Willett Lodge Care Home Ltd

Willett Lodge

Inspection report

4 Chaucer Road
Worthing
West Sussex
BN11 4PB

Tel: 01903235347
Website: www.willettlodge.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Willett Lodge is a residential care home providing accommodation, nursing and personal care to up to 20 people in one adapted building. The service provides support to people living with a range of healthcare, mobility and sensory needs, including people living with dementia. There were 14 people living at the home at the time of our inspection.

People's experience of using this service and what we found
Since our last inspection it was evident the registered manager and staff had made some improvements which had raised the standard of care people received and improved the governance of risks to people's health and safety. Improvements were still required to ensure all systems were effective in providing managerial oversight and ensure the provider was always working in accordance with best practice guidance and legislation. Further improvements were required to keep people safe and ensure people consistently received dignified and person-centred care.

People at risk of choking were not always protected from avoidable harm because risks to their health and safety were not consistently managed. Processes did not ensure care plans and risk assessments contained detailed and person-centred information to accurately reflect the current needs of people and mitigate identified and potential risks. People were not always supported to receive their medicines as prescribed and there was a lack of effective systems to ensure medicines were always managed safely.

People had not always received a holistic assessment of their needs and preferences from which person-centred care plans could be developed. People's dignity was not always respected by staff. Staff did not always have detailed guidance to respond to people and ensure they were supported in the most effective way. Not all people had care plans to guide staff and ensure people received information in a way they could understand. We have made a recommendation about improving the delivery of person-centred care.

People were observed in an environment which was not fully adapted for their needs. People were not always supported to take part in activities which would promote their social and emotional wellbeing. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People and their relatives told us they felt safe. A relative told us, "I'm completely happy with everything at the home because I know one hundred percent that keeping everyone safe is one of the biggest things the care home offers." People were cared for by staff who knew them well. We observed interactions between people and staff that were warm and genuine.

Accidents, incidents and safeguarding concerns were reported and investigated as required and actions taken to prevent reoccurrence. People were protected from the risk of abuse and staff were aware of their

safeguarding duties and how to report concerns.

People and their relatives told there were enough staff with the appropriate skills and training to meet their needs. Staff were recruited safely and received supervision where opportunities to develop and feedback about their practice were discussed.

People, relatives and health professionals were complimentary about the service and the registered manager. Comments included, "Myself and my [person] cannot fault Willett Lodge and staff in anyway", and, "It's a good home, and the staff do a fantastic job."

The registered manager worked to achieve a positive culture and was committed to continuous learning and improving care. People had access to a range of health professionals and were cared for by staff who felt supported by the provider and registered manager. People, their relatives and staff provided feedback about the service which was listened to and acted upon to make improvements.

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 16 August 2021) and there were breaches of regulation. The provider was served a notice to impose conditions on their registration. The provider was required to submit monthly reports to CQC to demonstrate what actions they were taking to improve, by when, and how this would be monitored.

At this inspection some improvements had been made and the provider was no longer in breach of regulation 19 (Fit and proper persons employed). We found the provider remained in breach of regulation 12 (Safe care and treatment) and regulation 17 (Good governance).

Why we inspected
We undertook this unannounced, comprehensive inspection on 28 June 2022 to check the provider had complied with the conditions imposed on their registration. We needed to ensure that actions submitted in their monthly reports were embedded and confirm they now met legal requirements. We had also received concerns about moving and handling practices and the culture of the service. A decision was made for us to inspect and examine those risks.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

After the inspection we contacted the provider about some of the concerns found during inspection. The provider sent us assurances and evidence that informed us of the immediate actions they had taken to address these concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willett Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches relating to the safe care and treatment of people and the overall governance of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request and action plan and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Willett 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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Willett 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. Willett Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), and the monthly reports submitted in line with conditions of the providers registration. The PIR 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 four people who used the service and five relatives about their experience of the care provided. The Expert by Experience made calls to relatives remotely by phone. We observed people's care to help us understand the experience of people who could not speak with us. We spoke with 10 members of staff including the provider, the registered manager, care manager, registered nurses, carers, maintenance staff, the housekeeper and the cook.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the leadership team to validate evidence found. We looked at service user questionnaires, minutes from meetings, staff training and audit and quality assurance records. We requested feedback from five health and care professionals.

