

Hatzfeld Care Limited

Willis Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Willis Lodge Care Home is a residential care home, providing personal care to 33 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 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.

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

Changes to people's care records had not always been completed in a timely manner following increased risk to their health and safety. Action to address concerns regarding legionella had not been fully completed. Governance procedures had not highlighted these issues; however, we have been informed that action has now been taken. The impact of these was minimal on people.

People felt safe at this home. They received their medicines when needed and there were enough staff in place to provide safe care. The home was clean and tidy, and incidents were reviewed, and action taken to reduce recurrence.

People's needs were assessed prior to them living at the home, ensuring their care and support needs could be met. Staff were well trained, skilled, and experienced. People received support with the meals, including preparing meals for themselves where able. People had regular access to health and social care professionals. The home environment was suitable to people's needs.

Staff were kind, caring and provided respectful care. People's privacy was respected. People felt involved with decisions about their care needs. People received person-centred care. They were encouraged to socialise with others and to lead active lives. There was an aim to support people with living more independently. Complaints were managed appropriately. Staff communicated with people in a way that did not discriminate. End of life care not currently provided.

People and staff liked the registered manager and found them to be approachable and well-meaning. There was a positive atmosphere and culture at the home. Improvements had been made since our last inspection

to the process of reporting incidents to the CQC.

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 requires improvement (published 18 November 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to how what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that improvements were made in relation to safeguarding procedures and medicines. At this inspection we found the provider had acted on these recommendations and improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Willis Lodge Care 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. Willis Lodge Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We asked local authority commissioners, and other agencies such as Healthwatch for their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used this information and our internal records to plan our inspection.

During the inspection

We spoke with five people. We asked them about their experiences of the care provided. We spoke with 8 members of staff. This included, 2 support workers, support manager, administrator, kitchen manager, maintenance person, deputy manager and registered manager.

We reviewed a range of records. This included all or part of the care records for 9 people as well as medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision, and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The risks to people's health and safety had been assessed and acted on.
- A person's care records stated they were at risk of harming themselves and staff should monitor the person at least once per hour. Their care records showed they had carried out a variety of observations and interactions to keep the person safe.
- Health and safety checks had been completed to ensure the home was a safe place for people to live. This included checks of equipment, fire safety and gas safety. However, we noted a recent legionella inspection some follow-up action actions had been completed; however, others had not. The registered manager did not have an action plan in place to address these concerns. We have since received confirmation that these actions are now complete.
- We noted a person had 2 choking incidents in 6 days. A referral was made to a speech and language therapist to help advise how to support this person. Staff had been informed how to reduce the immediate risk to the person's safety through more observations and cutting food into smaller pieces. However, we noted two months after the first incident, the person's care records had not been updated to reflect the action staff should take. This meant there was a risk of the person receiving inconsistent care and could still place the person's safety at risk.
- We did note that records showed no further incidents had occurred, this could have placed the person's health at risk.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we made a recommendation that the provider consider current guidance and regulations on safeguarding. At this inspection we found the provider had acted on this.

- The provider had now ensured that notifications regarding any allegations of abuse had been forwarded to the CQC. This helped to ensure people were safe.
- The provider had the systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe living at the home. One person said, "The staff at previous care homes I've been in, gave no interactions. The staff are very polite here and don't raise their voice." They also told us the staff were very patient and that this made them "calm and not angry".
- Staff had a good understanding of how to identify, act on and report any concerns that people may have been the victim of abuse or neglect. This helped to keep people safe.

Staffing and recruitment

- There were enough suitably qualified and experienced staff to keep people safe and to provide safe care.
- People told us staff were there when needed. People had access to a call bell in their bedrooms should

they need the attention of staff. Most spoken with said they rarely needed to use the bell; however, when then they did, staff came quickly.

- We observed staff were always available in communal areas and there plenty of staff to support at meals times.
- Appropriate recruitment checks were completed before staff commenced their role. This included checks on staff members' identity, past employment, and criminal record. People told us they were always introduced to new staff which helped to reassure them.

Using medicines safely

At the last inspection we made a recommendation that provider consider current guidance on medicine recording in care homes. At this inspection we found the provider had acted on this.

- We noted people's medicine administration records were now completed correctly and accurately reflected people's medicine requirements.
- People told us they received their medicines when required. One person described a medicine that they had to receive at a specific time of day. They told staff always ensured they had it at the right time. Another person told us staff made sure they took their medicines but also, didn't make it "too obvious" they were watching which respected their privacy.
- We observed medicines being administered safely and in accordance with current standards and guidelines. Medicines were stored and disposed of appropriately.
- Staff trained to administer medicines had their competency to do so regularly assessed. Any errors made by staff were investigated and further training was available for any staff that required it. This helped to ensure medicines continued to be administered safely.

Preventing and controlling infection

- The home was clean and tidy, and which reduced 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 admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on friends and family visiting people at the home.

