

Stephen Geach

# Willow Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Willow Lodge Care Home is a residential care home providing the regulated activity of accommodation with personal care for up to 40 people. People had a range of care needs including frailty of age, Parkinson's disease, people living with dementia and people with a learning disability. At the time of our inspection there were 38 people using the service. Accommodation was over three floors in one adapted building or in purpose built garden lodges.

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

People did not always receive safe support with their medicines. People told us they felt safe. A person told us, "I feel safe here and that's important". Relatives had no concerns about their loved one's safety. Systems were in place to protect people from the risk of abuse and improper treatment. Staff knew how to identify potential harm and report concerns. Risks were identified and managed.

Systems and process were in place to monitor the quality of the service being delivered. These had not been effective in providing management oversight of medicines. The culture of the service was positive, and people and staff were complementary of the registered manager and provider. 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.

There were enough staff to meet people's needs in a timely and person-centred way. Care plans provided detailed information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People and relatives told us the care people received was very good and the staff were kind, caring and compassionate.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 12 February 2021).

### Why we inspected

The inspection was prompted in part due to concerns around the management of medicines and a

notification of a serious incident. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of medicines.

As a result, we undertook a focused inspection to review the key questions of safe, responsive, 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 good to requires improvement based on the findings of this inspection.

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.

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](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to the management of medicines at this inspection.

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 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 can be found in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 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

This inspection was undertaken by 2 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 without 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 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 information gathered as part of monitoring activity that took place on 14 February 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

### During the inspection

We spoke with 9 people who used the service and 2 relatives about their experiences of the care provided. We spoke with 7 members of staff including the registered manager, deputy manager, head of care, care staff and ancillary staff. We reviewed a range of records. This included 8 people's care records and multiple medication records. We looked at 3 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.

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.

# 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 remained requires improvement. 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.

Using medicines safely; Learning lessons when things go wrong;

- There was a failure to ensure safe processes for medicines. Medicines were not always administered in line with the prescriber's instructions. This included medicines to treat epilepsy and to manage the symptoms of Parkinson's disease. For example, a person's medicine administration records (MAR's) recorded they had not been administered their prescribed medicine for Parkinson's disease on 7 occasions over a 7 day period. This placed people at risk of harm from not having their health conditions managed well.
- Medicines were not always administered on time. During the inspection we observed 6am and 8am medicines being administered after 11am. Records reviewed showed this happened on a regular basis and staff confirmed this. Medicines included those prescribed for pain relief and dementia, and time sensitive medicines to treat the effects of Parkinson's disease.
- Where there was a failing to administer prescribed medicines in line with the prescriber's requirements professional medical advice had not been sought. This meant there was a failure to mitigate the impact on the person and prevent a further reoccurrence. People were exposed to a risk of harm because there was a failure to identify the root cause to enable preventative measures to be taken.
- Processes were not effective to accurately reconcile medicine stock. The lack of effective reconciliation processes had led to the service running out of a person's epilepsy medicines. The person was admitted to hospital after experiencing a seizure following 3 consecutive days without their prescribed medicine. This was reported to adult safeguarding and CQC by the registered manager.

There was a failure to ensure the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to concerns the registered manager has arranged for an independent review of medicine practices within the service. This will take place in June 2023. Learning from this review will be used to drive service improvement.
- Medicines were stored in line with safety guidance. There were processes in place for ordering and disposal. Staff were trained to administer medicines. Medicine profiles included the level of support people required and what aspects they were able to manage independently.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from the risk of abuse were operating effectively. Processes for reporting and responding to concerns raised by staff were robust and protected people from harm. Staff had completed safeguarding training and were aware of their responsibility to report any concerns they may

have about people's safety.

- People and their relatives told us they felt safe. A person said, "If you're nervous about anything you can call them. It puts your mind at rest."
- Staff and the registered manager took steps to ensure the safety of everyone living at the home. For example, a person told us they did not feel safe because of the behaviour of another resident. We spoke to the staff and registered manager about this. Proactive strategies were in place to mitigate the persons anxieties and address their concerns.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed, and measures were taken to mitigate these. Risk management plans were detailed and provided clear guidance for staff. For example, how to recognise and respond to complications with people's health conditions such as diabetes and when to seek support from external health care professionals.
- Staff demonstrated a good understanding of people's needs and were knowledgeable about people's individual preferences. Support plans provided guidance to enable staff to support people in a safe and consistent way. Electronic care planning recorded care interventions in real time. This provided assurances people had received the required support.
- Regular health safety and maintenance checks were completed to ensure equipment and the premises were safe to use.

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.

#### Staffing and recruitment

- There was enough safely recruited staff to support people. The providers processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references. 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.
- There were enough staff to meet people's needs and our observations confirmed this. Call bells were answered in a timely way. A person told us the call bell response was very good. People told us staff had enough time to adequately provide their support. A relative told us, "The staff would probably appreciate more, but I think there's enough; I've never seen anyone neglected."
- People were supported by a consistent team of staff who knew them well. People spoke warmly about the staff supporting them. We observed positive engagements between people and staff. A person told us about the staff, "They are very cheerful, very pleasant, very helpful". Another person told us the staff go out of their way to help people.



