

# Accomplish Group Limited

# Willow Lodge

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Willow Lodge is a care home registered to provide accommodation and personal care for up to 8 people who have experienced a head injury or neurological condition that has affected their mental health. The service specialises in rehabilitation and supporting people with complex needs following a brain injury and/or neurodegenerative conditions. The home is an adapted building covering three floors, which includes two self-contained flats suitable for independent living. At the time of inspection 8 people were living at the service.

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

The home had a recruitment process in place, but this had not always been followed. We have made a recommendation about recruitment practices within the home. The registered manager was responsive to address the shortfalls found within this inspection.

People told us they felt safe at Willow Lodge. One person told us, "I am perfectly safe, it's perfectly clean and safe and polite, no problem at all."

Care plans and risk assessments were person centred. Relatives told us staff knew their loved ones well. Comments included, "The staff have been amazing with settling in [Person's name] and reassuring them and myself that they are safe at Willow Lodge" and, "The support workers go above and beyond, allowing [Person's name] to visit any places they would like to go and encouraging different places which is great."

Staff supported people in a kind and compassionate way, considering their dignity and respecting people's rights. 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.

The culture of the home was open and focused on providing person-centred care. Staff told us they were proud to work at Willow Lodge. One staff member stated, "It is clear that the registered manager has the best interests of everyone and wants the house to work as a team to create a productive and positive culture. I feel as though all staff are there to support those who live there and there is always good energy between us."

The registered manager worked jointly with health professionals to provide specialist support to people, involving their families and other professionals as appropriate. This helped people achieve increased independence through positive risk taking, setting goals and, where appropriate, to find their own accommodation if they so wished.

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

The last rating for this service was good (published 10 September 2021).

### Why we inspected

We received concerns in relation to staffing at night and medicine management. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report.

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).

### Recommendations

We have made a recommendation about recruitment.

### 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 well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

# Willow Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by 2 inspectors.

#### Service and service type

Willow Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willow Lodge 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 reviewed information we held about the home and contacted the local authority. 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 used all this information to plan our inspection.

### During the inspection

We spoke with 5 people and 2 relatives about their experience of the care provided. We received feedback from 11 members of staff including the registered manager. We received responses from 2 health and social care professionals to obtain their views of the home.

We reviewed a range of records. This included 2 people's care and support records and 2 people's medicine administration records. We looked at 3 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the home, including policies and procedures, accident and incident records, safeguarding records and reports.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The home had a recruitment process, but this had not always been followed. Files did not always contain the information required, which meant checks to ensure the safe recruitment of staff were not robust. The registered manager was in the process of auditing all staff files to ensure they contained the information required by law.

We recommend the provider follows their procedure for the employment of staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

- All staff files viewed contained a record of a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. Comments from people included, "In here they help you to be independent, but they also help you when needed" and, "Sometimes I go out with staff, I prefer to go out on my own. I have 1:1 hours every day."

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

- People told us they felt safe at Willow Lodge. One person stated, "I need staff with me, so I am safe. I feel safe as they come with me."
- People who were less able to communicate verbally appeared comfortable in the presence of staff. Positive interactions were observed during our visit. People smiled, nodded or said "Yes" when they were asked if they felt safe.
- Systems and processes were in place to protect people from the risk of abuse. Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to, both internally and externally.
- The registered manager and staff took appropriate action if they became aware of safeguarding concerns, including making referrals and providing information to the local authority safeguarding team. The registered manager shared with us details of recent safeguarding allegations outlining how they had been investigated and listed what actions were taken to support people to stay safe.

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

- Risks to people were managed. Risk assessments included details of potential risk, level of risk and how it would affect people, which guided staff to provide safe care. Staff were provided with clear instruction on how to manage potential risk in relation to eating, drinking, falls and skin integrity.
- Risks associated with the property and environment were well managed. Corridors were free of clutter and the communal areas were tidy and free of hazards.

- The registered manager kept readily accessible maintenance information and records of contractor visits and also kept a record of improvements to the home following a recent environmental audit.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans, which detailed the support a person required to leave the home in an emergency.
- Learning was shared through team meetings, staff supervisions and electronic communications to all staff. Records of recent incidents demonstrated how staff had discussed and learned from incidents and what changes were made to prevent a recurrence. For example, record templates had been updated and a handover system introduced for all senior staff.

#### Using medicines safely

- Medicines were managed safely. Staff followed safe procedures when giving people their medicines.
- A visiting health and social care professional told us, "I like their proactive stance as regards to medication issues. For example, if there is a medication that is out of stock from the chemist, they will actively follow this up."
- People had medicines guidance in place for as and when required medication.
- Medication records were complete and matched stock balances.
- Medicines were stored safely. Room and fridge temperature checks had been completed correctly.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Preventing and controlling 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.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The home operated in line with current government guidance.



# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at Willow Lodge. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One person told us, "There are no problems with the carers here, everyone here has a brain injury, so they know how to support me." Another person commented, "The staff are very friendly."
- Staff told us they felt supported by the registered manager and deputy manager. One staff member said, "Our registered manager wants perfect, not 99%. When a person we support is in hospital the registered manager will risk assess if the person has changed and how we can look after them safely so will speak to the hospital and all staff to agree how it can be done best." Another staff member stated, "It feels like the managers are always wanting to be better, do better and constantly improve everything we do in the best way possible."
- People, their relatives, visiting health and social care professionals and staff gave us positive feedback about the home. The comments included: "It is not a rough guest house, they don't cut corners here", "Willow Lodge is always immaculately clean", "Staff seem to know their clients well and do their best to support their needs", "I couldn't be prouder of what our team and service provide", and "The care home has improved a great deal under [registered manager's name]."

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 registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

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

- Quality assurance systems were operating effectively. This gave the registered manager and the provider oversight of the service.
- The registered manager and deputy manager undertook a series of audits to ensure the service was safe and responsive to people's needs. These included reviewing accidents and incidents, and medication.
- Actions from reviews of people's care and any DoLS conditions were included in people's care records; the

registered manager was able to track whether tasks had been completed. Feedback from a visiting health and social care professional highlighted, "The manager identified the least restrictive care for the client I have in the service. They have gone above and beyond to give them access to their own home and meet their needs."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted in the running of the home The home regularly asked for feedback from people and their relatives on the service provided; the results were used to make improvements.
- The registered manager completed a daily walk around and directly received feedback from people in the home.
- All staff on duty attended a daily meeting to discuss people's health and communicate planned visits from health professionals.
- The home worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed.