

Brookhouse Assets Limited

Willow Lodge

Inspection report

15-16
Moss View
Ormskirk
L39 4QA

Tel: 01695579319

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Willow Lodge Nursing Home is in a residential area of Ormskirk, close to the town centre and all local amenities. The home provides accommodation for up to 22 people who need support with personal and nursing care needs, including those who are living with dementia. Both single and shared facilities are available on two floors, served by a passenger lift and stairs. There are communal areas available, including lounges and a dining area. There is a car park to the front of the property and a garden area to the rear of the home. At the time of our inspection there were 17 people living at the home.

People's experience of using this service

Everyone we spoke with provided us with positive comments about the quality of service delivered. The provider had systems to act on allegations of abuse. People who lived at the home were not able to tell us what it was like living at Willow Lodge. However, family members told us they felt their relatives were safe. A system was in place for the reporting and recording of accidents and incidents and staff were recruited safely.

However, the provider lacked oversight of the service, as they failed to carry out robust checks and to address areas of significant risk. The premises needed upgrading and modernising. Some areas needed a thorough clean and fire safety was a concern in some parts of the home.

The management of medicines was satisfactory. However, the organisation of creams and PRN (as and when required) medicines could have been better. We made a recommendation about this.

Plans of care were detailed and person-centred. They reflected people's assessed needs well and had been consistently reviewed. Any changes in need had been recorded. Activities were not being regularly provided, to prevent isolation and boredom. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, people were not involved in the planning of their own care, or that of their loved one. We made a recommendation about this.

People's needs and choices were assessed before they moved into the home. We saw some lovely interactions between staff and those who lived at Willow Lodge. However, people's privacy and dignity were not consistently respected, and the meal service was not always person-centred. We made recommendations in these areas.

The provider did not calculate the staffing levels in accordance with the assessed needs of those who lived at the home, so that an appropriate number and skill mix of staff were deployed on each shift. We made a recommendation about this. New staff received an in-depth induction programme and a broad range of

training had been completed by staff, who were regularly supervised and observed at work. However, appraisals had not been introduced at the time of our inspection. We made a recommendation about this.

The provider had policies for the management of complaints and systems for recording complaints had been introduced. Feedback had been obtained from those who used the service and their relatives. Team meetings had been held and staff members felt able to approach the managers with any concerns, should they need to do so. Meetings were not held for those who lived at the home and their relatives. The registered manager told us these meetings were arranged and advertised, but no-one attended. However, she operated an open-door policy, to encourage people to discuss any concerns or areas of good practice.

Rating at the last inspection

This was the first inspection of Willow Lodge since the change of ownership on 3 April 2018.

Why we inspected

This was a scheduled inspection.

Enforcement

We have identified breaches in relation to safe care and treatment, premises and equipment and good governance at this inspection.

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

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 monitor the progress of the improvements working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two adult social care 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. Our Expert by Experience has had involvement of caring for elderly relatives living with dementia.

Service and service type

Willow Lodge 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, which meant they did not know we were coming.

What we did

Before the inspection, we looked at all the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We also looked at the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted six community health and social care professionals to request their feedback about the quality of

service provided. We did not receive any responses. We used a planning tool to collate all this evidence and information prior to visiting the service.

During the inspection, people who lived at the home were not able to provide us with rational feedback about what it was like to live at Willow Lodge. Therefore, we spoke with seven family members. We used the Short Observational Framework for Inspection. This is a process in which we observe activity over set time-frames to observe how staff interact with those who use the service. We also spoke with four staff members and the registered manager, who took overall responsibility for the service. We looked at a variety of records, which included the care files of two people who lived at the home and two staff files. We also reviewed records relating to the operation and monitoring of the service. These included, audits, surveys, training records, minutes of meetings, duty rotas and safety checks.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management.

- People's safety was not always promoted because the management of risks was not robust.
- The provider failed to carry out rigorous maintenance checks of the environment and to address areas of significant risk. We toured the premises. The external concrete steps leading down to the laundry were crumbling and unsafe for use. There was a trailing wire across the corridor in one area of the home and in one person's bedroom. The call bells in some bedrooms were not easily accessible for people to summon help.
- One person was at significant risk due to inappropriate use of bed rails. We saw them trying to get out of bed when one bedrail was in the up position, despite the registered manager telling us bed rails were not used for this person as they would climb over them
- People were at risk of harm because systems and equipment were not serviced and maintained properly. The service certificates for the gas and electrical installations were out of date. Recommendations from the previous electrical installation inspection in 2017 had not been addressed. The new boiler on the first floor was easily accessible by those who lived at the home.
- People were at risk of harm in the event of a fire. We looked at fire safety records. The provider had a fire procedure, but the review of this had not been completed in full. The internal monthly checks of the fire-fighting equipment and the fire doors were not being completed. During our tour of the premises we noted concerns around fire safety within the home. Some internal doors had visible gaps in their framework. The fire door in the laundry was blocked by a trolley and there were two large plant pots on the platform of the external fire escape. These were moved when we brought this to the attention of the registered manager. The metal external fire escape needed to be cleared of wet leaves and rust. The key code mechanisms on some internal doors did not automatically release on activation of the fire alarm.

