

Stephen Geach

Willow Lodge Care Home

Inspection report

11-15 Stein Road
Emsworth
Hampshire
PO10 8LB

Tel: 01243375382

Website: www.englishoakcarehomes.co.uk

Date of inspection visit:
30 October 2020

Date of publication:
08 January 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 Care Home is a residential care home providing personal and nursing care to up to 39 people, specialising in providing care to people living with dementia. At the time of the inspection the service was supporting 29 people. The home is purpose built over three floors. Seven of the bedrooms are in 'lodges' located in the garden area.

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

People were not always protected from the risk of infection as some staff did not wear PPE correctly, or removed their masks to speak with people. People were not socially distanced in communal areas of the home. People were able to have visits from friends and family using an outside area or a dedicated cabin used for visits.

Risks to people were not always mitigated and risk assessments were not always personalised for people.

People and their relatives were not always asked for input into their care planning. People were supported to remain active and to eat and drink what they wanted. People enjoyed living at the home and we saw friendly exchanges between people and staff. People were cared for by trained staff.

Communication with healthcare professionals had been inconsistent and the support manager was working to address this and to improve care. Meetings were being arranged and log books used to ensure important information about people's care was not missed.

The home was clean and uncluttered and clear signs allowed people to navigate around the home. The support manager understood the importance of the mental capacity act and people were only deprived of their liberty with the correct authorisation. People were able to access a secure garden.

Staff were happy working at the home and felt the people were happy there too. Staff were positive about the management team and the changes to the service. A staff member told us, "I love my work and enjoy helping the residents. I enjoy making them smile and laugh. I feel that everything is good. I am happy, I don't like my days off because I want to be at work, I miss the residents."

People told us they were happy at the home. A person told us, "They can't do enough for you, it's better than the Savoy here."

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

Rating at last inspection

The last rating for this service was Good (published 30 January 2019).

We received concerns in relation to managing risks to people, safe medicines management and the running of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

Enforcement

We have identified a continuing breach in relation to safe care and treatment at this inspection, in particular how risks to people are managed. We also identified a breach in relation to good governance of the service. You can see what action we have asked the provider to take at the end of this full report.

Follow up

The provider has an improvement plan outlining what they will do to improve the standards of quality and safety.

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 Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to follow up specific concerns we had about managing risks to people, including safe medicine management and the running of the service.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Willow Lodge Care Home 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.

Notice of inspection

We gave a short period notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke to the registered provider, who has overall responsibility for the governance of the service and how the home is run. We also spoke to the cook, the support manager and representatives of the provider who were supporting the changes taking place at the home. The support manager joined the service in late-September 2020, following the departure of an interim manager. The registered manager had not worked in the service since late-May 2020 and was unavailable at the time of the inspection. Since our visit, the registered manager has deregistered.

We looked at areas of the home and met people and staff whilst observing social distancing guidelines. This gave us an opportunity to observe staff interactions with people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including audits, minutes of meetings, policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the support manager and provider to validate evidence found. We looked at the improvement plan, including the plan for the next 100 days at the home. We spoke with ten more staff members, including a member of the housekeeping team. We spoke with a further four relatives. We spoke with four healthcare professionals.

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 inspected but not rated. The last rating for this key question was good. At this inspection this key question has deteriorated 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

- People's risk assessments did not always include details of how to mitigate the risk. Care plans were not person specific, for example a person who was rated as high risk for falls had a standard falls plan with no plan of actions to keep the individual safe. Staff told us the person used a mobility aid to walk, but this was not mentioned in the care plan. Specific person-centred practical advice for staff to lessen risk was missing. This could put people at an increased risk of harm. The care plan did not have guidance on how to move someone after a fall. At the previous inspection risk management was raised as an area of concern. At this inspection this continued to require improvement.
- There were no risk assessments in place for staff or external contractors who could not wear masks due to medical conditions. Staff who were unable to wear surgical masks were able to wear face visors, no other options or mask types had been investigated and staff without masks mixed with other people and staff at the home without social distancing. This left people at risk of spreading or catching COVID-19. We spoke to the support manager about this during the inspection. A risk assessment was written during the inspection; however it did not include practical ways for staff who were unable to wear surgical masks to lessen the risk of infection. The risk assessment did not include guidance on using the visor safely, including cleaning and how to handle the visor during donning and doffing.
- Risk Assessments continue to be an area that requires improvement. Care plans were still in the process of being transferred to an electronic system.

The lack of detailed guidance on how to mitigate risks to people was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff did not always wear PPE correctly. Staff sometimes removed masks to speak to people, or did not adjust their masks when they slipped below their noses. This meant there was a risk of the spread of COVID-19. We spoke to the support manager at the time and she told us she would to speak to staff about the correct use of PPE. A staff member told us, "They should be hotter on infection control, especially at the moment. I do tell anyone I'm working with if I see something wrong. I tell them to wash their hands, don't just keep using gel."
- People were not social distancing at the home. The home layout meant that people could have space to social distance and sit in various communal areas in and around the lounge and dining room. This space was not being used to its full potential and people often sat close together

Failure to ensure correct use of PPE to mitigate the risk of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was accessing COVID-19 testing for staff and people, and had plans in place for people and staff to isolate if a test returned positive.
 - Visitors were prevented from catching and spreading infections as the provider used an outside visiting area, PPE and social distancing to keep people safe. In the colder weather people had sometimes met in a separate cabin, outside of the main home, in the cabin full two metre social distancing was not always possible, but visitors continued to wear PPE and wash their hands before and after visits. A relative told us, "My wife is there. I visited yesterday. We were in one of the little cabins yesterday as it was too cold to be outside. They put us in the cabin and we just stayed there and chatted. My wife was happy, we were happy."
 - The provider was admitting people safely to the home. People were only admitted to the home from hospital after a negative COVID-19 test and were then looked after in their room for two weeks as a precaution. Staff used full PPE to provide care for people who were in quarantine.
 - The home was clean. The home had a housekeeping team, we did not see frequent cleaning of high traffic areas, such as door handles and rails during the inspection. The support manager told us the cleaning rota ensured the high traffic areas were cleaned a minimum of three times a day.
 - The provider's infection prevention and control policy was up to date, and was being regularly reviewed as government guidelines changed.
- We have signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Incidents and accidents were clearly recorded; however it was not always clear if lessons were learned or if practice changed to mitigate the risks in the future. For example, a person had several falls recorded and staff knew what to do in the event of the person falling, but there was no plan of how to prevent further falls.
- The support manager was keen to improve the home and people's safety and care. When we spoke to her about concerns she was quick to act on them.
- The support manager had seen there was poor communication with community nurses at the home and had arranged to meet with the nurses and had implemented a new log book to improve sharing of actions.

Using medicines safely

- People had their medicines administered safely. Errors were reduced by the use of an electronic medicines administration system which reminded staff when medicines were due and used scanning technology to check the correct medicine was selected for a person.
- The handheld electronic devices gave staff access to daily notes for people which could be cross referenced with peoples 'as required' medicines. For example a staff member could check if a person needed a laxative as they could check their bowel movements on the device. This gave people dignity as staff did not have to ask people personal questions in communal areas while doing the medicines round.
- Staff told us the new system was working well, despite some initial problems.

At the previous inspection medicines were not managed properly or safely. At this inspection the management of medicines had improved and the service was no longer in breach of this aspect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- New staff had past experience in care and the mix of staff available each day was appropriate for the needs of people at the home.
- There were sufficient staff at the home to keep people safe. We saw staff in all areas of the home and they

were quick to support people who needed help. People told us there were enough staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse. Staff knew what to report to ensure people were safe and there were posters on display at the home to remind staff and people how to report any concerns they may have.

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 inspected but not rated. The last rating for this key question was requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans focussed on interventions needed by staff rather than how to promote people's independence by focussing on things people could do for themselves.
- Care plans were not person centred. Relatives told us they were not included in helping to inform people's care plans. One relative said, "When [person] first went to Willow Lodge we were involved, but as time goes by we are not really involved in care planning. We were consulted to start with." Another relative said, "We were not involved in care planning and [person] couldn't do that herself." The support manager told us staff were reviewing care plans while transferring them to the electronic system. A lack of input from people, their friends or relatives was an area that required improvement.
- Staff could access care plans and daily notes via handheld devices. Staff could see any health care people had received during the day.
- Staff helped people to take part in activities they enjoyed. We saw people being included and asked about what they wanted to do. A person told us, "They can't do enough for you, it's better than the Savoy here." A relative said, "[Person] is the happiest we have seen her in a long time, they are obviously doing a good job, staff are always having a laugh and a joke with them [people at the home]."

