

Stephen Geach

Willow Lodge Care Home

Inspection report

11-15 Stein Road
Emsworth
Hampshire
PO10 8LB

Tel: 01243375382

Website: www.englishoakcarehomes.co.uk

Date of inspection visit:
13 January 2021

Date of publication:
11 February 2021

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Willow Lodge Care Home is a residential care home providing personal care to up to 39 people and specialising in providing care to people living with dementia. At the time of the inspection the service was supporting 33 people. The home is purpose built over three floors. Seven of the bedrooms are in 'lodges' located in the grounds of the service.

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

The management team had made significant improvements to the safety and governance of the service. There was a positive and happy atmosphere at the home and people spoke highly of the care they received. In a recent online review we read, 'I cannot fault Willow Lodge Care home and the amazing team who look after my father. They have been his and my salvation. Nothing is too much trouble and everyone is friendly'.

Since our last inspection the support manager had registered with the Care Quality Commission. A new deputy manager was also in post. Staff had received further training and felt confident in their roles. One staff member told us, "We feel like a team now rather than lots of different people working in one place, we are more coherent and consistent".

People's care had been reviewed and updated. Risks to people were assessed and there was clear guidance in place for staff to mitigate risk and keep people safe. Improvements had been made in how staff used personal protective equipment (PPE) to reduce the risk and spread of infection. New social distancing measures were in place in communal areas of the home.

More work was needed in some areas to ensure the care planned and delivered to people was accurately recorded on the systems. The registered manager was aware of this and was working with staff to enhance their understanding of the electronic care planning system.

There were enough staff to keep people safe. Some people said there were certain times of day where it took longer for staff to respond to their call bells and some staff expressed concern about their ability to ensure cover in the communal areas. The registered manager had taken action to address these concerns by deploying senior staff to provide support and increase the staff presence in communal areas.

People received care in line with their needs and choices. Professionals shared examples of how staff had delivered person-centred care which greatly benefited the person's well-being and in one case avoided a hospital admission. Staff worked effectively and pro-actively with healthcare professionals to ensure people received good support.

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.

The provider was investing in the premises. The communal lounge had been extended and a new outdoor visiting space was being built.

There was a positive culture at the service and the registered manager welcomed feedback. People and staff felt able to share ideas or concerns. There was a system of checks and audits to ensure the smooth running of the service. Where actions to improve the service were identified, these were recorded and monitored through to completion.

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 9 January 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements, and Effective which was also rated requires improvement.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Willow Lodge Care Home

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (good governance) and the requirement in relation to Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Willow Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, team

leader, care workers, housekeeping, kitchen and reception staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We looked at training and call bell data, meeting minutes and handover information. We received feedback from four professionals who have regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to mitigate risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were clear risk assessments in place for people. These included clear guidance for staff on how to mitigate risks in people's care. For example, there was detail on the mobility aids people used, how staff should support them to mobilise safely and any equipment they required to transfer or reposition.
- Where there had been accidents, incidents or changes in a person's needs, the planned care was reviewed and additional measures put in place if needed. For example, after a fall in their bedroom, one person now had a sensor mat to alert staff when they got out of bed. A case worker from a local authority shared, 'Risk assessments and care plans have been changed and reviewed for both my service users as they have settled and the staff team get to know them better'.
- We observed staff responding quickly to people, for example when one person perched on a table, a staff member immediately offered them a chair. Another person who had swollen ankles was being encouraged to elevate their feet when seated.
- Since our last visit, all care plans had been updated and transferred to an electronic system. We noted some gaps or discrepancies in the way information was recorded. For example, where people required repositioning to reduce the risk of skin breakdown, this was flagged on the system as an action to be completed at specific times. In some cases, this showed as 'missed', which could place the person at risk. In each case, however, we found evidence in the care notes to demonstrate appropriate care had been delivered within the planned timeframes. The registered manager was already working with staff to ensure they understood where to document information so it appeared correctly on the system and provided assurance risks had been mitigated.