## Preventing and controlling infection

- 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 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.
- People were able to receive visitors to the care home. We observed several people received visits from friends and family during the inspection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were encouraged to be involved in decisions about their care and make daily choices. Staff told us they did this as much as they could throughout the persons day, for example prompting people to choose what clothes they wanted to wear. We observed staff were kind and patient with people and encouraged people to make choices about how they wanted to spend their time.
- People's needs were recorded in a way that supported a person-centred approach. Care plans reflected people's individual preferences for how they wished their care and support to be delivered. Care plans were detailed and recorded which aspects of their care people could manage themselves and the type or level of support people required. A family member said, "It's the caring side of it. Anyone can give someone a cup of tea, but it's how you do it that matters. They're truly caring. And they're efficient and aware of things going on."
- People received a person-centred service. We observed person-centred care was evident through staff's approach. People told us they were supported by staff who understood their needs and preferences. A person told us, "It's the little things that appeal to me, I really appreciate them. People are really kind".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others. Care plans identified who always wore glasses and hearing aids and staff ensured people had access to these to aid effective communication.
- Some people using the service could communicate their needs to staff without support. Where people had difficulties with communication, information was available in different formats including large print, sign language and photographs. Pictorial signage and reference prompts around the service helped to orientate people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities. People received visitors and some also visited family and friends in their homes. A person had 1-1 support to enable them to participate

in activities and interests that promoted their mental well-being. This included visiting local cafes and shops.

- People told us they enjoyed the activities they had access to. A person said, "There's a young man who comes of a Tuesday who does physiotherapy. He does exercises and throwing a bean bag through the right colour hoop. I'm good at that and I enjoy it."
- Staff supported people to follow their interests. A person told us, "They provide good service for helping you. I made my relative a racing cycle when he was young, it took me two years to make. The head of care wrote the history of the bike with me and sent it off to a cycle magazine. She sent it as letter. I'm looking forward to seeing it in the magazine".

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, and people said that they knew how to complain and who to complain to. Investigations were completed and shared with people, relatives and staff.
- Relatives told us they knew how to raise a concern would feel confident to raise a complaint if the need arose and felt they would be listened to.
- People told us they felt listened to by staff. A person said, "They're there for patient's needs. You can go to any of the staff and if it's not the right one, it will get through".

End of life care and support

- People who were nearing the end of their life, received compassionate and supportive care. Where people had made advance decisions, these were recorded in the person's end of life care plan. We reviewed a care plan for a person who was receiving end of live care and support. Their care needs and preferences were clearly documented, and this enabled staff and family to plan for appropriate care.
- The service used ReSPECT forms to gather people's wishes for end of life treatments. ReSPECT forms record a summary of a patient's wishes for emergency care and treatment. The service worked with multidisciplinary professionals to ensure people's end of life needs were met in a person-centred and dignified way. This included district nurses, the local hospice and end of life hub. Anticipatory medicines were available to people receiving end of life support. These were prescribed by a GP in advance to manage symptoms such as pain should their condition deteriorate quickly.
- The registered manager had completed end of life training with the local hospice. The registered manager and staff had received many cards and letters from bereaved relatives complementing them on the support they had provided to them and their loved one during the most difficult of times. Staff presented each family a memory book with photos, personal messages from staff and memories of their time at the care home. A family member described the book and said, "(The book from the service was a) treasured keepsake ... I would not have wanted my relative to have been cared for anywhere else". They were very complementary of the care and compassion shown by all staff.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- Medicine audits were not robust enough to identify the concerns we found with people's medicines. There was a failure by senior staff administering medicines to identify administration discrepancies or to act when people did not receive their medicines in line with the prescribers' instructions. The registered manager was not aware of the concerns identified until we shared the information with them. This meant the concerns identified at inspection had not been explored or addressed by the provider.
- Systems and processes were in place to monitor and analyse accidents and incidents and the analysis was used to identify key issues and mitigate the risk. Governance audits and quality checks were undertaken and actions arising were followed up.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the registered manager. Feedback about the registered manager was consistently positive. A relative told us they were impressed with the registered manager, who they described as kind and compassionate. Staff said the registered manager led the service well.
- The registered manager understood their responsibility to notify us of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.

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

- People were at the centre of everything the service did. The culture of the service focused on providing person-centred care and support to people. The registered manager was visible in the service and demonstrated passion and a commitment to providing people with compassionate care and improving the quality of their lives. We observed some very warm engagement between the registered manager, people, and staff.
- There was a positive workplace culture at the service. The service was led by an open and transparent registered manager who actively supported the care staff in their roles. Staff understood the vision and values of the service. They described working in a person-centred way and putting people's needs and wishes first. Staff told us that their views were listened to, and they felt supported and valued by the registered manager.
- People and relatives and staff told us they felt listened to and valued for their feedback and opinions.

People spoke positively about the service they received. A person said, "I get good care here. I wouldn't want to be anywhere else. I feel safe here and that's all important".

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 promoted transparency and honesty. They had an open-door policy and staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC.
- The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them, and the service would continue to develop. Outcomes were shared with people and staff to ensure lessons were learnt.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with other agencies. These included healthcare services as well as local community resources such as the local hospice and medical centre. Records showed staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.
- People's views were sought of the service they received. Satisfaction surveys sought the opinion of people, relatives, professionals, stakeholder, and staff about the service. The provider analysed the feedback and incorporated this into the daily running of the service and to improve people experiences of care.
- The registered manager was involved in different networks and updated their learning through different sources, to continuously develop best practice and make a difference to people's lives. They engaged with provider forums and registered manager network groups. Information was shared through team meetings and where new ways of working had been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes.

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  Medicines were not administered accurately, in accordance with the prescriber instructions and at suitable times to make sure people who used the service were not placed at risk.