

Stephen Geach

Willow Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Willow Lodge Care Home is a residential care home providing personal and nursing care to up to 39 people, specialising in providing care to people living with dementia. At the time of the inspection the service was supporting 29 people. The home is purpose built over three floors. Seven of the bedrooms are in 'lodges' located in the garden area.

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

Residents and staff had been through a challenging time as a result of the COVID-19 pandemic. During this time, there had been unforeseen changes to the management team which resulted in the provider employing an interim manager. Support was given to the interim manager from other staff with specific expertise at homes within the provider's group.

We received a number of safeguarding and whistleblowing concerns during the period of management change. These related to medicines, pressure area care, weight loss, staffing and management arrangements. We held regular calls with the provider and interim manager to monitor their progress in assessing and stabilising the situation at the service. At this inspection we found further progress was needed to ensure the quality and safety of the service. While there were clear plans in place to address the shortcomings and make improvements, we identified concerns in relation to how risks to people and medicines were managed. This has resulted in a breach of regulation.

People spoke highly of the care they received. One person told us, "They are very kind here, I love living here". A relative said, "I know it sounds gushy but every time I go there I thank everyone, they are so kind to my Mum and really look after her". Relatives told us communication with the home had been a challenge but had improved. One said, "It makes me feel more connected. I can't praise them enough for what they've done recently."

Staff were positive about the changes taking place at the home, following a difficult period with COVID-19 and the new management taking control of the service. New staff had been recruited and the reliance on agency staff reduced. A visiting professional told us, "They have struggled recently. COVID-19 did alter them really, it threw them off their feet." A new staff member said things had "improved greatly" since they joined, which was during the management change at the service. They told us, "The residents are safe and well cared for. There is always room for improvement, but we are getting there." Another staff member told us, "There have been a lot of changes now. It is very nice. I am very happy now. The atmosphere is much better. People work together now."

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 this service was Good (published 30 January 2019).

Why we inspected

We undertook this targeted inspection to check on specific concerns we had about managing risks to people, including safe medicine management and the running of the service. These concerns related to the period from late-May 2020 following a challenging period dealing with COVID-19 and unforeseen changes in the management at the service.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains Good.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection, in particular how risks to people are managed and safe medicine management.

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

Follow up

The provider has an improvement plan outlining what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Willow Lodge 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 Care Act 2014.

This was a targeted inspection to focus on specific concerns we had about managing risks to people, including safe medicine management and the running of the service. These concerns related to the period from late-May 2020 following a challenging period dealing with COVID-19 and unforeseen changes in the management at the service.

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.

Notice of inspection

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

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 made calls to four relatives and five staff members, including senior care staff, care staff and the housekeeping team.

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.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had two calls with the interim manager before the inspection to discuss how we would safely manage the inspection. To minimise the time in the service, we asked the interim manager to send records for us to review prior to the inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with the interim manager and representatives of the provider who were supporting the changes taking place at the home.

We spent a short time in the home. This allowed us to safely look at areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people.

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. A variety of records relating to the management of the service, including audits, minutes of meetings, policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the interim manager and provider to validate evidence found. We looked at the improvement plan and minutes of meetings. We spoke with two more staff members, including a member of the catering team. We spoke with a further two relatives.

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 Good. We have not changed the rating of this key question, as we have only looked at the parts of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns about managing risks to people, including safe medicine management. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Risks to people were not always managed safely. Information in people's care plans was not always consistent or sufficiently detailed. On occasion, there was insufficient information to demonstrate action to ensure people's safety had been taken in a timely way.
- Staff were in the process of transferring care plans from paper to electronic records. We noted some areas requiring improvement and addressed these to the interim manager. For example, there was limited detail on people's moving and handling needs. The records described if a person required a hoist to transfer but there was no detail on which hoist, sling or how the person liked to be supported when transferring. This could lead to inconsistent or unsafe practice.
- We reviewed records of people's weight in the year to date. One person had lost weight consistently over a seven-month period. Action had been taken in June to refer the person to their GP and the care plan directed staff to increase the frequency of weight monitoring to fortnightly. When we looked at the weight records, we found weight monitoring remained monthly and the frequency had not been increased.

The lack of timely action and detailed guidance on how to mitigate risks to people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the delay and lack of action with the interim manager. They told us weight checks had recently been added to the electronic care planning system so staff would receive reminders. Catering staff confirmed they received updates regarding people whose weight loss was of concern and described the action they took to fortify foods and offer regular snacks. We will follow this up at our next inspection to ensure the new process has fully embedded.