Staff support: induction, training, skills and experience

- Staff records showed induction training was often completed in a day and staff told us they felt some training was rushed. A staff member said, "I've had a one-day induction, it covered moving and handling, but not a great deal actually. I'm down for other training, I'm at an advantage because I know about things [from working in care previously]."
- Staff were trained in subjects the support manager deemed essential and training schedules were kept up to date. Due to the large influx of new staff there was a risk training was being hurried and staff did not always have time to settle into their role before working alone. A staff member told us about their shadowing of other staff, "My shadowing shifts weren't as intense as I would have expected. All three days the girls just got on with it, they didn't remember they were taking somebody with them. If they are going to put people to shadow they need to know to take the person with them not just leave them standing like a spare part." Training was an area that required improvement.
- To address the issue of staff training the provider had employed a trainer, exclusive to the home, to deliver training to staff in-house, while external training was unavailable due to the COVID-19 pandemic. Staff were able to access training they felt they needed, a staff member told us, "The training is there, but we need to

get everyone through it. To get people to work, and get everybody to do the training it is quite a complex thing." Another staff member said, "I don't think I need any other training. I do feel that if there is training I wanted to do, I would be able to ask, because our manager is so approachable." The in house trainer was a new addition to the service and time was needed to see its long term effectiveness as the trainer continued to work with staff.

- Staff were well supported by a knowledgeable support manager. A member of staff told us, "I put forward to the manager the other day about a 'resident of the day' system and she took it in and said they would start implementing it. If you put things forward, she is there to implement. It certainly was taken on board. She did listen, I felt I was listened to. I feel I am appreciated there."

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

- People were supported to eat and drink, and to maintain a balanced diet. The chef was aware of any special dietary needs people may have and knew people's likes and dislikes. A folder in the kitchen contained relevant information for each person, for example food they liked or disliked, if they needed soft foods and if they had their own teeth.

- People were able to ask for an alternative meal if the food on offer on any day was not to their liking. We saw people enjoy their dinner, and staff assisting in a kind and polite way. A staff member said, "We try and be part of their family and join them at mealtimes, we try and sit down with them and enjoy the time, chat. We have a couple of residents who eat when they want and how they want, it can be any time of day. It is their wish. One person loves to enjoy his meal for nearly two hours, fair enough. He doesn't like being rushed, it is their decision."

- Staff used the Malnutrition Universal Screening Tool (MUST) to identify anyone at risk of malnutrition. Any weight loss was monitored and staff could react accordingly. The support manager had appointed a Nutrition Champion to oversee people's nutritional health and review the food requirements in their care plans. Having champions at the home was a new initiative and time was needed to see its effectiveness in improving people's nutrition.

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

- People had not always received consistent care, as notes about their care had not always been shared with staff after community nurse visits. The support manager was working to improve communication between community nurses and staff, she had implemented new procedures for staff to shadow the community nurses and make notes in a 'nurse visit log book' to record what care was given and what staff should do before the next community nurse visit. The log book was a new initiative and time was needed to see its effectiveness.

- People were referred back to the GP if they had any problems with being able to take their medicine.
- People were supported to see healthcare professionals when they needed to. Staff followed GP advice for ongoing care.
- Staff supported people to remain active. People were helped to remain mobile and we saw staff assisting people with walking in the home.

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

- A new extension to the lounge gave people more space to sit and move around in a well lit room. Chairs were not well spaced for social distancing during the COVID-19 pandemic. People used the dining room during the day for sitting and drinking coffee, chatting to each other, and for having their main meal.
- People were able to move around the home freely. Communal spaces were clean and uncluttered. Painting and decorating was taking place at the time of the inspection, but the decorators worked in small areas to avoid restricting areas of the home.

