

Willows Care Home (Romford) Limited

Willows Care Home

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

Willows Care Home is a residential care home providing nursing and personal care to people, some of whom may have dementia. The home can support up to 72 people and at the time of the inspection, 51 people were living in the home. It is an adapted building with three floors, each with separate facilities, including en-suite bathrooms.

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

We found the service continued to be safe and people were protected from the risk of avoidable harm and abuse. Medicines were managed safely and there were robust procedures in place for the administration, recording and storing of all medicines. Audits identified medicine errors and action was taken to investigate them and make improvements.

There were appropriate numbers of staff and they were recruited safely. The provider ensured infection control procedures were in place and there was guidance for people, staff and visitors during the Covid-19 pandemic to keep them safe. Risks to people were identified and managed. The premises, installations and equipment were serviced and maintained to ensure the home environment was safe.

The registered manager carried out audits and inspections to check correct procedures were being followed by staff. The provider was meeting regulatory requirements and notifications of incidents were submitted to us. People and relatives told us the service was well managed. People and relatives were given opportunities to provide feedback about the quality of the service. The provider had identified where improvements were needed in the home and had action plans in place to address them.

Staff were kind and compassionate towards people in the home. There was a positive and open culture and discussions were held with people and relatives to obtain their feedback. Team meetings with staff were held with the management team to discuss important topics and go through any issues. Staff felt able to voice their concerns to the management team. Staff worked well with health professionals and other agencies to ensure people's health and wellbeing were maintained.

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 Good (published 10 May 2019).

Why we inspected

We received concerns in relation to the management of the service, infection control procedures, medicine management, staffing levels and the culture of the home, which could put people at risk of unsafe care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were received 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 remained Good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

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.

Willows 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.

Inspection team

The inspection team consisted of one inspector, a specialist advisor for nursing care 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. For this inspection, the Expert by Experience made telephone calls to relatives only.

Service and service type

This service is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection took place on 21 December 2020 and was unannounced. Inspection activity started on 21 December and ended on 23 December. We visited the premises on 21 December 2020.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with four care staff, three nursing staff, the clinical manager, three activity coordinators, an administration manager and the registered manager.

We reviewed eight people's care records and medicine records. We looked at four staff recruitment files. A variety of records relating to the management of the service, including audits, surveys, internal reports, policies and procedures were also reviewed.

After the inspection

We spoke with 10 relatives by telephone for their feedback about the home and continued to seek clarification from the provider to validate evidence found. We also contacted professionals for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. We received concerns after the last inspection and decide to re-inspect this key question.

We found no concerns at this inspection. This key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There were risk assessments around people's needs, with information on how to minimise these risks. Assessments were carried out and these included risks people had around falls, nutrition, behaviour that may challenge, catheter care and other health conditions such as diabetes and chronic obstructive pulmonary disease (COPD).
- We found risk assessments were detailed with actions for staff to help them reduce the identified risks from occurring. Risks were reviewed as and when people's needs changed. However, there were not always specific assessments for certain types of care need such as stoma care, to help people with toileting. We discussed this with nursing staff and the registered manager and they took immediate action to review and develop stoma care plans to help assess and manage risks relating to this type of need.
 - Staff we spoke with had a good understanding of people's needs. Risk assessments we viewed were up to date.
 - Checks on systems such as fire extinguishers, water, gas and equipment used to assist people were carried out. People had personal evacuation plans in the event of a fire or other emergency.

Safeguarding from abuse

- People were safeguarded from the risk of abuse. The provider had a policy in place for safeguarding people to protect them from coming to harm. The provider had a responsibility to ensure allegations of abuse were reported to the local authority and the Care Quality Commission.
- We spoke with staff about their understanding of safeguarding people from abuse and how to identify, respond and report it. Records showed they received safeguarding training and knew how to identify different types of abuse, such as physical abuse, financial abuse and neglect. They also understood what whistleblowing meant if they had concerns about the service, meaning they could report it to external organisations such as the CQC or police. One member of staff said, "Yes of course, we identify and report concerns immediately."
- People and relatives told us the home was safe. One person said, "It's a lovely home and I feel very safe." A relative told us, "Very safe, [family member] has dementia but has always been well cared for and accepting of it. [Family member] has always said they're happy and feel safe there."