Learning lessons when things go wrong

- The provider ensured that when incidents occurred they were investigated and acted on to reduce the risk of recurrence.
- Individual errors made by staff were used to improve learning amongst the staffing team. Learning from mistakes was a key focus for the provider.
- Incidents were reviewed by the registered manager and senior management to help to identify any themes or trends. Action plans were then put in place to address any areas of concern.

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 good. At this inspection the rating for this key question has remained 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 received a detailed assessment of their care needs prior to living at the home.
- This was completed to ensure people received the required support with care and mental health needs.
- There was a wide range of age groups living at the home. Older and younger adults lived together. The provider ensured the needs and choices of all people were considered when care was planned.
- The provider ensured care was provided in accordance with the Equality Act 2010, protecting people from the risk of discrimination.

Staff support: induction, training, skills, and experience

- People received care and support from skilled, experienced, and well trained staff.
- People told us staff had the appropriate skills needed to provide them with effective care. One person praised the staff and said, "The way they are you wouldn't think it was a job."
- Staff felt well trained and supported to carry out their role effectively.
- A staff member told us as well having in-depth training there was an on-line database which they could access to help inform them of people's specific mental health conditions. They told us this database as well as the information provided within each person's care records, helped them to do their job effectively.
- A small number of people had a learning disability. Staff had completed training specifically designed to enable staff to understand the learning disability and to provide effective care without discrimination.

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

- People were supported to maintain a healthy diet through wise food and drink choices and consuming an appropriate amount of food and drink.
- Most people told us they liked the food and drink provided. A person told us they liked being given options and there was plenty of choice. Another person told us they liked to cook for themselves, and staff helped them to go shopping to buy their own food.
- We observed lunch. Where people needed support with their meals, staff were available. Where able, people were encouraged to make their own lunch using the reablement kitchen. A wide range of regular options were available for people who wished to make their own lunch (and other meals).
- Kitchen staff had a good understanding of people's dietary requirements and foods that could affect people's health. They regularly sought people's feedback on the menu options and made amendments when needed.

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

- People had access to external healthcare specialists when required. This included GPs, dentists, speech and language therapists and occupational health. As a result, people were supported to lead healthier lives.
- A person told us they had recently seen their GP to discuss their medicines and whether they could stop taking a medicine.
- A number of health and social care professionals were involved with people's care. They regularly attended the home and were involved with meetings with people to discuss the most appropriate care that was needed.
- On occasions those meetings also included supporting people to leave the home to more independent living. Supporting people, where appropriate, to access suitable independent living accommodation was a key aim of the provider.

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

- The environment was appropriate for the needs of the people living there.
- There was a communal area with ample seating for people to sit and relax with each other and to watch tv. The dining area was spacious and included a 'reablement kitchen' where people could prepare and cook their own meals and snacks if they wished to.
- Outside spaces were well maintained. A designated smoking area was in place which we saw people use, protecting others from the cigarette smoke. The garden areas contained ample seating areas, and the good weather during the inspection saw many people taking advantage of this attractive space.
- A summer house was available for people to meet for activities; particularly important during poor weather when people wanted to go outside of the home.
- Corridors, doorways, bedrooms, and communal areas were all on level ground and easily accessible by wheelchair. People's bedrooms were decorated to their own taste.

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. We found that they were.

- Where people had been assessed as not having the capacity to consent to decisions, assessments had been completed in accordance with the requirements of the Mental Capacity Act 2005. When decisions were made, documentation was included to explain how the decision had been reached and how the decision was in the person's best interest.
- When people had been assessed as being a potential danger to themselves and/or others if permitted to

leave the home alone, then DoLS were in place enforcing legal restrictions on their freedom and liberty. Some of these DoLS had conditions placed on them, which staff understood and adhered to. This reduced the risk of people's rights being unlawfully restricted.

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 good. At this inspection the rating for this key question has remained 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 supported to lead positive and meaningful lives. People's right to lead their lives in their chosen way was respected.
- People told us staff were kind and caring and they liked their company. One person said, "Some of the staff are young but they have got a lot of empathy; I've never felt so loved." Another person told us they were due to move out of the home soon and they would miss the staff and the home when they were gone.
- We observed staff talking with people. They helped people make meals, to take part in activities and also offered support when people became upset or agitated. Staff were patient, calm and caring in their approach.
- Staff spoke positively about the people they cared for and supported. Staff enjoyed their role and took satisfaction from supporting people to lead happy and meaningful lives.
- The provider had provisions in place to support people who wished to attend a religious service or to practice their chosen religion within their own home. People's cultural background was also discussed with them, and, where needed, care plans put in place to guide staff on how to support them.

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

- People were able to give their views about their care and other matters that may affect the home.
 - People felt able to discuss their care needs and felt staff respected their views.
 - Where able, people took part in regular reviews/discussions about their care.
- Staff tailored these meetings to people's individual ability to understand what was being discussed. Some meetings were more formal with an agenda and agreed discussion points and actions. Other meetings were less formal and simply gave people and opportunity to discuss their feelings, concerns or to discuss any positives.
- Where needed, independent advocates were available to attend meetings on behalf of people who were unable to give their own views. This ensured the person's rights were respected.

