

# Brookhouse Assets Limited

## Willow Lodge

### Inspection report

15-16  
Moss View  
Ormskirk  
L39 4QA

Tel: 01695579319

Date of inspection visit:  
25 August 2021  
02 September 2021

Date of publication:  
29 September 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Willow Lodge is a care home providing accommodation with personal care and nursing care for up to 22 people aged 65 and over. There were 15 people living at the service at the time of the inspection. Some of the people lived with dementia and required support with their physical needs.

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

Improvements had been made since the last inspection. However, the provider's quality assurance systems were not robust enough to ensure the quality of the service. There was a lack of clarity on who was responsible for carrying out audits and maintenance checks.

We found some areas of the building still required attention and upgrade. The Fire Officer, following our visit, served an Enforcement Notice. The provider immediately developed and sent into us an Improvement and Maintenance plan that included addressing the fire safety issues.

People and their relatives told us they were happy with the care and support and provided positive feedback about the staff and the new registered manager. They were confident their relative was safe and getting their support needs met.

People felt safe and were protected from harm. Staff understood how to protect people from abuse. Medicines were being safely managed. The processes to record and investigate accidents and incidents had improved. Staff members followed effective infection prevention and control procedures.

The registered manager had assessed the risks to people with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

There were enough staff on duty to meet people's needs in a timely manner. Staff received training and support to enable them to effectively meet the needs of the people they supported. Staff had been safely recruited.

We made a recommendation about improving staff knowledge of supporting people with dementia and making the environment more dementia friendly.

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's consent was being gained and recorded.

People were supported to maintain good health and nutrition. Staff worked closely with professionals such as speech and language therapists, GP's, commissioners and other health professional.

The new registered manager had prioritised and addressed many of the issues identified at the last inspection. They had provided strong leadership and developed a staff team that was motivated to drive up the quality of care. Relatives spoke very highly of the manager and how the home was now being well managed.

The registered manager had kept CQC informed about significant events at Willow Lodge and were working in partnership with commissioners of the service to further improve and develop.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (Published 05 March 2021) and there were multiple breaches of regulation. The provider completed action plans after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made the provider was no longer in breach of regulations 9 (Person-centred care), 11 (Need for consent), 12 (Safe care and treatment), 13 (Safeguarding services users from abuse and improper treatment) and 18 (Staffing).

However, the provider had a continuing breach of regulation 15 (Premises and equipment) and regulation 17 (Good governance).

You can see what action we have asked the provider to take at the end of this full report.

This service has been in Special Measures since 05 March 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We carried out an unannounced inspection of this service on 19 January 2021. Breaches of legal requirements were found in relation to safe care and treatment, poor infection control practices, responding to changes in people's needs, the safe maintenance of equipment and premises, seeking consent and poor governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will request an action plan for 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 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 not always effective.

Details are in our effective 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. 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.

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 team consisted of two inspectors and a medicines inspector on the first day of the inspection. The second day was carried out by one inspector and an Expert by Experience carried out calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Willow Lodge is a 'care home'. People in care homes receive accommodation and nursing 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 on both days.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and the local Healthwatch. 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.

#### During the inspection

We spoke with four people who lived in the home about their experience of the care provided. We spoke with nine members of staff employed in the home. These were the registered manager, three nurses, four members of care staff and a domestic staff. We also met with the providers business manager and a one of the directors. We spoke with two relatives.

We completed checks of the premises and observed how staff cared for and supported people in communal areas. We reviewed a range of records. This included five people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits, policies and procedures, and accidents records.

#### After the inspection

Following the inspection, we telephoned eleven relatives to gather their feedback about the service. We continued to seek clarification from the provider to validate evidence found. We contacted the Fire Department for feedback as well as other professionals visiting the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) and regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

However not enough improvements had been made at this inspection to meet regulation 15 and the provider was still in breach of regulation 15.

- The provider had taken action since the last inspection and prioritised high-risk areas in the environment. Although numerous improvements had been made there still areas that required attention. For example, fire doors in need of repair, a shower room in need of refurbishment and holes in walls that needed to be repaired.
- Following our visit initial, a visit from Lancashire Fire & Rescue Service was arranged. A Fire Safety Inspector visited on 8 September 2021 and issued an Enforcement Notice with a completion date of 9 December 2021.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety of the environment was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received the providers response and actions to the Fire Departments Enforcement Notice. Additionally, the provider responded by drawing up a maintenance and improvement plan for the home that incorporated the fire safety issues and included regular checking of equipment and the environment. For example, checks for hoisting equipment, profiling beds and a spot check of each person's bedroom for risk.
- To mitigate risk the provider had trained all members of staff up to Fire Marshall level, instead of the requirement for one per shift, including night staff. The provider had commissioned an independent fire safety check to ensure fire alarms and equipment were in good working order and had been serviced. Action had been taken to address the areas identified.