Preventing and controlling infection

At our last inspection the provider had failed to ensure correct use of PPE to mitigate the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured the provider was using PPE effectively and safely. The registered manager had discussed PPE use with staff during meetings and supervision. For example, supervisions had explored alternatives to pulling down a face mask to speak with people, such as moving to a quieter area of the home. There were frequent reminders to staff about hand hygiene and we observed staff supporting people to use hand gel before starting activities or eating.
- The provider had made changes to the layout of the communal area to promote social distancing. A new extension had been completed and chairs were spaced appropriately. New transparent screens were in place at dining tables, which were now limited to two people per table.
- There were occasions where it was not possible to socially distance, for example in the corridors and in some office spaces. We discussed with the registered manager how to minimise the risk in these situations, for example by increasing ventilation.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Staffing and recruitment

- During our visit, staff were present and available to support people. Some people and staff felt there was pressure on staffing during the morning. One person told us, "The night staff always come to you, they're especially good. Daytime you get everybody wanting at the same time, there aren't enough of them to go round".
- Staff told us it was not always possible to ensure staff presence in the communal area. This was important because some people were at risk of falls. A staff member said, "It doesn't feel unsafe because staff go above and beyond but it feels we are spread thinly, it is harder in the morning".
- We reviewed the call bell logs for the three days prior to our visit. On average, calls were responded to within two minutes. Between 8am and 9am the response time was longer, but rarely more than ten minutes.
- The registered manager was aware of the staffing pressures and had taken recent action to increase the staff presence in communal areas. She told us senior staff had been focused on immediate improvements that were required to the care plans and medication system, which meant they had not been as present on the floor. Now these tasks were complete, senior staff had been asked to spend more time overseeing and supporting staff, especially in the communal area. A staff member confirmed this. They told us, "Seniors will step in and watch if we are called away".
- Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector, such as with the disclosure and barring service (DBS).

Using medicines safely

- Medicines were managed safely.
- The electronic system for managing stock and Medication Administration Records (MAR) was in place and working well.

- Senior staff completed fortnightly audits and stock counts to ensure medicines were being managed safely and to pick up any issues.
- If a person needed to go to hospital, staff could print details of their prescription and MAR. This helped to improve communication and reduce barriers in providing timely care to the person.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we observed people at ease in the company of staff.
- Staff had a good understanding of safeguarding and knew how to report any concerns. One staff member told us, "I would report to the management, or a senior or head of care".
- Information was displayed in the home to explain how to raise a concern externally if required.

Learning lessons when things go wrong

- Following a period of change at the service, the newly registered manager and her team had worked hard to put in place necessary changes to improve the service. The concerns from the last inspection had been addressed.
- Where concerns were identified through audits, an action plan was put in place. For example, following some issues with medicines running out, the registered manager had contacted the pharmacist from the clinical commissioning group to review their procedures.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- People we spoke with said they were very happy with their care. Since our last inspection, staff had worked hard to improve and update the care plans, ensuring they reflected people's needs and wishes. One person told us, "They are very good and very considerate. They always help me".
- Staff were working with people and their relatives to further enhance and personalise the information.
- The registered manager had introduced short care plans for new residents. These contained key information for staff to get to know the person and understand their needs.
- A case worker from a local authority shared how a staff member had supported a person to accept support with their personal care. Staff had used the person's favourite music to encourage them to the bathroom and to help them relax. They told us the prior incidents of distressed behaviour had stopped and said, 'This is a very strength-based approach and my experience is that they are very personal centred'.

Staff support: induction, training, skills and experience

- At our last inspection, staff reported their training felt rushed and they lacked the depth of knowledge in some areas to feel confident providing care and support to people. The provider had employed an in-house trainer to meet the training need, which was significant given that most staff were new to the home. At this inspection staff had received further training and felt confident in their roles. The trainer told us, "They are all new, they are getting into the swing of it and working well now. They are here because they have something to give and that is compassion and care".
- There was a clear plan to address outstanding training needs. Staff were able to suggest areas of training they would like to pursue. One staff member told us they had been supported to complete their qualification in health and social care.
- Staff received supervision and felt able to express any concerns or suggestions to the management team. The records of supervisions demonstrated senior staff listened to and acted upon this feedback.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet. There was a daily choice of meals, along with alternatives should a person prefer something such as soup or a sandwich.
- Throughout our visit, we observed staff offering choice and supporting people to eat and drink. There was up to date information about people's preferences and nutritional needs in the kitchen.
- Staff monitored people's eating and their weight. If concerns were identified, action was taken. This included, encouraging snacks, fortifying food, more frequent weight monitoring and referrals to the GP for supplements. One person who had been losing weight was now gaining having been moved to a fortified

diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were able to access support from healthcare professionals. Staff made appropriate referrals to ensure people's needs were assessed and met.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. A new system was in place to record care advice given by the community nursing team when they visited people at the home.
- Feedback about the service from healthcare professionals was positive. An emergency care practitioner told us, 'When given advice they have acted on this promptly and effectively'. A senior nurse in the learning disability team said, 'The team have been responsive to changes in (name of person's) health needs and sought GP advice when needed'.
- A case worker from a local authority told us, '(Deputy manager) sent me information regarding one of my service users and it was very useful and evidenced how they had prevented a hospital admission for this person'. She told us they had used a physical deterioration and escalation tool. This is a way of recording observations about a person's health. The registered manager told us, "The tool gives staff confidence when calling external professionals. It is easier for them to get the message across".