The provider had failed to adequately assess risk and monitor safety at the service. This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

- The provider had a fire risk assessment. We recommend that advice be sought from the fire and rescue service to ensure this is fit for purpose.
- We saw people had personal emergency evacuation plans and the provider had contingency policies in place, should evacuation be needed in the event of an environmental emergency.

Staffing and recruitment

- The provider did not always calculate staffing levels in accordance with people's assessed needs. However, safe processes for the recruitment of new staff were followed.

- The provider had not introduced regular dependency assessments to calculate the number and skill mix of the staff team and the views of those we spoke with varied in relation to staffing levels. Some told us there were often staff shortages and excessive use of agency staff. However, others felt there were enough staff on duty. It was confirmed that agency staff were often used to provide one-to-one support. We recommend that the provider frequently analyses staffing levels, in accordance with people's assessed needs and allocates regular staff members to assist those who require one-to-one support.
- Duty rotas showed agency staff were used and this was confirmed by the registered manager, who told us staffing levels on night duty were to be increased with the recruitment of an additional staff member. We saw plenty of staff were on duty on the day of our inspection. One relative told us, "There's always someone to help". And another commented, "No one's left on their own".
- Recruitment processes were robust and disciplinary procedures were followed in day to day practice. This helped to ensure staff employed were fit to work with this vulnerable client group.

Using medicines safely

- The service managed medicines safely. Staff received medication training and were assessed as being competent to administer medicines in a safe way. However, the management of topical creams and PRN (as and when required) protocols could have been better. We recommend that the provider assesses and reviews these areas of medication management to further promote people's safety.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had policies in relation to protecting people from discrimination, upholding their human rights and safeguarding them from abuse. Information was clearly displayed in relation to safeguarding procedures and the registered manager carried out safeguarding audits monthly.
- The provider's systems helped safeguard people who lived at the home. Staff followed systems to ensure any allegations of abuse were reported to the relevant authorities. The provider had robust action plans following any safeguarding incidents and evidence was available of lessons learned. Staff were fully aware of the reporting process.
- Family members we spoke with all felt their relative was safe living at Willow Lodge. Comments we received included, "He's safe. They [staff] think the world of him", "There's always someone [staff] to help" and "They always phone me if there's any safeguarding issues. I trust the staff at Willow Lodge."

Preventing and controlling infection

- People were not always protected against the risk of infection. The provider had infection control policies and staff followed good hygiene practices, such as hand washing. However, at lunch time, a staff member was assisting one person with their meal and as it was hot the staff member blew on the food. This did not promote good infection control practices. We recommend that staff be reminded of the home's policies in relation to the prevention of cross infection.
- We saw staff wore personal protective equipment to reduce the possibility of cross infection. Staff had completed training in relation to infection control and clinical waste was managed well.

Learning lessons when things go wrong

- The registered manager and staff team learned lessons when things went wrong. Records showed lessons had been learned following events such as accidents and safeguarding incidents.
- Staff recorded accidents and incidents. The registered manager analysed them, which helped to identify any trends or patterns, so action could be taken to reduce the risk of such events.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- The premises were not suitably maintained and kept clean. Some areas of the home had been decorated and refurbished. However, other parts of the premises were in poor condition. They were 'worn' and 'tired' looking and in need of upgrading and modernisation to provide those who lived at Willow Lodge with more pleasant surroundings in which to live. We were told the home was in the process of redecoration, but a structured refurbishment plan was not available.
- Some areas of the environment were visibly dirty and needed to be thoroughly cleaned, such as sluices and communal bathrooms.
- The communal lounge felt cool on the day of our inspection. Three people told us they felt cold. A member of staff went to get one person a cardigan.
- There were failings evident around fire, gas and electrical safety, as reported on in the safe domain within this report.

The provider had failed to ensure the premises were adequately maintained and acceptable standards of hygiene were provided throughout the home. This was a breach of regulation 15 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Premises and equipment).