- The home had been upgraded in some areas. Several bedrooms had been refurbished. A new central heating boiler had been installed and the sluice rooms had been upgraded.
- The new registered manager had ensured people's individual risks were more effectively managed to protect against avoidable harm and to promote their wellbeing. Assessments of specific risks such as the risk of developing pressure sores, weight loss and the risk of falls were identified and actions recorded.
- Relatives we spoke to told us they had been pleased with how the environment had been improved. A relative told us, "They've done a lot of work in the home, refurbishing, wall papering and painting."
- With regard to people's individual safety, relatives told us they felt their relative was safe and this had improved since the new registered manager had been appointed. One relative told us, "I'm feeling much better about her safety and wellbeing now. There's a plan for her falling and a sensor mat in place. The new manager sorted all of this out."
- Procedures were in place after accidents and incidents, with actions and measures to mitigate any future risk. We discussed with the registered manager about the use of a head injury protocol and this was set up and shared with us immediately after the inspection.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure safeguarding processes were robust in protecting people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 13.

- People were protected from the risk of harm. The provider had safeguarding policies and procedures in line with local authority guidance to protect people from harm and abuse. Staff told us they felt able to recognise and report on a safeguarding incident and that they would not hesitate to raise anything of concern.
- Relatives we contacted had no concerns about the safety of their family members. One relative told us about a safeguarding issue, "Since the new manager took over it has been investigated. I'm 100% sure it won't happen again."
- CQC and the local authority had been informed of any allegations of abuse so that, where necessary, an independent investigation could take place.

### Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to ensure people's when required medicines were managed in a safe or effective way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Staff were trained to administer medicines properly. Medicines administration systems were robust, well organised and regularly reviewed by the appropriate healthcare professionals.
- We discussed some issues with the registered manager about ensuring staff followed the manufacturers guidance when giving medicines before and after food and the correct use of the medicines

fridge. The manager sent evidence that these had been actioned immediately after the inspection.

- Staff knew people well and people were given time to take their medicines in a calm and person-centred manner. Family members told us they were kept informed and felt included in decisions.

## Preventing and controlling infection

At our last inspection the provider had failed to ensure systems were in place to ensure people were protected from Covid-19 and other infectious disease. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 12.

- People were being protected from the risk of Covid-19 and other infectious disease and infection prevention and control processes were now in place that followed national best practice.
- Staff and visitors had access to personal protective equipment (PPE) and were using it correctly.
- The provider was admitting people safely to the service, with isolation periods being adhered to. All staff, residents and visitors were monitored by regular screening and testing for COVID-19.
- At the last inspection we found issues with oral care hygiene. These had been addressed and each person now had an oral care plan with their support needs identified.

## Staffing and recruitment

- People received effective and timely care and support. The provider had systems to ensure staff were deployed in the home in sufficient numbers and with the right skills. However, some key staff had recently left. The registered manager said they were actively recruiting for replacements and this was included in the homes improvement plan.
- Staff had been safely recruited. The provider completed required pre-employment checks to help ensure staff were suitable to work with vulnerable adults.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure systems were in place to demonstrate sufficient training and support for staff. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 18.

- The registered manager had ensured that staff had the right skills and competencies to meet people's needs and safely support them. Staff received an induction, regular supervision and completed 'shadow shifts' before lone working with people.
- At the last inspection we found staff were supporting people who could display behaviours that may challenge without specific training. This had placed people at risk of unsafe practices. The registered manager was experienced in the care of people living with dementia and had given staff training in this area. Staff we spoke with were now clear on how to support people displaying these behaviours and described distracting and diversion measures.
- We discussed the need for more specialist training. The registered manager sent evidence of specialist training in dementia and managing behaviours that may challenge delivered by an accredited trainer in this field of expertise.

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

At our last inspection the provider had failed to ensure systems were in place to demonstrate effective assessment and support for people who lived with dementia and other health care needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 9.

- The registered manager had ensured people were supported in a more person-centred way. They had redesigned the care plan process and how people were assessed. The new format included people's health,

mobility, cultural, communication and personal care needs.

- Relatives told us they were much more involved and informed of their relatives' care needs. One person said, "The staff are so helpful, cooperative and reassuring. I absolutely feel very confident in the service they provide for [relative] and the skills they have. They know what they are doing and are pro-active."
- Staff were told of any changes to people's needs to ensure they could deliver care to meet their needs. A staff member told us, "We keep on top of people's needs better now, the communication between us has improved. We tell the nurses or manager and they act quickly to get a person seen by a GP."

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

- The registered manager had ensured that people had a nutritional care plan and staff used specialist monitoring tools for weight and to check on food intake. People were referred to their GP, dieticians and speech and language therapist for specialists advice and input.
- People we spoke to told us they enjoyed the food. The cook said the provider bought in specialist readymade meals designed to meet the nutritional requirements of older people. She told us she was able to buy in extras to cater for individual taste and preferences.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure systems were in place to demonstrate compliance with the MCA and DoLS. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of regulation 11.