Requires Improvement

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 has remained 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 the last inspection people had not always been kept safe from avoidable harm. Care plans and risk management plans were not always updated to reflect changes in risk or contained enough detail about people's needs. Advice from health professionals was not always acted upon or documented to promote consistent care. This placed people at risk of potential harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the providers registration.

Enough improvement had been made at this inspection in relation to wound care, management of falls, staff induction, and the assessment and management of some risks to people's health and safety. Although the registered manager had acted to improve people's safety in these areas, we found new concerns in relation to choking and medicines management. The provider was in continued breach of Regulation 12.

● Not all people who had been assessed as at risk of choking had an up to date risk assessment or care plan which reflected their current needs. Some records contained conflicting information and did not provide clear guidance for staff on how to mitigate the risk of choking. We observed one person coughing while being supported with their meal. The person's risk assessment said they were not at risk of choking, yet their daily life care plan said they were. One care plan said they were independent, yet we observed them being supported. Staff we spoke with understood the person's risks and had referred them to a specialist service for advice. However, conflicting information in the person's records had the potential to be confusing for staff who, due to the information available to them, may not have always supported the person in a safe and appropriate way.
● Another person assessed as at high risk of choking and who required support with their meals, was observed eating alone in bed. The person was not positioned in a way which would help mitigate the risk of choking, and staff we spoke with were not aware of, nor following the guidance set out in their care plan to ensure the person's safety whilst eating. This placed the person at risk of potential harm.

The provider had not always ensured risks to people's health and safety had been identified, assessed and mitigated. This placed people at risk of potential harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● When this was raised with the provider and registered manager, they responded immediately to our feedback. We were given assurances and provided with evidence that following the inspection risk

assessments and care plans were updated to reflect people's needs and mitigate risks to their safety. This ensured that people at risk of choking were supported safely and in line with their assessed needs.

● People at risk of a decline in their skin's integrity, and those living with long term wounds, had care plans to guide staff on how to mitigate risks and provide safe and effective wound care. Systems to ensure people received appropriate wound care had been revised, embedded and had improved managerial oversight of wounds and people's skin. The monthly reports submitted to CQC in line with the conditions on the providers registration showed wound care had improved. People were referred to specialist health professionals as required, with recommendations implemented and followed by staff. Any changes to people's skin, bruising or minor injuries observed were recorded, investigated and monitored accordingly.
● People at risk of falls were supported by staff who now had clear guidance informing them of the actions to take in the event of a fall. The registered manager had enlisted support from external health professionals for advice on falls management. Evidence-based risk assessments from reputable resources such as the National Institute for Health and Care Excellence (NICE) and Skills for Care had been incorporated into people's risk assessments and care plans to help reduce the risk of falls. Improvements made were embedded and sustained in practice, had improved managerial oversight and helped ensure people's health following a fall was monitored appropriately.
● Prior to the inspection we received concerns relating to the moving and repositioning of people. During this inspection we observed people being supported to move and reposition by staff who knew how to use the equipment safely. People's care plans and risk assessments contained clear guidance for staff to enable them to move and reposition people in line with their assessed needs. Staff communicated effectively when supporting people to ensure people were safe. Staff had undertaken training in moving and repositioning which was regularly updated. One staff member told us, "For moving and handling training we have an outside trainer who comes in when arranged. Care plans are updated by managers."

Using medicines safely
● Medicines were not always managed safely. People who were prescribed time sensitive medicines specific to their health condition had not always received medicines as prescribed. Two people had consistently received their prescribed medicine late, with one person having received medicine up to an hour past the time it was due. This increased the potential risk of side effects and uncomfortable symptoms associated with their health condition.
● People prescribed 'as required' (PRN) medicines did not have individual protocols for people to guide staff on what condition or symptoms PRN medicines were prescribed for. The service had generic protocols which included the risk of potential side effects of PRN medicines, and strategies to help try and alleviate symptoms before PRN medicine was offered. However, they did not consider people and their individual characteristics for which the medicine may be prescribed. For example, how people expressed if they are experiencing pain, or how they may communicate anxiety or distress.
● Medicines which required more stringent means of monitoring were not always managed effectively. The National Institute for Health and Care Excellence (NICE) recommend that a standard operating procedure is in place for stock checks of these types of medicines. They recommend the procedure should include recording stock checks along with the date and signature of the health professional carrying out the check. Although staff told us these medicines were checked each week, records of these checks had not been completed. This meant the registered manager could not be assured the checks were always undertaken, and any discrepancies would be identified and acted upon.

The provider had not always ensured there was safe and proper management of medicines. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● When this was raised with the provider and registered manager, they responded to our feedback. The issues identified were discussed with staff during the inspection so immediate action to resolve could be taken. Quality systems and medicines audits were updated to ensure any concerns would be identified and acted upon.

● Medicines were stored and disposed of safely. Staff responsible for administering medicines kept accurate medicines records, had received training in medicines and were assessed as competent in the task.
● People received their medicines in a safe and respectful manner. We observed staff adhering to safe administration practices. This included effective infection control measures and a system to ensure the correct medicines were given, by staff scanning a code on the medicines packet to ensure it aligned with the medicines administration record (MAR).

Staffing and recruitment

At the last inspection staff were not always recruited safely. This placed people at potential risk of harm. This was a breach of regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 19.

● The registered manager had introduced an induction and orientation checklist which all new agency staff were required to complete when they first arrived in the service. This helped to ensure new staff members were safe to work with people from the start. The checklist included fire evacuation procedures, details of how to log in to the service's computerised records, where to access information about people and their risks, and who to contact in the event of an emergency. These changes ensured that people were supported by staff who had access to information about their care, their assessed risks and how to keep them safe.
● The registered manager and provider now exercised due diligence when choosing the agencies from which they utilised agency staff. The provider had recruited an administrator who, along with the registered manager, was responsible for the oversight and management of recruitment and staff files and ensured that all necessary pre-employment checks, training and competencies were undertaken before the staff member started work.
● The registered manager used a dependency tool to determine how staff would be deployed and ensure staffing levels were aligned to meet people's needs. The team adopted a flexible approach to staffing and responded to changes as required. The care manager gave a recent example of how they had increased staff hours to ensure there were enough staff to support people who, due to their health condition became more active in the afternoons and increased their risk of falls.
● People and their relatives gave mixed feedback about whether there were enough staff to support people and meet their needs. One relative told us, "I have noticed about the staff is that sometimes there seems to be too few of them." Another told us, "The number of staff is fine, including when I've been in to visit at weekends." Our observations and records confirmed there were the assessed number of staff working each shift to meet people's needs.

Systems and processes to safeguard people from the risk of abuse
● Systems and processes were effective in safeguarding people from the risk of abuse. People and their relatives told us they felt safe and knew who they could speak to if they had any concerns. One relative told us, "Keeping everyone safe is one of their top priorities." Another said, "Put it this way if it was not safe my [person], would not be living there."

● Staff had undertaken safeguarding training and understood how to recognise signs of potential abuse. One staff member said, "If we didn't have proper care or give proper personal care there would be the risk of neglect." Staff understood their responsibilities and were confident the registered manager would report any concerns.
● Incidents of alleged abuse were identified and reported to the local authority and CQC. The registered manager understood their responsibilities in relation to safeguarding and conducted investigations as required. Incidents were analysed, and actions taken to reduce the risk of reoccurrence. For example, lessons learnt from one investigation led to changes in people's end of life care plans. This helped ensure people were always supported with compassion and appropriate care at the end of their lives.

