

Brookhouse Assets Limited

Willow Lodge

Inspection report

15-16
Moss View
Ormskirk
L39 4QA

Tel: 01695579319

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28 November 2022

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Willow Lodge Nursing Home is a residential care home providing personal and nursing care to up to 22 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 11 people using the service.

The home is set over 2 floors which are accessible via a lift. There is a communal area available, with a garden and car park.

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

People were not always kept safe as systems to manage the safety of the environment were not effective. Some improvements had been made in managing medicines, however further work was required to embed the changes. Improvements had been made regarding the incident recording process to make sure mistakes were not repeated. People were looked after by enough staff who knew them well. A relative said, "There are lots of changes of staff, but the permanent ones know him especially well." The home was kept clean.

People were not always kept safe as recruitment processes needed improving. We have made a recommendation about systems to monitor staff training and competencies. People had limited fresh food options. People's bedrooms looked bare and were not decorated according to their preferences. The manager completed appropriate assessments regarding health and well-being, and decisions were made in people's best interests.

People and their relatives spoke highly of the staff and said they were very kind, friendly and caring. Some relatives mentioned that agency staff did not always have the same rapport, or knowledge about people's individual needs and preferences.

People did not have many opportunities for going into the local area or to participate in activities within the home. The registered provider needed to make improvements regarding using different communication strategies. Although complaints were recorded it was not clear what processes were used to resolve them and make sure people's care was improved.

People were at risk of receiving poor quality care because the registered provider had failed to ensure effective oversight of risks, quality of care and the environment. The registered provider did not always request feedback from people, their relatives or staff. However, staff enjoyed their jobs and were committed to providing good care for the people that used the service.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 26 October 2022) and there were breaches of 3 regulations. The provider was asked to complete an action plan after the last inspection to show what they would do and by when to improve however this was not received. At this inspection we found the provider remained in breach of 2 regulations.

At our last inspection we recommended that the provider look at their incident recording processes, and at this inspection we found that some improvements had been made.

Why we inspected

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

The overall rating for the service has remained inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement

We have identified breaches in relation to the safety of the premises, recruitment and the governance of the service.

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

Follow up

The registered provider made the decision to close Willow Lodge Nursing Home in the days following the inspection. However, until this process has been finalised CQC will continue their normal processes for services rated inadequate and in special measures as follows:

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 overall rating for this service is 'inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

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. 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

The 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 Nursing Home 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 Nursing Home is a care home with 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 not a registered manager in post. The current manager had not made an application to the CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

The inspection was undertaken on 28 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 2 people that used the service and 6 relatives. We spoke with 9 members of staff including the nominated individual, care staff and nursing staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We asked to look at a range of records including policies and procedures, people's care and medicine records, and audits. We looked at recruitment records and health and safety documents.

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 inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the registered provider had failed to make sure there were effective systems to manage the safety of the environment. This was a breach of regulation 15 (1) (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered provider was still in breach of regulation 15 (1).

- We observed fire doors wedged open which was observed at the last inspection. We found that the medicine room was unlocked and there were used razors stored in there. We found an unlocked cupboard in the medicine room which stored topical creams and fortified drinks.
- Work was still required to the environment of the home, including fire safety actions, improvements to the conservatory which could not currently be used, and actions in the outside area to make it safe.
- There was no system to manage maintenance requirements or a permanent maintenance manager. Staff documented when an item needed fixing or replacing however, we could not see whether this was being monitored, or what actions were taken and when to address. For example, a staff member highlighted that a person's bed rails were broken, however it was not clear what actions were taken or when to replace them.

Although we found no evidence of harm, systems had not been established to manage the safety of the environment. This placed people at risk of harm. This was a continued breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some actions regarding fire safety took place in the days after the inspection to address concerns.

- People's care plans and risk assessments regarding their health and wellbeing were stored electronically. These were reviewed every month or as required.
- Health and safety testing had occurred recently including electrical safety testing, gas safety and legionella testing of the water.