Respecting and promoting people's privacy, dignity, and independence

- People's right to privacy was respected by staff. People received dignified support with personal care and their independence was encouraged.
- A person said, "At this home I'm very lucky to have naturally caring staff; they treat you as an equal."
- People were encouraged to do things for themselves. This included using the 'reablement kitchen' to prepare their food and snacks and also seeking paid or voluntary employment outside of the home.

- We observed staff encourage people's independence throughout the inspection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's received support from staff to choose the care they required and to be involved with decisions about their care needs.
- A person told us staff were "always there" if they wanted to discuss any aspect of their care needs.
- Care records contained detailed information about people's likes and dislikes and personal choices. This included the level of support they wanted with their meals both in preparing and cooking and eating, personal care and support when away from the home.
- Positive behavioural support (PBS) plans were in place. PBS is a person-centred approach for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. Records showed these plans had been used effectively in reducing these behaviours.
- We observed staff support a person and offer reassurance when there was an escalation in the person's behaviour. Staff were calm and effective and managed the situation well. The person responded well to staff support.

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 provider had ensured steps had been taken to meet people's information and communication needs, complying with the Accessible Information Standard.
- 'Easy read' documentation was in place throughout the home offering people alternative ways to access policies and procedures in a format they could understand.
- Each person had a communication support plan in place. These focused on each person's individual requirements, enabling staff to communicate with each person in an effective and positive way. We observed staff using a variety of different techniques throughout the inspection.

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 led active and meaningful lives.
- A person told us they liked exercising and staff had supported them to go swimming and bike riding.

Another person praised the activities and liked the trips out of the home. They said, "We go to all sorts of places they try to cover again, if we don't like a place, we won't go there again."

- People were encouraged to meet with friends and family wherever possible to reduce the risk of social isolation. We observed people mixing well together throughout the home, using many of the communal areas as well as the well maintained and welcoming outdoor spaces.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt complaints would be or had been handled appropriately.
- One person told us about a specific issue they had discussed with staff, and this had been resolved. Others told us they felt comfortable speaking with staff and/or the management if they had any issue.
- A complaints policy was in place as well as an accompanying easy read version. This explained to people the informal and formal process they should follow if they had any concerns.
- Records showed complaints had been handled in accordance with the provider's policy.

End of life care and support

- End of life care and support was not currently provided but could be if needed.
- Staff had received training to provide this care if needed.
- Not all people had an end of life support plan in place. However, it was acknowledged that it was not always appropriate to discuss this type of support with some people as this could raise anxieties and cause some upset to some people.

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 requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to notify CQC of some incidents that had occurred at the home. This was a breach of Regulation 18(2) of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found improvements had been made on the provider was no longer in breach of this regulation.

- The provider had now ensured incidents required to be notified to the CQC had been reported.

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

- Quality assurance processes were in place; however, as stated in the 'Safe' section of this report, further checks were needed to ensure care records were amended and actions following health and safety checks were completed in a more timely manner.
- Staff had a good understand of their roles and how they contributed to ensuring people received safe and effective care.
- The registered manager had a team of senior support staff, deputy manager and administration staff to support them with the running of the home. They acknowledged that following our findings of this inspection that they needed to delegate some responsibilities to these staff, freeing up more time for them to carry out detailed quality assurance checks.

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

- There was a positive culture at this home. Staff focused on providing people with person-centred care and helped them achieve positive outcomes.
- People liked living at the home. They felt supported by staff and encouraged to lead positive and meaningful lives. A person praised the approach of staff in supporting people with such a wide range of support needs.
- Our observations throughout the inspection supported this view. People had wide ranging and differing needs at this home. Older and younger people mixed well. Some people had a mental health condition or a learning disability. Some needed support with personal care whereas others were fully independent of staff.

There was not a 'one size fits all approach' to care. Care was well planned and tailored to people's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

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

- People, staff, and relatives were engaged and involved in improving and developing the service.
- A person described the registered and deputy managers as "very approachable". Another person described the assistance they were receiving about an issue that was important to them.
- A staff member told us they found their role rewarding, and they liked "putting a smile on people's face which gives me a sense of achievement."
- People were given opportunities to discuss their care and support needs with staff. People's goals were discussed with them, and actions recorded to ensure progress was made. This included supporting people to gain the life and social skills with the aim to move out of the home to live independently.
- Staff felt their views mattered and they were listened to. Regular staff meetings took place. Regular 'resident' meetings also took place. Both were given opportunities to give their views and action plans were in place and regularly reviewed to ensure they had been completed.

Working in partnership with others

- Records showed there was regular involvement of other health and social care professionals where needed.
- For example, input had been requested from a person's social worker for guidance regarding a specific care issue.