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 meeting shielding and social distancing rules.
● 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 accessing testing for people using the service and staff.
● 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.

The care homes approach for visitors was in line with current government guidance.

● People and their relatives were positive about their experience of visiting and being able to see their loved ones.

● We observed people enjoying visits with their relatives in communal spaces and their rooms. Visitors were required to provide a negative COVID-19 test and complete a COVID-19 screening tool prior to entering the home to reduce the risk of infection transmission and keep people safe.

Requires Improvement

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

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.

● Mental capacity assessments had not always been considered or undertaken when there was professional doubt about a persons capacity or when restrictive practices had been implemented. For example, two people living with a health condition that could impact on their ability to make decisions about their care, had bedrails in use to reduce the risk of them rolling out of bed. Although family members had been consulted, neither person had undergone an assessment to determine their capacity to make an informed decision about this intervention. This was raised with the registered manager who responded to our feedback. After the inspection capacity assessments for both people were completed. This was an area of practice in need of improvement to enable people to make decisions in accordance to the law and in their best interest.
● Some people had conditions attached to their DoLS. Where conditions had been imposed, these were complied with. For example, some people were prescribed specific medicines which required regular review. Staff had ensured these medicines were reviewed by the nurse practitioner or person's GP.
● Staff had completed MCA training and understood the principles when caring for people. For people who may lack capacity due to their health condition, relatives were consulted. We observed staff asking for people's consent before providing care, and staff were accepting of people's choices about where they wanted to sit or walk and what they wanted to do.

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

● The service had not been fully adapted to meet people's diverse needs. For people living with dementia or people that may have difficulty navigating their surroundings, there was a lack of signage to help identify the toilet and bathroom, direct people to where they might want to go or orientate people to their rooms. We observed one person in the corridor who appeared to be confused. When a staff member approached to ask if the person required support, they said they were looking for their room. We shared our observations with the provider who responded to our feedback. By the end of the day, orientation signs for the home had been bought.
● Some areas of the home had been modernised and decorated, though other areas were tired required some attention. Some people had personalised their rooms with personal effects, items of interest or photographs of their loved ones, while other rooms lacked this type of décor. The provider told us their plans to improve the environment, this included the redecoration of hallways and people's rooms, and replacing furniture for people.
● The home had adequate space for people to mobilise safely with their mobility aids or walk around unaided if they wanted and were safe to do so. People were observed mobilising independently. For people unable to use the stairs, the home had a lift available for use if required. The provider had installed a ramp to improve access to the garden and replaced the decking with grass. This had created an outside area which people could use and enjoy.
● Technology was used to enhance people's care. Call bells were in use for people to call for staff assistance if needed. For those unable to use call bells due to their level of understanding, sensor mats were used in people's rooms so when they moved, staff were alerted and could go to offer their assistance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet
● Some aspects of people's needs were assessed in line with standards, guidance and the law. For example, people were regularly weighed, and their weight assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a nationally recognised tool used to identify people who are malnourished, at risk of malnutrition or obese. MUST was used by staff to inform people's care plans and identify those who required outward referral for professional guidance and support.
● The cook kept a record of people's dietary requirements and used the International Dysphagia Diet Standardisation Initiative (IDDSI) to ensure people received foods that were suitable for their needs. The IDDSI is a global standard which uses terminology and definitions to describe texture modified foods and thickened liquids for individuals who may be at risk of choking. Staff had undertaken training in dysphagia, hydration and nutrition. There were processes in place to ensure people received their correctly modified meals.
● People were supported to eat and drink enough and maintain a balanced diet. People were offered a choice of two main meals, a dessert, and there were drinks available throughout the day. We observed staff ensure people were served the meals they requested and offer alternatives if they changed their mind. The cook understood people's likes and dislikes, they told us, [Person] is offered other things, I can offer alternatives, whatever we have, I know what they like. For example, [person] doesn't like eggs."
● People were supported to maintain good oral hygiene. Staff had undertaken oral health training and completed an oral health assessment to ensure people's needs were identified. People's care plans contained guidance for staff on how to maintain their oral hygiene. Staff told us how they supported people. One staff member said, "Dentures are removed at bedtimes and washed for people that need it, we show them the toothpaste on the toothbrush to help them understand." Another told us, "We take time to brush their teeth, it's important."

