team could look at ways to ensure principles of confidentiality, staff expectations from whistleblowing procedures or complaints, and communication back to staff could be reinforced.

A robust training package called "warm welcome" had been developed and put in place to support the staff team with creating a more positive working culture, and ultimately enabling better outcomes for people living in the home. This had been completed by most of the staff team at the time of the inspection, with some very positive feedback about how it had prompted staff to think about their conduct and reflect on this with a view to improving practice. Work was planned to continue, supported by the learning and development team, to embed the elements of this training into staff custom and practice. This could help to create and strengthen an open and positive learning culture amongst the staff team. Staff themselves also need to strive to implement these principles in their day-to-day work in order for the atmosphere and culture amongst the team to improve. There was still a sense that conflict amongst individuals within the team was unresolved, although steps had been taken by the provider and management team to support staff to address this. We could see that the "warm welcome" package could offer a useful way to support staff to have more respectful working relationships. Ultimately, members of staff are expected to uphold codes of practice (SSSC) and conduct (NMC).

Staffing levels appeared sufficient and in keeping with the needs analysis, although there were times when,

due to short notice absence, the staffing numbers went down. Staff confirmed that the management team would step in to support them on these occasions to ensure people's needs were met, and actions were taken to try to source additional staff when possible, including using agency staff if needed.

Staff skills and practice was supported and developed through regular training, learning events and the opportunity to achieve qualifications and progress their careers if they wished through the "Upskilling" programme. We spoke to staff who were motivated, loved their jobs and felt they had been enabled to progress and develop. Training compliance was high with the majority of staff achieving refresher training on time and in line with their roles and remits. There had been an area for improvement made as a result of a complaint that identified staff needed to complete training on the recovery tool in use within the service. We noted some staff were still to complete this, and a date had been sourced for this. We will revisit this area for improvement at the next inspection.

Staff received supervision and appraisal. The service was running slightly behind with these in terms of frequency; however, was now in a position to get back on track. Staff feedback was overall positive in terms of getting support or advice, but only from selected people, as staff felt there were certain team members they would not approach for advice. Work had been carried out by the management team to try to work flexibly in terms of rota planning to accommodate staff requests and family commitments, and offer staff a good work life balance.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

Staff should be knowledgeable and confident in how to use the outcomes tools chosen to be used in the service. This will ensure people are being supported to achieve their set goals in person led way.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 8 August 2024.

Action taken since then

Whilst the majority of staff had completed training around the outcomes tool, not all staff had. There had been efforts made to achieve this and support staff practice in using the tool including observational supervisions where staff could talk through their use and understanding of the tool. A date had been set for the remaining staff to attend the training.

We will revisit this area for improvement at the next inspection.

Previous area for improvement 2

In order to ensure people have care provided sensitively, anticipating issues and planning for known vulnerabilities, and maximising their involvement in any potential consideration of moving on, the provider should ensure there is a record of the review of support provided and what potential solutions were discussed prior to considering a termination notice being issued. If no reasonable solutions are identified, then the provider should implement and execute the notice and termination arrangements in line with their tenancy agreement. This should include, but is not limited to, ensuring all information is available to the person and their representative.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 20 October 2023.

Action taken since then

As no one had been served notice since this area for improvement was made, we were unable to assess if the service had improved.

We will revisit this area for improvement at the next inspection.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good

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