- Other areas of people's needs had been recorded accurately and in detail. We were made aware of a number of safeguarding concerns in relation to pressure area care at the service. We discussed current practice at the home with the district nursing team. They told us communication was improving and staff were using handheld devices to photograph wounds and record concerns and advice in a timely way. The interim manager had introduced a folder of concerns to be monitored, this included body maps for red areas, bruising and skin tears. We saw evidence of concerns shared with the nursing team and of regular checks until each area healed.
- People spoke positively of the care they received. One person said, "All your needs are taken care of here,

it couldn't be better". A relative told us, "We had tried two other care homes but the difference with Willow Lodge is incredible. Mum used to have bad longstanding swelling in her legs, that's completely gone now."

Using medicines safely

- Improvements were required to ensure people received their medicines consistently and safely. There were concerns over how medicines were stored, managed and recorded.
- Prior to our inspection, we received concerns about missing medicines, particularly those used to reduce anxiety and manage people's behaviour. We found the interim manager had taken action and put additional controls in place. A recent stock check indicated ongoing discrepancies between the running balance recorded on the Medication Administration Records (MAR) and the actual stock available in the home.
- We reviewed the MAR charts and found a small number of gaps. There was limited or out of date guidance for staff on the use of PRN (when required) medicines and topical creams. There was no consistent recording of prescribed topical creams and we were not assured people had their creams applied as directed. Topical creams are often prescribed where people at risk of developing pressure areas.
- A recent external audit of medicines at the service identified the temperature in some locations where medicines were stored was above the recommended level. We noted new temperature recording sheets had been introduced. On the day of our visit the medication trolleys and fridge were within the recommended temperature ranges. This is important to ensure medicine remains safe and effective.

Medicines were not managed properly or safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The above-mentioned issues had been identified by the service and plans were in place to make improvements. The provider was introducing an electronic medicines management system, due to go live the following week. All existing stock was to be returned and new stock delivered. The electronic system allowed the stock balance to be monitored and the interim manager had an audit in place to ensure this remained accurate.
- Senior staff told us they had received training in the new electronic system. One said, "I went over to (another service run by the provider) for MAR chart training and to have my medication competencies done. They didn't just say 'you can do it off you go', they still checked that I could do it properly."
- A 'creams folder' had been prepared and was ready to use. This included body maps to show staff where each cream should be applied and topical MAR charts. We will continue to monitor progress through the provider's improvement plan.
- Staff had been proactive in reviewing people's medicines. Several people were no longer prescribed medicines to manage their behaviour. One staff member said, "Most residents are off the (name of medicine) now. You should try and solve the problem as to why they are agitated or unsettled." The interim manager was also working with the pharmacy to review the homely remedies available to people and to ensure they were compatible with their prescribed medicines.

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 Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check governance arrangements at the service in the absence of the registered manager and senior team. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Due to unforeseen circumstances, the registered manager and senior team were not currently working at the service and it had not been possible to arrange a handover to the interim team. During this period of change, we received multiple concerns from staff members and some relatives concerning the management of the service.
- The provider acted quickly appoint an interim manager to oversee the home. They were supported by staff with specific expertise from other homes run by the provider, for example a medicines lead and head housekeeper. The provider had also engaged the services of an external consultancy to support the interim manager in stabilising and improving the service.
- The nature of the change in management arrangements meant some information had not been located. At the time of our visit, the interim manager was not confident they had an up-to-date view on which residents had authorisations in place to deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised by the Local Authority under the Mental Capacity Act (MCA). The interim manager had written to the local authorities to check the accuracy of the information held and ensure any associated conditions were met.
- Feedback from people, staff and relatives was positive. It was clear the service had been through a particularly challenging period brought about by the COVID-19 pandemic. A staff member told us, "(Interim manager) has changed it around and lot and made it better for us. She has taken some of the paperwork away and we do a bit more on the phone (electronic system). It has been better." The interim manager had focused on handover to help ensure staff had up to date knowledge about people and their needs and to ensure any queries could be addressed. Another staff member said, "Communication and team work is very, very much better."
- We observed audits had been carried out for infection control and staff training. Some training had fallen behind due to the availability of courses during the COVID-19 pandemic and the changes in management. A staff member told us, "The new manager realised that training wasn't up to date so arranged more. It has been intense training-wise but it was needed."
- The interim manager was updating and improving the care plans to include more personalised information about people. One person told us, "They make sure I have what I like, they know me inside out. They know exactly what I like and don't like." A relative said, "The new management do seem to have dug a

little deeper as regards to her history and done more on the care planning." Further staff training on the electronic care planning system was booked, after which more staff would be able to assist with the updates and transfer of records.

- There was a comprehensive improvement plan in place. This detailed the actions required to ensure the quality and safety of the service and the person responsible for each. There was evidence of progress, with many improvements already in place. The interim manager agreed to hold regular reviews with us to track progress and we will review the changes and impact on people's care at our next inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for people. Risks to people had not always been assessed in a timely way or action taken to mitigate such risks. Medicines were not managed properly or safely. Regulation 12 (1) (2)(a)(b)(g)