Staff support: induction, training, skills and experience
● People and their relatives thought staff were equipped with the skills and knowledge to undertake their

role. When asked their views on whether staff were suitably trained, one relative said, "The training they receive seems to be excellent. For example, they need to look after [person], and anyone nearby when [person] is shouting… I'd say it is the training that enables the staff to cope in such a situation." Another told us, "They [staff] seem to know what they are doing."

● Staff had undertaken suitable training for their role and had the knowledge and skills to meet people's needs. Nurses completed specialist training to support people with specific nursing needs. Staff received an induction and were assessed as competent before they could support people. One staff member told us, "They gave us all the training we need for people; I've had dementia training."

● Staff received supervision and felt supported by the senior staff and registered manager. One staff member told us, "We have supervision and a review once or twice a year. If I have a concern I go to the nurse, if they can't help I go higher, to the manager."

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

● Staff worked with other agencies to provide consistent, effective and timely care. The registered manager and staff had established effective relationships with external agencies. Staff communicated with other health professionals to inform them of concerns over resident's health, the effectiveness of new treatments and changes made to people's care.

● Feedback from health and care professionals was positive and reflected the improvements made since the last inspection. One health professional told us, "I have been involved with Willett Lodge in varying levels during my role for the past seven years. During that time, I have seen great improvements, they engage with the surgery both on a patient by patient basis and with the teaching and development opportunities we offer."

● People had access to healthcare services and support. Relatives we spoke with confirmed this. One relative told us, "The staff contact the GP if [person] isn't well." Another said, "The care home staff work well with the surgery. I was visiting recently and noticed [person] was holding their tummy. I mentioned it to a staff member... Later they said to my [relative] that the GP had confirmed a [medical condition]." Records confirmed people had access to a variety of services, for example, a chiropodist, hairdresser and a community dentist if required.

Requires Improvement

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 has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was not always respected. We observed staff did not always provide people with care and support in the most dignified way. For example, we observed one person was weighed using a hoist in a communal area where other people were present. Staff were overheard talking about one person's continence and another person's health needs in front of people. One staff member was observed dismissing a person's comments about the taste of their meal. This did not provide assurances that staff were always supportive or respectful of people's privacy and dignity. We fed back our observations to the registered manager. They told us this would be addressed and acted upon to improve people's care.
- People were supported to promote their independence and encouraged, where appropriate, to undertake some aspects of their care themselves. People were comfortable asking for support and would ask staff directly or use their call bell. For people who were unable to verbally communicate their needs, staff anticipated these. We observed staff approach people who looked like they might need assistance, for example, if they were attempting to stand, staff would offer their support.
- Information about people was stored securely and meetings where people's care needs were discussed, were held in offices to ensure their privacy was maintained.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives spoke positively of staff and said staff were kind and caring. Comments included, "I one hundred percent believe the staff care, because they are interested in [person] and in me and the rest of our family. They've taken the time to get to know everyone", and, "All of the staff are kind and considerate."
- People were familiar with staff and staff knew people well. We observed interactions between people and staff which were warm and genuine. One relative told us, "They know [person] very well by now." Another said, "The staff have always been friendly toward me, and seem to be the same toward my [person] who has said themselves in the past that they find them kind, caring and friendly."
- Relatives told us they were kept informed about any changes in their loved one's health or wellbeing. They said they were able to discuss any issues with the staff and registered manager. One relative told us, "I would be very happy to talk to the registered manager about anything; good or bad and I would have no reason to hold off from doing so."

