

Hatzfeld Care Limited

Willis 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 effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Willis Lodge is a residential care home providing personal care to 24 adults of all ages at the time of the inspection. The service can support up to 37 people. The service provides support primarily to people with mental health needs.

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

People felt safe living at Willis Lodge and they were supported by appropriately trained staff who knew how to keep people safe whilst caring for them. People felt there were enough staff and that they never had to wait long for assistance. Risks associated with people's care had been thoroughly assessed and managed well. People were supported to take their medicines in a safe way.

We have made a recommendation around the recording of medicines and their safeguarding procedures which required improvement.

People felt the management were approachable and concerns were dealt with appropriately. The registered manager had quality monitoring processes in place and worked with other agencies to ensure people received person-centred care and support. The registered manager had not understood their regulatory duty when it came to notifying CQC of certain events.

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.

People were supported by staff to maintain a healthy lifestyle and keep well nourished and hydrated. Staff supported people to access appropriate healthcare in a timely manner. People had access to outdoor space and the service was adapted and decorated in a way that supported those living there.

People were supported by kind and caring staff who promoted their independence and respected their privacy.

People's care plans were individualised and staff were provided with information to support people in a personalised way. People enjoyed the wide range of activities Willis Lodge offered and they were involved in choosing them. People were supported to get involved with the local community and many had taken up volunteer roles.

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

Rating at last inspection

This service was registered with us on 11 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Willis 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.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Willis Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service about their experience of the care provided. We spoke with ten members of staff including the registered manager, deputy manager, other members of the

management team, care workers, domestic staff and a cook.

We reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files in relation to recruitment and staff competencies. We also looked at a variety of records relating to the management of the service.

After the inspection

The registered manager provided us with copies of documents requested to demonstrate compliance with the regulations, including policies and training data.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff supported people to take their medicines in a safe and dignified way.
- We observed a medicine round on the day of our visit. People were offered a choice of drink and were not rushed, staff ensured they waited with them while they took their medicine.
- Staff responsible for supporting people with their medicines had received appropriate training and had their competency regularly checked.
- The service was currently in between suppliers for medicines and were in a crossover period for the system they used for recording. At the time of the inspection the medication administration charts were disorganised, and some were incomplete. We spoke to the registered manager about this and they assured us that they would be doing a complete audit once they were fully swapped over and that they were closely monitoring medicines in the meantime.

We recommend the provider consider current guidance on medicine recording in care homes when implementing and embedding the new system.

Systems and processes to safeguard people from the risk of abuse

- People felt they were safe living at the service and were supported in a safe way.
- Staff understood how to protect people from harm and had received training in safeguarding. This training was also offered to people to enable them to protect themselves and others from the risk of abuse.
- The service had a safeguarding policy and procedure in place. However, this was not always followed by management when it came to reporting safeguarding concerns to CQC.

We recommend the provider consider current guidance and regulations on safeguarding.

Assessing risk, safety monitoring and management

- People's risks were thoroughly assessed and linked to care plans. Staff were provided with guidance on how to support people safely.
- Staff understood how to respond to people whose behaviour may challenge others in a dignified and safe way.
- Personal emergency evacuation plans were in place to ensure people could leave the premises safely. Regular safety checks carried out on the premises and equipment contributed to people's safety.

Staffing and recruitment

- There were enough staff to keep people safe. People felt there were generally enough staff to meet their needs. One person said they were, "Never kept waiting" when they needed assistance from staff.
- The registered manager monitored staffing levels and increased staff numbers when necessary to ensure people's needs were met. They had recently increased the level of staff at night times due to a change in a person's needs.
- People were kept safe by the robust recruitment processes the service had in place. These including completing relevant checks on potential staff member's experience and history.
- Staff felt supported and had completed relevant training to be able to keep people safe from the risk of abuse and harm.

Preventing and controlling infection

- The service was clean and well maintained throughout. Every room was cleaned every day, with a deep clean every week. People were happy with the cleanliness of the service. A person said, "The home is always clean and tidy."
- People living at the service had recently completed an infection control course, alongside staff, that had been presented by a trainer and a person living at one of the providers other services.
- Staff wore personal protective equipment (PPE), such as gloves and aprons, to reduce the risk of spreading infection. PPE and hand sanitising gel was readily available throughout the service.

Learning lessons when things go wrong

- The registered manager investigated thoroughly when incidents occurred and made changes to procedures where appropriate.
- Lessons were shared with the team at both regular and specific team meetings. For example, following a change in a medicine's procedure after an incident, the service held a meeting to discuss this specifically.