Staffing and recruitment

- Although there were safe staffing numbers, people were not protected from the risks associated with unsafe recruitment processes.
- We checked 2 care staff recruitment records and all the nursing staff recruitment records. We could not find any references for one member of staff. We found that the necessary checks regarding

agency nursing staff had not been made prior to them working in the home, and initially records could not be located.

- There was a high reliance on use of agency to fill nursing staff gaps. This caused issues with consistency. A relative told us, "There are so many different staff coming and going, not the permanent staff, they use a lot of agency staff and I am not sure they always know the needs of [my relative]."

Although we found no evidence of harm, effective systems had not been established to manage safe recruitment. This placed people at risk of harm. This was a breach of regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Checks were made after the inspection and agency nursing staff did have the correct paperwork in place to reflect guidance was followed.

Using medicines safely

At our last inspection the provider had failed to establish systems to manage medicines safely. This was a breach of regulation 12 (1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however further improvements were still required.

- Some improvements were still required in the storage of topical creams.
- Guidance for staff regarding 'as and when required' medicines were now in place.
- Staff were recording the temperatures of the medicine's fridge and storage room.
- The manager had commenced medicine audits and addressed issues noted. However, this was not yet embedded.

Learning lessons when things go wrong

At our last inspection we recommended the provider take advice from a reputable source regarding their incident recording process. Some improvements had been made at this inspection however more time was required to fully embed.

- We could not see whether there was a system to learn from incidents or whether incidents were audited, as the manager was away at the time of the inspection, and the nominated individual could not locate.
- There was a process for recording accidents and incidents and staff used the electronic system to record. We saw that the manager signed these off.
- Following the last inspection, staff filled in incident forms more fully and incidents were handed over appropriately.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Although the nominated individual could not locate the safeguarding policy during the inspection as the manager was unavailable, we did see this at the previous inspection in September 2022 which was thorough and in date.
- Staff knew what to do if they had concerns and told us they had received recent training.
- We found that there was no overall safeguarding log to monitor recommendations made.

Preventing and controlling infection

- People were protected from the risk of the spread of 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 making sure infection outbreaks can be effectively prevented or managed.
- The provider supported visiting in line with guidance.

We have also signposted the provider to resources to develop their approach.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were supported by care staff that knew them well and had good knowledge about their needs, choices and preferences. However, there were some gaps in the recording of staff skills and training.
- The nominated individual was unable to show us an overall record of staff training competence, however we saw some but not all training certificates in staff recruitment records. All staff we spoke to said they received regular training, and this was up to date.
- We did not see sufficient evidence that nursing competencies were checked.

We recommend the provider consider current guidance regarding checking and recording of staff skills and competencies.

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

- The design of the service did not always meet people's needs.
- Although there was a good-sized conservatory, this could not be used as it was not fit for purpose, with some maintenance and updates of the environment required. This meant there was only the dining room which could be used as a communal area.
- Although some progress had been made with the rest of the building, such as replacing floors and a bathroom, further work was required to make the home comfortable.
- Most bedrooms were very bare and had not been decorated according to people's personal tastes, however this was on the list to complete in the future.

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

- People were supported to eat and drink to maintain a balanced diet.
- We did not observe many items of fresh fruit and vegetables although there were some. Staff told us sometimes they ran out of these items.
- The home used a delivery service to provide ready-made meals and there were limited choices available. This took account of nutritional needs and personal preferences.
- Staff referred people to the dietician and people were supported to have fortified diets when required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with guidance and reviewed regularly.
- Staff made referrals to other services to make sure that care and treatment was holistic and achieved effective outcomes.