Requires Improvement

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 assessments did not always contain enough detail or personalised information about people from which person-centred care plans could be developed. Information such as people's likes and dislikes, preferences and personal histories was not routinely collated. For example, people were supported by male and female staff, though there was no evidence to demonstrate people's preference had been asked or considered. This meant some care plans did not always contain information on how people preferred to be supported and increased the risk that people would not always be supported in a way that met their choice and preference.
- People's care plans were not always holistic and did not always contain information which reflected their current needs, preferences and aspirations. Some care plans were detailed, whilst others were brief. For example, one person's care plan said they liked a cup of tea and cigarette at frequent times throughout the day, yet the person no longer smoked. Most people had care plans to address their psychological needs. Although goals had been identified, for example, 'To spend my days without feeling anxious or distressed", there was a lack of information to guide staff on how these goals would be met.

We recommend the provider seek advice and guidance from a reputable source, about how person-centred care can be delivered in line with best practice and evidence-based guidance.

- Despite the absence of recorded information, staff knew people well and demonstrated their understanding of people's care and how people preferred to be supported. One staff member told us, "Once you get [person] talking they have a good sense of humour. If you communicate calmly and quietly, they're fine." Another told us, "The important thing to know about [person] is they're turned hourly and you have to sit them up to reduce the choking risk."
- Changes in people's care were communicated so staff felt informed of how to meet their needs. A nurse told us about a 'mid-morning meeting'; where staff discussed people's health, their care and if they were any issues or concerns. For example, if staff were concerned about a person's fluid intake, this was raised in the meeting and acted upon. Records confirmed these meetings occurred regularly.
- People were involved in their care planning as much as they could be. Relative's confirmed they felt involved. One relative told us, "I am in constant communication with both the registered manager and one of the admin staff about changes in [person's] care needs and when changes occur, we discuss what needs to change in the care plan."

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 registered manager was aware of their requirement to follow the AIS. However, systems and processes were not robust enough to ensure the AIS was applied consistently to all people's care. Although people's communication needs had been assessed, some people with identified needs did not have care plans to determine how their needs would be met. For example, one person was assessed as having 'significant difficulty in expressing their wishes and needs', this was due to their speech, hearing and vision, yet there was no guidance to indicate how they preferred to communicate with staff or how staff could effectively communicate with them. This said, we observed staff communicating with the person whilst supporting with medicines. The staff member crouched down to their level, spoke clearly and into their ear which enabled the person to understand the request to take their medicines.
● Some people's communication preferences were understood, and therefore their needs were met. For example, one person with hearing difficulties had a note pad for staff to write on and communicate with them. We observed messages written on the pad asking the person's permission to support with care, to tell them when health professionals and family were visiting, and to check the person was comfortable after care was provided. This approach enabled the person to understand what was happening, communicate with staff and make choices about their care and support.
● The service operated an electric record keeping system which had voice recognition so if required staff could speak into handsets to record people's care. One staff member told us the registered manager had purchased them an iPad to promote effective record keeping and reduce the risk of developing migraines.

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
● Not all people were supported to take part in activities relevant to them. We observed three people were sat in a separate lounge while entertainment was happening elsewhere. We asked staff what activities were available to these people, or for people cared for in bed. We were told that not all people enjoyed the entertainment, and this was why they were sat in a different room. There was no evidence to indicate staff had considered alternative activities they might prefer. This did not provide assurance that all people's individual emotional and social needs were being considered.
● Since the last inspection the service had developed a four week rolling activities programme which was facilitated by care staff. One staff member had increased their hours to focus on providing activities; records confirmed people's access to meaningful activity and stimulation had begun to improve. Some improvements were still required, as records showed and feedback received from a relative highlighted the activities programme was not always delivered.
● We observed activities taking place in the afternoon when tasks relating to care and support were completed and staff had more time to spend with people. An example of the activities on offer were music, puzzles and group activities which would promote movement, such as throwing and catching a ball. Significant events were celebrated, for example the Queen's Jubilee. During that occasion staff had decorated the garden and prepared a buffet; we observed photos of people sat outside enjoying the celebrations.
● The registered manager had arranged for local entertainers to begin visiting the service again now COVID-19 visiting restrictions had lifted. During the inspection an entertainer visited the home, they played music and sang to five people sitting in the lounge. Staff joined in and we observed people were smiling, shaking maracas and singing along to the music.

