

Brookhouse Assets Limited

Willow Lodge

Inspection report

15-16
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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Willow Lodge is a residential care home providing personal and nursing care to up to 22 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 12 people using the service.

The home is set over two floors which are accessible via a lift. There are communal areas available for people to use and a good-sized garden and car park.

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

People were not always kept safe as systems to manage the safety of the environment were not effective. Medicines were not managed safely. The registered provider did not look at reasons why things went wrong, and so people remained at risk of harm from incidents. We made a recommendation about the incident recording processes. People were looked after by enough staff who knew them well and the home was overall kept clean.

People were at risk of receiving inconsistent, poor quality care because the registered provider had failed to ensure effective oversight of the quality of care, care records and the environment. However, many changes had been made to improve the environment and this was ongoing. Staff were positive about the changes made so far and commented that they could see the benefits.

People and their relatives were happy with the care. A relative said, "There is an overall feeling of kindness," another said, "We are absolutely happy, I am going there tomorrow, (my relative) is settled and happy."

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.

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 29 September 2021) and there were breaches of regulation. The service has now changed to inadequate and there continues to be breaches of regulation.

Why we inspected

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

We received concerns in relation to the overall governance of the service, and the premises. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 requires improvement to inadequate based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the governance of the service, the safety of the premises and medicines management.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Willow Lodge

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 two 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 Lodge 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 Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The manager commenced in March 2022 and applied to us to register as the registered manager. This was still in progress.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 September 2022 and ended on 27 September 2022.

What we did before the inspection

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. 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 all this information to plan our inspection.

During the inspection

We observed interactions between staff and people that lived at the home and talked with five sets of relatives. We talked with nine different members of staff including care staff, domestic staff, nursing staff, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records, this included five sets of individual care plans, risk assessments and medicine records. We looked at health and safety and maintenance records. We looked at three staff recruitment files, and policies and procedures.

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 requires improvement. The rating for this key question has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the registered provider had failed to make sure there were effective systems to manage the safety of the environment. This was a breach of regulation 15 (1) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered provider was still in breach of regulation 15 (1).

- The registered provider had made some improvements, including installing fire doors, replacing the communal bathroom with a wet room and had begun a plan to redecorate and update bedrooms and communal areas. However, some risks remained. The locks on bedroom windows and in the conservatory were not fit for purpose causing a security risk. We observed that some fire doors were wedged open, causing a risk of the spread of fire should a fire occur. Bedrooms did not have lights near people's beds, which could be a falls risk during the night.
- Servicing of equipment was out of date including the bath hoist in the communal bathroom and profiling beds were not serviced. Equipment was not checked regularly including bed rails. This meant anything that required fixing or replacing could be missed and cause a risk to people's health and wellbeing.

Although we found no evidence of harm, systems had not been established to manage the safety of the environment. This placed people at risk of harm. This was a continued breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider told us actions would be taken to address all the gaps found during the inspection and the provider recently employed a maintenance manager to make sure issues were identified and acted upon.

- People's care plans and risk assessments regarding their health and wellbeing were stored electronically. These were reviewed every month or as required. We found that three people had bed rails however only one person had a bed rails assessment. The manager made sure this was completed after we raised this at the inspection.
- Health and safety testing had occurred recently including electrical safety testing, gas safety and legionella testing of the water. A recent fire risk assessment had been undertaken. Some actions were required following the fire risk assessment and the provider had three months to complete them. These included fixing of seals around doors and completing actions around emergency lighting in some areas.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- The manager arranged training for staff in the MCA and staff understood the principles.
- We saw completed MCA assessments in people's care plans for relevant decisions including around care and treatment, bed rails and other restrictions.

Using medicines safely

- People were not always protected by the safe management of medicines.
- Some people had medicines 'as and when required' prescribed. However, there was no guidance for staff to follow in people's medicine records. We identified that some people required a medicine review however staff had not noticed this or requested it. This meant we could not be sure that people received their medicines appropriately or that it was effective.
- Staff did not sign to say when they applied topical creams, meaning we could not be assured staff were following people's care plans, and that this would be effective.
- There was inconsistent recording to say that staff monitored the temperature of the medicine fridge and storage room. This meant we were not sure that medicines were stored at the correct temperature and therefore there was a risk the medicine would not be effective.
- There was no medicines audit meaning the manager was not aware of the gaps in the management of medicines.

Although we found no evidence of harm, systems had not been established to manage medicines safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the manager took actions to address including making sure guidance was stored in people's records, arranging staff meetings and commencing medicine audits.