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People received a balanced diet, although support with eating could have been more forthcoming and person-centred. One family member told us, "She's [relative] put on weight since she's been here and she loves the food."
- We observed lunch being served. We saw one person who was struggling to eat their food, due to difficulty in co-ordination and although independence was being promoted, this individual could perhaps have benefitted from a little support.
- We saw one person being assisted with their meal in a kind and gentle manner. The carer was chatting with the person and smiling in an encouraging manner. However, another was assisted by four different care workers, as they passed by, whilst attending to other people. This did not uphold an effective outcome for this individual and did not promote person-centred support.
- One of the inspection team sampled the food served at lunch time. We found the food to be edible, but improvements could be made in relation to the preparation and cooking. This was discussed with the registered manager on the day of our inspection.

We recommend the registered manager assesses and monitors the meal time service and produces an

action plan, if needed in response to her findings.

Staff support, induction, training, skills and experience

- The staff team were well trained. Staff were regularly supervised to ensure they continued their personal development and maintained acceptable standards of work performance. However, the registered manager had not commenced formal appraisals.

We recommend that staff appraisals be implemented to ensure the performance of the staff team is monitored and individuals are supported to develop their knowledge, skills and experiences.

- New staff were employed on a three-month probationary period and all employees received an in-depth induction programme when they started to work at the home. Staff told us this was sufficient for their needs and helped them to understand the practices of the service and the needs of those who lived at Willow Lodge. Staff evidently knew people who lived at Willow Lodge well and could support them in accordance with their preferences.

- Records showed a broad range of mandatory training was provided. More training was available, specific to the needs of people who lived at the home. Staff members told us plenty of training was available, which helped them to keep up to date with any changes in legislation or good practice guidelines.

- We saw good evidence of the use of technology for staff training and information was accessible, but it was sometimes difficult to obtain in a timely manner.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Staff assessed people's needs, preferences and choices before a placement at the home was arranged. This helped to ensure the staff team were confident in delivering the care and support required.

- We saw external health and social care professionals were involved in supporting people who lived at the home. This helped to ensure effective care was provided in a timely manner.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were not unlawfully deprived of their liberty. The provider had detailed policies around consent and DoLS. When required, the registered manager submitted DoLS applications to the supervisory body.

- Staff assessed people's mental capacity around specific decisions. Where people lacked the capacity to make specific decisions, the registered manager ensured best interest meetings had been conducted to ensure decisions were made in people's best interests. Advocates supported people in making decisions, if this was needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- People' privacy and dignity was not consistently promoted. Our observations varied in relation to respecting privacy and dignity. We saw some nice interactions with people and family members we spoke with told us the staff were kind and caring. Comments included, "I wouldn't take him anywhere else", "I'm very satisfied with the care" and "They really do care. I've no worries." However, one member of staff entered a bedroom without knocking on the door, whilst the person was in bed. Another staff member was helping one person with their lunch in a rushed manner, without allowing the person time to eat at their own pace. One person was seen in the communal toilet with the door open.

We recommend that the registered manager assesses how people's privacy and dignity is promoted and provides the staff team with additional training in this area.

- Confidential information was being stored securely in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of information about individuals. This helped to ensure the service was respecting people's personal data.
- People's independence was promoted. We saw some staff members interacting with people in a kind and caring manner and helping them in an appropriate way. However, communication with some people in the communal areas of the home was limited.

Supporting people to express their views and be involved in making decisions about their care

- People were not always supported to make decisions and express their views. People had not been involved in the care planning process, so they could decide how they wished to be supported.

We recommend the registered manager ensures people are supported to express their views and make decisions about the way care is delivered.

- The provider had policies and information was easily accessible about local advocacy organisations, should people wish to use this service. An advocate is an independent person who will provide support to people, so that any decisions are made in their best interests. The registered manager had sought the services of an advocate to support people in making specific decisions, when needed. An advocate visited on the day of our inspection.
- We observed some examples of good communication between staff and people who lived at the home.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated equally. We saw some lovely interactions by staff members, who demonstrated a kind and caring approach at all times. We observed staff were very helpful and provided good explanations to people, when needed. We noted a friendly and welcoming atmosphere and people looked relaxed in the presence of staff members. Responsive – this means we looked for evidence that the service met people's needs
- The provider had systems in place, which helped to ensure people were protected from discrimination. This was clear through the policies and practices adopted by the service.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had ensured plans of care were reviewed regularly and contained enough person-centred information about people's needs. These were supported by clear risk assessments and staff had recorded any changes in people's needs. A range of community professionals were involved in the care and support of those who lived at the home. This promoted a multi-disciplinary approach and helped to ensure people's health and social care needs were being appropriately met. Family members told us staff were always quick to get medical advice, if needed and kept them up to date with any changes in their relatives' care. One commented, "It's not the prettiest of homes, but the way the staff are with mum is brilliant. They discuss her care with me and always inform me when she is ill."