Improving care quality in response to complaints or concerns

● Complaints were appropriately investigated in accordance with the providers policy. The registered manager was open and transparent when dealing with concerns that had been raised. Complaints were used to make improvements when needed. For example, one relative had suggested changes to laundry processes which would help prevent people's clothing from being misplaced. The registered manager acted on this to make the improvements and improve people's, and relative's experiences.

● People and their relatives told us they knew how to make a complaint if they needed to. Relatives were assured that complaints and concerns would be listened to and dealt with. One relative told us, "The care was a worry at first and I complained about the clothes [person] was wearing being scruffy. This is sorted now, they wear their beads and their hair is brushed."

End of life care and support

● The service supported people with care at the end of their lives. People were supported to be comfortable and pain free. At the time of our inspection there was no one living at the home receiving end of life care.

● The registered manager and senior staff understood which health and care professionals to contact and who would need to be involved to support people who were nearing the end of their lives or when their health began to decline.

● People's end of live preferences and wishes were considered. People had care plans which recorded their wishes and contained guidance for staff on who to contact and funeral arrangements.

Requires Improvement

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 for this key question 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.

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

At the last inspection the provider had not ensured there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people, and the suitability of staff employed at the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed conditions on the providers registration.

At this inspection improvements had been made in relation to the oversight and management of some risks to people's health and safety. Although the provider and registered manager had worked to improve the standards and quality of care in these areas, further areas for improvement were identified. The provider remained in breach of regulation 17.

● The registered manager had continued to provide CQC with a monthly analysis of their quality assurance and auditing systems in line with the conditions imposed on the providers registration. Systems were effective in identifying most risks to people's health and any actions taken to mitigate those risks and improve people's health and safety. This had improved managerial oversight of some aspects of the service and led to improvements in the management of falls, skin integrity and wound care, infections, malnutrition, weight loss and recruitment. However, systems were not robust enough to identify shortfalls in other areas highlighted during the inspection.
● Governance processes had failed to provide effective oversight of medicines. Systems had not identified shortfalls relating to the administration of time specific medicines, or that staff had not adhered to local and regional policy for medicines which required more stringent means of control. This meant the provider could not be assured medicines were always managed in accordance to best practice guidance and legislation.
● Systems had failed to identify that people at risk of choking had not always received care in line with their assessed needs. Not all people's care plans provided staff with detailed guidance to ensure their needs would be met in the most effective way. Processes had not ensured information collated during people's assessments was used to develop care plans for people which reflected their current needs, preferences and aspirations, or that information contained within people's records was accurate and up to date. This meant the provider could not be assured that people's care records reflected their ongoing needs and risks, or staff

were meeting these appropriately.
● Records detailing the care and treatment of people who may lack capacity had not been appropriately recorded. Where restrictive practices had been imposed, there was no evidence to demonstrate a mental capacity assessment or best interest decision had been considered. Records did not provide evidence of people's involvement in the decision-making process. This meant the provider could not be assured people's human rights were always being protected.

The provider had not ensured systems were effective and robust enough to provide oversight and demonstrate the quality and safety of the service. This placed people at risk of potential harm. This was continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● When these concerns were raised with the provider and registered manager, they responded promptly to our feedback. During and after the inspection we were given assurances and provided with evidence to demonstrate people were safe and their human rights upheld. We have asked the provider to provide an action plan to demonstrate what further actions have been taken to address the issues identified.