Staffing and recruitment

- We received information prior to our inspection that the home was running short of staff and people were being left unattended. However, people and relatives told us there were enough staff. One person said, "Yes,

they always have someone around. When I call them, they come to see me." A relative said, "I think in the past they struggled having staff stay but they seem to have it stabilised now." Another relative told us, "Yes there's enough permanent staff. They are absolutely good."

- The provider assessed the number of staff needed in the home. These included care staff and nursing staff on each unit. A dependency system was used to establish the required number of staff and the length of each shift for days and nights. We checked staff rotas and saw the correct number of staff on shift.
- A number of people in the home required more intensive support, for example one to one care, which meant they were with a member of staff at all times, so they could remain as safe as possible. During our observations, we saw one to one care being provided.
- Staff told us they were happy with the staffing levels. One staff member said, "Yes there is enough staff. We cover each other when there are staff absences and we pull together as a team." Another staff member told us, "We care for our residents like we would our family. It has not been easy with Covid, but we have all worked together. We have enough staff and we are well supported."
- There were safe recruitment procedures in place. Records showed criminal record checks were carried out for new staff. Applicants completed application forms and provided two references and proof of their identity. This ensured the provider could determine if staff were of suitable character to provide care and support to people.

Learning lessons when things go wrong

- There was a procedure for reporting accidents or incidents that took place in the home.
- Incidents, including safeguarding concerns, were reviewed and action taken to ensure people remained safe. Records showed the registered manager collated details of all incidents and accidents, to review them and analyse specific trends and patterns. This helped the registered manager to put plans in place to prevent them reoccurring, such as people who experienced falls.

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 Personal Protective Equipment (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.

Using medicines safely

- Medicines were managed safely, including the storage, recording and ordering of all types of medicine. Prior to our inspection, the provider had notified us of repeated medicine errors and informed us of the action they had taken to investigate these incidents.
- We looked at the medicines processes on each unit of the home. We saw there were daily checks of medicine records. Staff knew of the procedures to follow.
- Medicine Administration Records (MAR) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MAR sheets we looked at were completed accurately.
- People told us they were happy with how the service managed their medicines. One person said, "Yes I get my medicines every day at the right times." A relative told us, "When I am there, I see they always gave them

to [family member] on time." We observed people received their medicines safely and as prescribed, for example if medicines were to be given before food.

- Staff also followed the guidance in place on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines. Medicines were stored in a medicine room and in locked trolleys. Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- Audits had identified medicine errors and the management team took the necessary disciplinary action where appropriate to ensure staff were safe to administer medicines. Shortfalls, such as the incorrect administration or recording of medicines were addressed. We were assured the management team had identified errors immediately, took action to check people were safe and learned from lessons to minimise reoccurrence. Staff were also re-trained and had their competency assessed. A member of staff said, "We are given good training to make sure we manage medicines safely. If there are mistakes which can happen, we learn from them to make us better."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. We received concerns after the last inspection and decide to re-inspect this key question.

We found no concerns at this inspection. 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

- We received concerns before our inspection about the culture of the home and the style of management. The concerns had indicated there was not a positive culture that was open and inclusive to staff, people and relatives. However, during our inspection we could not substantiate this and we found nearly all staff, people and relatives we spoke with were very positive about the service and the management team. One person said, "It's a lovely home. The staff are friendly and the manager is always coming around to see how we are."
- After our last inspection in May 2019, the provider had made changes to the management team and a new registered manager was appointed internally. They were promoted from being a senior staff member, therefore was familiar with the home. The new registered manager was supported by a clinical manager to help manage the service and by regional managers who visited the home to carry out internal reviews. The registered manager said, "My door is always open to staff. They can come and talk to me when they need and the same for our residents and relatives. If they are not happy with something, I will try and make things right for them. We have nothing to hide. I have great support and a good team."
- Most relatives we spoke with were satisfied with the home and how it was managed. A relative told us, "As far as the management go, I've seen different managers come and go. [Registered manager] is outstanding and approachable." One relative told us they were not always satisfied with the home. Records showed they had raised concerns with the provider. However, the relative said, "[Registered manager] does seem to be on the ball and if I have challenged something, she does seem to sort it out. I think she is committed to care."
- We observed staff providing dignified and respectful care to people. Staff were very positive about the registered manager, the provider and other members of the management team. One staff member said, "They are amazing. They have kept us safe and altogether. They are a nice company to work for and they are very appreciative of the staff." Another member of staff told us, "[Registered manager] is excellent. She understands the carers and is not arrogant. She deserves to be where she is now. I think she has improved the home." The provider's human resources department had recently interviewed staff to see how they were feeling and listen to their concerns. We looked at the outcomes and saw that they felt positive and supported by the provider at all times.
- People were supported to achieve good outcomes in their care, such as improved health and nutrition. A relative told us, "There are so many good things. The food is very nice and fresh. The home is very clean,