- It was clear activities were not being provided. We did not observe any activities advertised and none were taking place on the day of our inspection. The registered manager told us the activity co-ordinator was off sick, hence the lack of activities at the time of our inspection. One family member told us, "I wish there were more activities."

We recommend that the continuous provision of activities be monitored to provide stimulation and avoid isolation.

- The provider had introduced an interactive touch table in the lounge. This had been designed to help those living with dementia to participate in games and to watch films of their choice. There was Wi-Fi access in the home and the provider was in the process of installing video-calling to enable people to visually contact family and friends.

Improving care quality in response to complaints or concerns

- Complaints and concerns were well managed. The provider had a clear complaints procedure, which was easily accessible for people who needed it. Although no complaints had been received during the previous year, the provider had developed a robust system for the recording and monitoring of complaints or concerns raised.

- People we spoke with were aware of how to make a complaint and felt confident in doing so, should this be necessary.

End of life care and support

- The provider had processes to appropriately manage end of life care. The provider had introduced guidance for staff of how to respond to people who were nearing the end of their lives and had developed advanced plans of care, as appropriate.
- Training in end of life care was available for the staff team and records showed 50% had already

completed this training within the last year.

- The home evidently had positive relationships with community health care professionals, who would provide support, should it be needed in this sensitive area of care.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service was not consistently well-led. The registered manager was co-operative and assured us improvements would be made. We identified three breaches of regulations in relation to safe care and treatment, premises and equipment and good governance. We also made recommendations in relation to the management of medicines, staffing and appraisals, infection control and meals, activities, care planning and maintaining and promoting people's privacy and dignity.
- The registered manager had conducted a range of audits. However, these were not consistently effective, as they did not always recognise risks and shortfalls. The provider lacked oversight of the service, as there was little evidence of assessing and monitoring quality and safety.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Person-centred care was not consistently promoted. Two people were not granted individualised care and support at lunch time and people were not involved in planning their own care and support.

The findings above show the provider had 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 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- Staff had access to a wide range of policies and procedures, which provided clear guidance for the staff team and which were under review at the time of our inspection.
- The registered manager was open and transparent and acknowledged the failings identified during the inspection. The provider had ensured care records were detailed and reflected people's interests and preferences.
- Certificates of registration were on display within the home. Appropriate notifications had been submitted to CQC, which is a legal requirement.

Continuous learning and improving care

- The registered manager and staff team continuously improved their knowledge and skills through training modules and supervision sessions.
- The provider had a wide range of policies, which were linked to good practice guidance and further reading material, as well as the five key questions adopted by CQC. This helped the staff team to keep up to date with any changes in legislation or good practice guidelines.

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

- The provider had policies which covered equality, diversity and human rights.
- People were provided with important information about the service before they moved into Willow Lodge. This helped them to make informed choices about organising a placement at the home.
- There was little evidence of meetings taking place for those who lived at the home and their relatives. The registered manager told us these meetings were arranged and advertised, but no-one attended. However, we were told the registered manager operated an open-door policy, so people could discuss any concerns or topics of interest with her at any time.
- People and their relatives had recently completed surveys. This helped the provider to obtain the views of those who had an interest in the home. An extract from one family member's survey stated, 'I've not seen the care plan but I'm aware one has been done. I am made aware of any issues promptly and everything is explained. Everyone at Willow Lodge has been very caring for both my dad and myself.' One family had visited the home and had provided feedback, 'Thank you so much for your warm welcome and support yesterday when we came to see the home. We were all impressed by your professionalism and compassion and with the home in general.'
- Staff meetings and senior management meetings were held periodically. This enabled the management team and staff members to discuss any relevant issues in an open forum, should they wish to do so.

Working in partnership with others

- Good external links had been developed with community health and social care professionals. This helped to ensure people's needs were fully met.
- Family members told us the home worked well with them and kept them up to date with any changes. They told us communication was good and they were listened to by the registered manager and staff team. Comments we received included, "She [the registered manager] is very approachable when I speak to her", "She's very helpful. There's been a great improvement since the new owners took over" and "Dad's thriving thanks to the staff."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to adequately assess risk and monitor safety at the service.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the premises were adequately maintained and acceptable standards of hygiene were provided throughout the home.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had 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.