● The registered manager and senior staff identified issues within the service and were working to make improvements. Records confirmed that areas of concern were addressed with the team and plans developed to move the service forward and improve. Some staff had been allocated lead roles and were responsible for a specific area, for example, staff training and medicines.
● Health and care professionals, staff and relatives had confidence in the registered managers leadership, skills and experience. One relative said, "[Registered manager] is clearly in charge and the nurses in uniform always come and talk to me when I visit, which makes me think there is clear management and leadership. I have a good relationship with [registered manager] and can ring anytime to discuss anything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● People were supported in a service which worked to promote a positive, person-centred culture and achieve good outcomes, despite some of the issues identified during the inspection. The registered manager was passionate about people and the care they received. One relative told us about positive changes in their loved one's wellbeing. They said, "[Person] seemed to spend a lot of time in their own room or even in bed, and often asleep much of the time. I thought this might be due to their mood, so I spoke to the staff about my concerns. Staff spoke to the registered manager who encouraged [person] to talk about their worries and asked staff to encourage them to come out of their room. They've responded well to that and are often in the lounge now when I visit and have made friends in the home."
● People, relatives and professionals were complimentary of the registered manager and the way the service supported people. One health professional shared their experience of working with the service. They said, "I worked closely with [registered manager] as I supported a person on discharge from hospital. The person had complex needs, to include complex family dynamics. [Registered manager] managed the whole situation extremely well and professionally. They took appropriate action when concerns were noted with regard to pressure areas, seeking support from other agencies and taking relevant action to safeguard the person in a person-centred way. The person was very happy at Willett Lodge and I saw a great improvement in their physical and emotional health following their discharge from hospital."
● Staff told us the registered manager was approachable and they felt supported by the provider. One staff member told us, "The employers are nice to all the employees and the staff help each other as teamwork to get the best for the residents."

● The registered manager was aware of their responsibilities under the Duty of Candour and had acted accordingly when required. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● People, their relatives and staff were involved in discussions about the home. Relatives were provided with a monthly newsletter and invited to give feedback about any changes being made or thoughts about the service. Feedback was collected and acted upon to make improvements. For example, in response to comments about the menu, the provider had organised a food tasting event for people to attend and try the new dishes the service was planning to introduce.

● Relatives told us they were asked for their views and received information which kept them informed on what was going on in the home and their loved one's care. One relative said, "They kept us up to date by email of what was going on." Another said, "They keep us updated regularly from the activities that [person] has taken part in, to the meals they have enjoyed." People had allocated keyworkers who held one to one session's with people to ensure they could share their thoughts and discuss matters of importance to them.

● Staff were kept up to date with changes in the service and people's care. Clinical meetings and group supervision sessions were held. This gave staff the opportunity to express any concerns and share their views. Records confirmed issues raised were acted upon and shared as required to drive improvements within the service. A staff member said, "The manager asks if I'm okay and to bring any concerns forward for staff meetings, but everything is good at the minute."

Working in partnership with others

● The registered manager and nurses worked professionally with external agencies such as the local authority, GP practice, pharmacy and specialist health professionals. Staff were aware of the importance of working with other agencies and sought their input and advice. This enabled people's health needs to be continually assessed to ensure they received the appropriate treatment and support.

● People had access to a range of health and care professionals and were referred appropriately in response to their changing needs. Feedback from professionals confirmed this. One health professional said, "They care for complex patients and often take patients as a 'crisis management'. These patients can be a challenge, but they are responsive and get people registered with us to try and meet their needs. [Nurse] is whom I have most contact with on our weekly rounds. They show a good knowledge, kindness and compassion towards the residents and escalates problems to us and outside agencies where relevant."

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 The provider had not always ensured there was safe and proper management of medicines. The provider had not always ensured risks to people's health and safety had been identified, assessed and mitigated.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems were effective and robust enough to provide oversight and demonstrate the quality and safety of the service.

The enforcement action we took:

Warning Notice