- People could identify their rooms as there were pictures on the doors that had meaning for people. At a previous inspection signs in the home had been a concern, at this inspection there were clear signs to show where toilets and bathrooms were located.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Staff had training in MCA and DoLS. A staff member told us, "Every adult has right to make a choice, we must ask them what they want. I talk to people how I would like them to talk to me. It's important to explain what you're doing. "
- Most people at the home had a DoLS authorisation in place. People were able to access the garden if they wished but were kept from leaving the grounds of the home by coded locks on the gates.
- DoLS Authorisations were managed within the law. At the previous inspection the interim manager was not confident they had an up-to-date view on which people had authorisations in place to deprive them of their liberty. At this inspection this had improved. The support manager kept a spreadsheet on the wall of the office to keep track of who had a DoLS authorisation and when they needed renewing.

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 inspected but not rated. The last rating for this key question was good. At this inspection this key question has deteriorated 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

- During management transitions the registered provider had failed to maintain an oversight of how the home was being run.
- Risk assessments were not always completed fully. Risk assessments in care plans did not always address ways to mitigate risk or did not fully explain the impact of a risk. The registered provider had failed to ensure systems and processes enabled them to identify, assess and mitigate risks to the health, safety and welfare of people who used the service. This included the registered provider failing to identify the shortcomings we identified during the inspection. For further information see the safe question within this report.

The lack of systems and processes to identify and mitigate risks to people was a breach of Regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In the short time the support manager had been in post they had worked on issues raised at the previous inspection and were continuing to assess quality performance and implement audits to ensure the home was following all regulatory requirements.
- The support manager had produced and was following a clear improvement plan, with prioritised issues to tackle and dates for completion. Staff were informed about the plan, and told us, "The manager always keeps us informed of what is going on and what they want to achieve."
- The provider had a clear staff structure with career progression for staff. Staff understood their roles and knew when to refer things to a senior or the support manager.

Working in partnership with others

- Communication with other healthcare professionals was not always timely or effective. A healthcare professional told us they did not feel information was always fully shared and it sometimes "felt like piecing a jigsaw together." A professional from the safeguarding team said, "Serious physical health issues are not being raised and responded to in the way you would expect." Communication with healthcare professionals was an area that required improvement. The support manager was aware of these concerns and was organising meetings with external professionals to improve joint working and communication.

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 understood the duty of candour to be open and honest with people when something goes wrong. The support manager was working with the provider to improve communication with people's relatives, including through newsletters.

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

- We had mixed feedback about communication with families about their loved ones. A relative told us, "My only criticism, they are not very good with the supply of information. A couple of times the doctor was called out, or she had a fall, but we phone up and ask, they don't tell us." However, another relative said, "Quite recently [person] was a little bit unwell and we had a phone call straight away and had a couple of follow up calls as well. In that respect it is very good." Consistent communication with relatives was an area that needed improvement.
- Staff felt listened to and part of the home. They told us they were able to speak to the support manager and know they would be listened to. A staff member told us, "It's a happy atmosphere, we're smiling behind our masks. If we need help, we get it."

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

- Staff were positive and happy and told us so. A staff member said, "It is quite a happy place to work in at the minute. Most importantly you can see the residents are happy."
- People were included in all the activities of the home and we saw numerous good interactions between people and staff. A relative told us, "[Person] was in two care homes before here, they didn't suit. Willow Lodge has been an absolute joy. She totally settled, her circulation improved, she was much more animated. She thrived there far more than anywhere else."

Continuous learning and improving care

- The support manager was keen to improve the service. We saw work being completed on the building to add space for people.
- Staff told us they could offer suggestions to improve the service and they were taken seriously. A staff member said, "There was a meeting when we first started. Staff were saying we need more staff on the floor and validated why we needed another carer. Management said we will try to make it work for you and did. We justified why we needed it and it happened."

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 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to ensure correct use of PPE to mitigate the risk of infection. There was a lack of detailed guidance on how to mitigate risks to people. |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes enabled them to identify, assess and mitigate risks to the health, safety and welfare of people who used the service.</p> |

The enforcement action we took:

The provider is required to become compliant with Regulation 12, section (2)(a); (2)(b); (2)(h), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 14 November 2020