Learning lessons when things go wrong

- There was a system to record incidents however it was not yet fully embedded to make sure lessons were learned.
- Staff documented when incidents including falls occurred. We could see that actions were taken such as observing people post falls.
- However, staff did not fully complete the form to show what was required following the incident, or what lessons were learned.
- The manager did not audit incidents or analyse themes to learn lessons and improve practice.
- We saw that plans were in place to fully incident audits however this had not yet occurred.

We recommend the registered provider take advice from a reputable source regarding their incident recording system and update their practice accordingly.

- Relatives told us staff kept them up to date about anything that went wrong, for example falls.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- There was a thorough and up to date policy about safeguarding requirements.
- The manager provided safeguarding training, and this was up to date. Staff could describe what they would do if they had concerns.
- Although there were processes to keep people safe, there was not an effective system to monitor ongoing safeguarding processes. This meant recommendations from the local authority could be missed. Following our feedback, the manager put a system in place to monitor.

Preventing and controlling infection

- People were protected from the risk of the spread of infection, however there were some areas which were difficult to keep clean.
- Some chairs in the communal areas were fabric meaning they could not be washed or cleaned properly. The manager told us they were on the list to be replaced.
- We saw one bedroom had not been cleaned properly, however we observed there was regular cleaning schedules which we saw taking place, and there were dedicated cleaning and laundry staff.
- 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 supported visiting in line with current guidance.

Staffing and recruitment

- People were protected by safe staffing and recruitment processes.
- The manager completed necessary checks such as reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Although there were enough staff to keep people safe, at times staff struggled if someone required two to one support, and another member of staff was busy.
- There were dedicated nursing staff and although the manager used agency nurses, these were the same regular nursing staff to provide consistency.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality 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 two inspections the registered provider failed to assess and monitor the quality and safety of the service provided and to mitigate risks relating to the health, safety and welfare of people who lived at the home. This was a breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered provider was still in breach of regulation 17.

- The registered provider appointed a new nominated individual (NI) who took over the service in January 2022. Significant actions were required to improve the service, identified at the last inspection and through the local authority monitoring processes. However, the registered provider had not provided oversight and scrutiny around the governance of the home and did not act to make sure staff were compliant with regulatory requirements.
- Progress to complete the necessary improvements had been slow due to lack of management support and capacity to prioritise actions. Therefore, at this inspection there remained a high number of actions outstanding.
- Although the registered provider had begun to make changes, it was evident this was as a result of prompting and guidance from external agencies, such as the local authority contracts team to do so.
- Health and safety checks were left to expire, only recently being completed. We were not assured that the registered provider had the required knowledge about the need for these to be completed.
- Maintenance records had not been updated since the previous owner left in December 2021.
- Audits of the service had not been completed, including medicine, incident and care plan audits. This was identified at the last inspection.
- Therefore, we were not assured that the registered provider understood risk, quality performance and regulatory requirements, which meant people's health and safety were put at risk.
- Due to the lack of oversight and scrutiny, and lack of auditing of incidents to learn lessons, we were not assured that the provider understood their responsibilities regarding the duty of candour.

Although we found no evidence of harm, systems had not been established to assess, monitor and mitigate

risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following feedback, the manager showed us their plans to address some of the concerns we identified, including a schedule of audits and a system to make sure equipment was checked and serviced regularly.

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

- The manager had a plan in place to engage with people living in the home and their relatives.
- Regular meetings and supervisions with staff had not been maintained. However, the manager had begun to arrange them, and adopted an open-door policy for staff.
- Staff were very positive about the new management arrangements. Staff told us they could see the manager and registered provider were working hard to make changes and things were in progress. One person told us the manager was, "very approachable and very responsive."

Continuous learning and improving care; working in partnership with others

- The registered provider and manager were open to learning what was required to improve the care and the service and had already begun to do so.
- The manager had good working relationships with external agencies including, community-based health staff and the local authority.

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

- Although there were gaps in the governance of the service, we found a positive culture and warm atmosphere.
- People and relatives spoke highly about the staff and manager. One relative said, "Things have improved a lot," another said, "They have made a huge effort, staff are doing their best and you can chat to them."
- Staff said they were supported well by their manager and enjoyed their jobs; many had worked there for several years. One person said, "I love the home, it is a good team where everyone gets along, we work hard together."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People who use services and others were not protected as the service lacked adequate systems and to assess, monitor and manage risks relating to the health, safety and welfare of service users.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services were not protected against the risks associated with unsafe management of medicines.

The enforcement action we took:

We issued a warning notice against the provider.