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 registered manager ensured people were consistently assessed in line with principles of the MCA and associated DoLS. We found some discrepancies in people's files about DNAR CPR. These files were rectified on the inspection by a senior nurse.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.

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

- At the last inspection we made a recommendation that the provider consults national best practice for a dementia friendly environment. We found that some improvements had been made for example with signage. However, this is still an area that needed more development. The registered manager said that the company she had sourced for specialist dementia training would also advise on the environment.

We recommend the provider consults national best practice guidance to develop a dementia care strategy

for the service to incorporate the approach, staff training and dementia friendly activities, resources and environment.

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

- People were referred to appropriate healthcare professionals as required. For example, the NHS falls team dieticians and doctors.
- When healthcare professionals were involved with people's care, this information had been documented within people care notes. We received positive feedback from a visiting professional who informed us staff worked well with them and updated them when people's needs changed.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the 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 (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 provider was still in breach of regulation 17.

- The provider's quality assurance systems were not robust enough to ensure the quality of the service. There was a heavy reliance on the registered manager carrying out audits and quality checks, and these had mostly been around care and staffing. The provider did not visit the home on a regular basis or have systems in place for oversight. This had led to a lack of clarity on who was responsible for carrying out audits and maintenance checks and for oversight of the service as a whole.
- We found the arrangements for checking safety of the building did not pick up on the issues we found on inspection. Such as exposed wires on an electric bath, weighing scales and hoists with out of date servicing stickers on, and no records that bedrails or profiling beds had been checked for safety. The registered manager took immediate action to ensure high risk areas were addressed, such as the worn wires on the bath.
- Those external contracts such as servicing of fire equipment, boilers and hoists had been carried out but the certificates for these could not be found on the day of inspection; some had been misplaced and had to be requested from the contractors. These were sent on afterwards.
- We found risks in the environment and areas of the home that that need upgrading to make them both safe and to look more homely. There was no recorded plan of works or priorities for improving the building and although a considerable amount of investment had taken place in the home, this was carried out on an adhoc basis.

We found no evidence that people had been harmed however, the 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 placed people at risk of harm. This was a continued breach of regulation

The provider responded immediately during and after the inspection, giving assurances regarding the improvement of the service's quality and governance arrangements.

- We found many issues and breaches from the last inspection had been addressed or had been improved upon. For example, in areas of care planning, management of risk and with safer medicines management. The new registered manager had in a short period of time prioritised and addressed many of the issues. They had provided strong leadership and developed a staff team that were motivated to drive up the quality of care.
- The registered manager had a good understanding about quality performance and regulatory requirements, such as CQC notifications. They had introduced systems for learning from incidents and near misses, as well as audits for monitoring areas of potential high risk, such as falls, weight loss and risk of developing pressures sores. Safeguarding incidents were being managed more effectively.
- Relatives we spoke to were overwhelming positive about the impact the new registered manager had on the home. They told us, 'It always seemed chaotic before and now it feels more joined up', 'We feel much happier, it has all coincided with new manager. It does feel it is well managed now.'

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 a policy which informed staff what to do if something went wrong with a person's care and this included contacting the relative.
- Relatives told us they were informed of any incidents or accidents which occurred. A relative told us, "We are better informed and included about things. My relative had a fall and they called us straight away with what they done and the plans."

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

- People were receiving person-centred care in a much more consistent way. This had improved by better care planning and linking into external healthcare professionals support and advice.
- The registered manager had ensured that staff were better equipped and skilled to support people living with dementia. She had provided clear leadership and set staff high expectations. Staff told us, the registered manager had made it clear what she expected from staff and set out new rules, such as more organised staff breaks. Relatives told us there was a calmer atmosphere and their relatives were more relaxed and less agitated.

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

- Staff told us they could contribute to the way the service was run. The registered manager organised meetings for staff to give them an opportunity to discuss working practices and raise any suggestions for improving the service.
- Staff told us they felt well supported by the new registered manager and were positive about the improvements. One staff member told us, "The home's improved a lot since [manager name] came here. She has been firm but fair and some staff have left. But now it feels like we are all pulling together, we know there's a way to go but it feels doable now."
- Relatives told us, 'I can ring the manager and supervisors any time. It's reassuring that I've got a contact. I have regular time with the manager.' Another relative said, "She's very responsive and very, very thorough."

#### Working in partnership with others

- The service worked effectively with others such as commissioners, safeguarding teams and health and social care professionals. Since the last inspection commissioners of the service had reported positive engagement with the new registered manager and an improvement overall to the quality of care.
- Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's needs. We spoke to two external healthcare professionals who told us the home had developed good working relationships with them and followed any advice or instructions.



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
Treatment of disease, disorder or injury	The provider had failed to ensure the premises were adequately and safely maintained.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	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.