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

- Staff worked with other agencies to provide care, such as the falls service, and mental health teams.
- People were supported to access healthcare services and support. Staff made appropriate referrals when required and people's health was monitored appropriately.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications had been made to the local authority where required.
- Staff completed mental capacity assessments and best interests decisions where required, for example, for the use of bed rails and support with medication.
- Staff could describe the principles of the MCA and told us they had recent on-line training.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 were well treated, and staff respected equality and diversity.
- Care plans took account of people's personal preferences and choices.
- A relative told us, "The staff are friendly, and treat people well, respectfully, you can see that in the way they interact with everyone. They sit and talk to everyone, address them by name, check if they need anything, they do that for everyone. They treat [my relative] with dignity and respect, they still ask her things even though she cannot respond, they call her by name, dignify her."

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- Staff talked to people throughout their caring interventions and explained what they were doing.
- Staff made sure people were comfortable with a blanket or privacy screen.

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 requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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 not supported to follow their interests or take part in activities either inside or outside of the home on a regular basis.
- A relative said, 'I am not sure there are any activities now, I have not seen any.' Another relative said, 'There is not a lot to stimulate her, there are no activities.'

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.

- The manager was unavailable at the time of the inspection and we were unable to see how the service followed the Accessible Information Standard or how they met people's communication needs. This information was not provided after the inspection.

Improving care quality in response to complaints or concerns

- We did not see a copy of a complaints process.
- Relatives said they did not know how to raise a complaint however would raise concerns with staff if they had any.
- We saw a complaints folder with a couple of historic complaints stored. We could not see how these had been dealt with.

End of life care and support

- We could not see any policies regarding end of life care or whether staff received appropriate training.
- People had their wishes and needs regarding end of life care documented in their care plans.

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

- Relatives told us they were not involved in care planning or reviews. One person said, 'We are not really involved in decisions about her care.'
- Staff tried to take account of people's holistic needs and made sure people had choice and control over their 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.

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last 3 inspections the registered provider 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 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the registered provider was still in breach of regulation 17.

- The registered provider had not taken enough action to make sure that risks were assessed and mitigated, or that quality was assessed. The registered provider lacked the required knowledge about their statutory obligations.
- The registered provider had not taken enough steps to make sure the manager applied to become the registered manager and did not apply enough scrutiny to make sure the manager was adequately supported, and their performance monitored.
- The registered provider did not complete an action plan following the last inspection, to show how they would improve and by when.
- The registered provider was unable to demonstrate what actions had been taken following the last inspection, and the manager was unavailable.
- We requested policies and procedures, and audits, however most were not provided. We saw that 1 medicine audit and 1 IPC audit had been completed, however this process was not embedded.
- The registered provider had not made all the necessary statutory notifications regarding safeguarding concerns and had not maintained overall monitoring of safeguarding concerns and recommendations made.
- Ongoing work was still required to the environment including fire safety actions, and we could not see a process or action plan in place for this.

Requests were made for documents following the inspection however these were not provided.

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

- We were unable to see the incidents policy, so we could not be sure whether the duty of candour was always applied.
- Not all safeguarding incidents were reported appropriately.
- Relatives told us that staff contacted them if there were any changes or concerns.

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

- The registered provider did not engage effectively with the staff. We could not see any evidence of team meetings and staff supervisions were irregular.
- We did not see any evidence that people or their relatives were asked for feedback about the service.
- Relatives said they had not been involved in any review meetings recently or filled in any questionnaires. A relative said, "Communication needs to be more proactive."

Continuous learning and improving care; Working in partnership with others

- The manager supported and encouraged staff to participate in on-going training however we could not see how the manager and registered provider kept up to date with current guidance to improve care.
- The manager worked with other agencies such as infection control and public health teams, and commissioners.

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

- Although there were significant gaps in the leadership, overall relatives were positive about the service. A relative told us, "I am pleased with all the interactions with the people when I am visiting. I can see that people are treated fairly, that staff are talking to them, helping them and there is a nice atmosphere."
- Staff enjoyed their jobs and thought that the registered provider had taken some steps to improve the service.
- Several staff worked at the service for several years and were committed to their work. One person said, "We work well together, it is a good team."

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 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected as the service lacked adequate systems and to assess, monitor and manage risks relating to the health, safety and welfare of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not protected as the systems for safe recruitment of staff were not embedded.