even the laundry is always done every day. It was one of the things that was important to [family member]." Records showed people's thoughts and opinions were considered and discussed through one to one conversations with staff and managers. This showed there was an open and positive culture in the home.

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

- Staff we spoke with were clear about their roles and responsibilities. They understood their duties to provide care and keep people safe to a good standard.
- Staff told us they received one to one supervision and regular training to refresh their knowledge and skills.
- The management team monitored staff performance and carried out quality assurance audits of care plans, risk assessments, medicines, equipment used for personal care and people's individual records, such as weight charts and fluid charts. Audits identified where improvements were needed and action was taken to address them. This helped to maintain the safety of people and the home.

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

- We received information prior to our inspection that the provider was not being transparent about Covid-19 cases in the home. We looked into these concerns but did not find evidence of this. We viewed the results of Covid-19 tests on all people in the home over the last four months.
- The provider notified the relevant authorities if people had tested positive for Covid-19 and used the track and trace system to inform people they may have been in contact with, such as staff or other visitors. This ensured transmission of the virus was minimised.
- Staff and people were tested for Covid-19 in accordance with recommendations from the government. The provider followed government guidance and recorded the test results for each person so the appropriate action could be taken. For example, if people tested positive, they self-isolated and were supported with barrier nursing, meaning only specified staff saw them.
- The registered manager acknowledged when things went wrong or mistakes had been made. They responded to complaints according to the home's complaints procedures and spoke with people and relatives to explain what had happened. For example, if there were errors made with people's medicines.
- The registered manager notified the CQC of serious incidents and safeguarding concerns that took place in the home as is their legal responsibility to do so.

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

- The management team obtained feedback from people and relatives about the service. For example, people were asked how they would like their meal time experience improved.
- People engaged with staff in the home and participated in activities. Their equality characteristics were taken into consideration. For example, people's cultural or religious beliefs were respected and staff supported them to pursue their interests, should they not wish to participate in activities. Activities were arranged to ensure there was suitable social distancing and small groups within each unit. People told us they enjoyed the activities, events and displays put on by the provider.
- Records showed people and relatives were invited to meetings with the registered manager. Meetings were held virtually due to the current restrictions in place and topics included updates about Covid-19 procedures, the home environment and activities. People and relatives told us they felt involved in the service. A relative said, "The management, they listen to you and take on board what you say and you can see the changes. The gardens are very good and the lounges are very spacious."
- Staff attended meetings with the registered manager to go through updates and information that needed

to be shared. The provider surveyed staff to gather their thoughts and opinions to gauge their wellbeing and motivation. We saw that feedback was positive.

Continuous learning and improving care

- Systems were in place for continuous learning and improving care. Results from surveys and questionnaires of staff, people and relatives were analysed so that action plans could be developed for further improvements to be made.
- We could see there were plans to ensure there was more effective two way communication, such as having more people and staff coffee mornings and improve the key work and named nursing staff system. Key workers are staff who are allocated to regularly look after a person's needs to ensure there is consistency and continuity of care. We saw that a picture of people's individual key workers were outside their rooms.

Working in partnership with others:

- Staff told us they worked in partnership with other agencies such as health professionals and local commissioners if people were not well, to ensure people were in the best possible health.
- The provider had established links with the local community such as schools, colleges and media outlets. For example, there was an initiative through the local newspaper for readers to send kind messages, poems and drawings to people living in the home. We saw that people could also respond and send thank you messages in return. This was to help people avoid social isolation and loneliness, particularly as they were unable to have visitors during the pandemic.