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.

This is the first inspection for this newly registered service. This key question has been rated 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's needs and choices were assessed before moving into the service. Each care plan detailed people's expected outcomes and they were regularly reviewed.
- The service used a custom designed digital IT system, that had been developed by a member of the providers management team, to support the delivery of high-quality care and support. The system allowed staff to update people's records from handheld devices wherever they were in the service, meaning records could be kept up to date at all times.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively.
- People had been included in the recruitment process, the management sought their feedback after potential staff members had completed a trial shift and their opinion was included in the decision-making process.
- Staff spoke positively about their induction, management support and the service's commitment to training. Staff received training specific to the needs of the people they cared for. They were encouraged and supported to undertake additional training, which included gaining vocational qualifications in care.
- Staff who had not worked in care previously were enrolled on the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.

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

- People had diet and nutrition care plans and risk assessments with guidance for staff. Where necessary referrals to the speech and language therapist had been made, to ensure people were being supported appropriately to remain well nourished and on the correct diet.
- People were happy with the choice and quality of the food. One person said, "It is not pre-packed rubbish, it is all cooked here." Another said, "We always have a choice and they will always make something else for you." The cook asked people daily for their feedback on the meals to help with future meal planning.
- People were offered the option to get involved in the cooking of meals, to encourage independence and learn skills around nutrition and healthy food choices.

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

- People were supported to access appropriate healthcare and encouraged to live healthier lives. People

explained that staff were quick to arrange GP appointments and helped people make appointments themselves.

- People had the option to attend a well-being clinic the service ran that addressed topics people wanted to discuss, for example quitting smoking.
- Referrals to healthcare professionals were made where appropriate and were proactive. For example, we saw staff had identified that a person had been losing balance, they flagged this on the internal system and appropriate referrals had been made promptly.
- The service worked well with other agencies and healthcare professionals in order to ensure people had effective and consistent care. One healthcare professional said, "Staff work together with me to help a patient, everything I put in place they follow."

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

- The service had signage and decoration that promoted independence. For example, there were signs up for one particular person to help them orientate themselves around their home without the assistance of staff.
- People had easy access to plenty of outdoor space, the garden had different seating areas and a clear signpost to help people find their way around.
- People chose signs for their bedroom doors, for them to easily recognise their own room with something that was familiar to them. We saw signs that were sports related and of animals and famous people. The bathroom doors had easy read signs on them so people could identify them.

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.

- The service was working within the principles of the MCA. People had decision specific assessments completed at times and locations that were best suited for them. The assessments were comprehensive, personalised and completed in a caring way with the appropriate people consulted.
- DoLS conditions were being met and the digital system clearly identified the people that were under DoLS.
- Staff had an understanding of the MCA and we saw they worked within the principles by maximising people's choice and working in the least restrictive way possible.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about how they were treated by the staff. People explained, "The staff are excellent" and "The staff are very caring, they are five star". We saw a compliment from someone who had left the service that read, "The staff at Willis lodge are absolutely first class...they are so friendly and willing to help even though they're running around trying to deal with everything at once. They will do the best they can to help you with what you are asking. The staff sit with the residents in the lounge and the dining room it makes you feel like they are approachable."
- Staff said they had enough time to get to know people and spoke fondly about the people they cared for. People said that staff had time to chat to them.
- We observed staff treat people with dignity, patience and kindness, gently reminding people about things and speaking softly with them.
- Staff used skills and techniques gained from their 'challenging behaviour' training to proactively deescalate potential situations with people competently. This meant people were not discriminated against because of a disability or health related condition.

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

- People were involved in developing their care plans and were able to contribute to their ongoing care at monthly reviews which involved them and their family, where appropriate.
- People felt comfortable expressing their views informally also, one person explained, "You can approach the management any time".
- People and their families were invited to attend regular residents' meetings, people said that they found these useful.
- People did not have information provided to them on how to access an advocacy service. This meant people did not have easy access to someone who could speak up on their behalf. We spoke to the registered manager about this who assured us if someone requested an advocate this would be arranged and they would make sure that information would be on display and provided to people promptly.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff ensured their privacy and dignity was maintained. Staff explained, "When supporting someone with personal care, I make sure the curtains are closed and the doors shut. I ask them what they want and explain what I am doing. I make sure they are covered and that they have got their dignity. I always ask consent."