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

- People were able to move freely around the home and garden.
- The provider was investing in the premises. The main lounge had been extended. Staff told us this had helped and increased the amount of natural light. Work was underway to create an outdoor visiting space which could also be used for staff Covid-19 testing. A staff member told us, "Everything is of a high standard, we are given all the provisions to make it really amazing so as a team now working towards that shared goal."

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff respected their views. The registered manager had a good understanding of the Act and was working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff had sought consent for Covid-19 vaccinations. An emergency care practitioner told us, 'We recently attended the home to vaccinate at short notice and I have to say (registered manager) and her team had

organised exactly how we had requested. They had all the consent forms signed for both residents and staff, some of whom came in especially, so well done to them'.

- Applications for DoLS had been completed where needed; a number of these were awaiting consideration by the local authority.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

At our last inspection the provider lacked systems and processes to identify and mitigate risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the support manager had registered with us. A new deputy manager had also joined the team. A staff member told us, "Having managers in place offers consistency and that definitely helps. They have a wealth of knowledge. Things feel slicker and more organised day by day". Another staff member said, "It is running a lot, lot better".
- The registered manager had been in post for three months. She told us, "The pieces of the puzzle are starting to fall in place. We have still got a lot to do. We've worked really hard and made good progress. It has changed and moved forward a lot".
- There were systems in place to assess and monitor the quality of care people received. These ranged from daily checks by senior staff to monthly audits of specific areas including medicines and infection control. Each audit had an action plan which was reviewed to ensure improvements had been made.
- Areas for improvement were discussed with staff in meetings or during supervision. This included medicines management, falls protocol and infection control measures.
- The registered manager had made significant progress since our last inspection. She told us, "I am proud of all the work we've done. I'm proud of the team". The breaches of regulation were met, and we received positive feedback about changes at the service from people, staff and professionals.
- There were areas requiring further work and some systems needed time to embed. The registered manager was aware of these and had a clear improvement plan in place.

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

- The home had been through a challenging period with a lot of change. The new team had come together and there was a positive feeling in the home. One person told us, "They're very good, staff are helpful and friendly". A staff member said, "We have been a resilient little bunch. We have had tough times but everyone

has come together. We feel like a team now rather than lots of different people working in one place, we are more coherent and consistent".

- We observed people and staff enjoying each other's company. Staff took time to stop and chat with people. We heard people asking staff about their families and others laughing together.
- People were supported to keep in touch with their relatives and friends by telephone and video call. A new visiting area was being built in the garden to facilitate comfortable outdoor visiting.

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

- Staff sought feedback from people about their care. Staff encouraged people with their interests and supported them to engage in activities.
- Staff felt valued and part of the team. They told us they could contribute ideas and were asked for their feedback. One staff member said, "I can go and knock on the door and ask. It runs more smoothly. I am happy".
- There were regular staff meetings, including short morning updates, senior and all staff meetings. The management team showed their appreciation for staff, thanking them for their flexibility and hard work.

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 that 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.

Continuous learning and improving care

- The management team at the service were new in post and had been focused on stabilising the service and ensuring people received safe and appropriate care. The registered manager's improvement plan detailed new initiatives they planned to put in place to develop staff and improve people's experience.
- The improvement plan included the development of staff champions. This is where a staff member takes a particular interest in an area of care, such as end of life care, wound care or falls prevention. Staff had not yet been appointed but the additional training for each role was mapped out.
- The provider employed the services of an external care consultant who worked with the management team to develop and improve the service.

Working in partnership with others

- Staff worked well with external health and social care professionals.
- We received positive feedback from a number of professionals who had been in recent contact with the service. The community nursing team told us, "I am really happy to report that the situation in Willow Lodge has improved greatly, the care for residents and the collaborative working with the nursing team".