- The service had a dignity tree with goals that staff helped people achieve each month.
- The service actively tried to promote people's independence and people recognised this, one person explained that, "Staff encourage me to make my own dinner".

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care was planned prior to care being delivered. Plans were in-depth and personalised with clear guidance for staff.
- People's diverse needs were discussed with them when they first started to use this service. For example, where people had religious needs, this was recorded within their care records to ensure staff were aware. People were then supported to go to church if they chose to.
- Staff had information about people's choices and preferences and this enabled them to meet the needs of people in an individualised way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified in their care plans. The registered manager explained that anyone with specific needs would always be supported by an experienced member of staff who knew them well and how to best communicate with them.
- At the time of the inspection no one required written information in different formats, although the registered manager confirmed they would arrange this if their needs changed.
- Some people had been supported to get aids, such as an adapted call bell and a talking watch to assist with their needs.

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 take part in a wide range of activities and were encouraged to maintain important relationships.
- The service employed a full-time activities coordinator and had a large vehicle to ensure there was a full program of both internal and external activities available for people to participate in. These included both staff ideas and suggestions from people, such as bowling and swimming. Some people had been taken on an overnight trip to Butlins.
- People spoke positively about the activities available saying they never felt bored living at Willis Lodge. One person described how they had attended a woodwork session the day before.
- People had been supported to volunteer in the local community, to both improve their life skills and avoid

isolation. Social groups had been found for people with specific interests, such as knitting.

- People had access to Wi-Fi to keep in touch with people important to them. We were told about how the service had supported a person to rebuild their relationship with their family.
- The service was proactive in ensuring that people were stimulated and included.

Improving care quality in response to complaints or concerns

- Most people said they did not have any complaints but knew how to raise any issues if they did, and were confident they would be addressed.
- Complaints were thoroughly investigated, and actions taken to improve the service were taken where applicable. Complaints received were reviewed monthly to ensure any themes were picked up and acted on.

End of life care and support

- The service had not supported anyone with end of life care at the time of the inspection; however staff had been trained in end of life care.
- People's care plans did include DNAR information where applicable but did not specifically detail their wishes for end of life care. We spoke to the registered manager about this and they assured us that they would include this information promptly. The registered manager showed us that they had spoken with people about their wishes as an activity on Remembrance Day, but this had not been incorporated into their plans.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership did not fully understand their duties and responsibilities.

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

- The registered manager did not fully understand their legal duty to send notifications to CQC as required, therefore several incidents had not been reported. Since the inspection these notifications have been submitted to CQC.

The provider failed to notify CQC of incidents. This is a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009.

- Staff understood their duties and responsibilities. Staff received regular supervisions; they knew the leadership structure and felt supported by management. One said, "I think they [management] are really good, and really helpful, always willing to listen. We get supervision every month without a doubt." Another said, "It's the best job I have ever had, the manager is brilliant, and the staff are good, they make you feel welcome."

- The registered manager and deputy manager ensured they continually monitored the quality and safety of the service to drive improvements. Comprehensive audits and competency checks were carried out regularly and actions were taken where appropriate to improve the quality of the service delivered, any learning points were shared with the team.

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

- People's opinions were sought via a resident survey, suggestion box and resident meetings. One person said, "They [management] do make improvements and take suggestions seriously".

- It was not clear that actions from this engagement were always followed. For example, the resident survey highlighted that non-smoking residents were concerned about the mess of cigarette butts outside, which was also brought up at a residents meeting. We noted on inspection that there were a lot of cigarette butts outside also, so this had not been actioned on an ongoing basis.

- Staff felt involved in the service. Staff explained, "There is a staff meeting every month, we are asked if we need anything and it will always happen. We can contribute, before the staff meeting we can suggest topics and they will get spoken about at the meeting."

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

- The registered manager described the service as being led by the people who lived there. It was evident that this person-centred approach was embedded throughout the staff team.
- Staff were proud of the service and the positive outcomes for people they had helped achieve. For example, supporting people to eat healthy again after living with eating disorders, and getting people back involved in the community and into supported living.

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; Continuous learning and improving care

- The registered manager ensured that incidents and accidents were investigated appropriately and that people and their families, where appropriate, were kept informed. This meant that the service worked in an open and transparent way in line with the duty of candour.
- The registered manager ensured that they learnt from incidents and made changes where necessary.
- The management team were committed to quality monitoring on a regular basis, this was done via surveys and audits, to improve the care provided.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals, commissioners and the local safeguarding team to ensure people received the care and support they required.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify CQC of incidents.