

ADL Plc

# The Willows

## Inspection report

Willow Drive  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: The Willows is a care home that provides residential care within five units. It is located in Barton Upon Humber. The service is registered to provide accommodation for up to 39 people who require nursing or personal care.

People's experience of using this service: The plumbing and heating systems had been replaced apart from in one unit. This work was being undertaken. A separate dementia unit was about to be created to enhance the environment for people living with dementia. Infection prevention and control practices had been strengthened since the last inspection. Minor infection control issues found during the inspection were addressed. Medicine management had improved. However, staff were reminded not to leave medicines with people because they could be accessed by other people for whom the medicine was not prescribed.

The provider had failed to notify the Care Quality Commission about the absence of the registered manager. Timely action had not been taken to implement a recommendation made to improve the environment for people living with dementia. The replacement of the plumbing and heating system throughout the service had not yet been completed.

Safeguarding policies and procedures were in place to protect people from harm and abuse. Staffing levels were monitored to ensure people's needs were met consistently.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Where people had been assessed as at risk from any activity, their care records provided guidance for staff to provide safe care and support.

Where people were unable to consent to their care and support the provider followed appropriate legislation to make sure any decisions were in the persons best interest.

People living at the service told us they were satisfied with the service provided. Staff understood the importance of providing person-centred care and developed positive relationships with people. People received support and staff encouraged their independence to live without unnecessary restriction.

Caring staff supported people living at the service. People received information in an accessible way to enable them to understand what was available to them.

Staff were trained and their skills and knowledge checked through competency assessments. Staff asked healthcare professionals for advice, guidance and support about how to meet people's needs. People's independence was promoted and encouraged. People's dietary needs were met. End of life care was provided at the service. Concerns and complaints raised were dealt with appropriately.

The provider used a range of audits to check quality and safety at the service. These quality checks had been and were being improved to prevent further shortfalls occurring. For example, a laundry room audit was implemented during the inspection. Community links were being promoted. People and relatives had the opportunity to provide feedback about the service. Data security was maintained.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published on 23 March 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# The Willows

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by one inspector, a representative from North Lincolnshire Council Provider Development team 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. Their area of expertise included older people, people living with dementia and residential care.

**Service and service type:** The Willows is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Willows is in Barton Upon Humber. It provides residential care for up to 39 people some of whom are living with dementia.

The service did not have a registered manager in place with the Care Quality Commission (CQC). The provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was an acting manager in place who was the registered manager at another of the providers local services.

**Notice of inspection:** The inspection was unannounced.

**What we did:** Before the inspection we checked information, we held about the service. This included notifications the provider had sent us about events that occurred and which affected their service or the people who used it. We contacted the local authority's adult safeguarding, commissioning and quality monitoring team as well as Healthwatch England, the national consumer champion for health and social care, to ask if they had any information to share. We used this information to help plan our inspection.

Some people who used the service were unable to tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with four people living at the service to ask about their experiences. We spoke with the provider and acting manager, two carers, the chef, a laundry staff, an activity co-ordinator and the maintenance person. We also spoke with two visiting maintenance people.

We reviewed a range of documentation including three people's care records, ten peoples medicine administration records (MARs), quality monitoring checks and audits, policies and procedures and three staff recruitment, training, supervision and appraisal records. We also looked at the compliments and complaints received.

# Is the service safe?

## Our findings

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

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.

Preventing and controlling infection.

At the last inspection we made a recommendation for the provider to follow good practice guidance relating to infection prevention and control.

- At this inspection we found some of our concerns had been addressed. However, the laundry was dusty and the dining room chairs had food debris present. There was some staining to commodes which were used to place cardboard commode pans in. One shower chair was rusty and required replacing and a bath hoist required cleaning underneath. Hand wash for staff required placing in people's bedrooms. These issues were addressed during the inspection.
- The acting manager and provider were informed about the shortfalls we found with infection control. Audits and checks were put in place to make sure these issues would not occur again.
- People told us the service was clean. One person said, "I have no complaints about the cleanliness."

Using medicines safely.

At the last inspection we made a recommendation for the provider to follow good practice guidance in relation to medicine management to help to protect people's wellbeing.

- At this inspection we found improvements had been made. Medicines were stored securely and medicine administration records (MARs) were completed with no gaps present. People's prescribed topical creams and ointments were recorded when staff applied them.
- Medicine management systems had been strengthened. Staff undertook training in safe medicine management. One member of staff left two people with their medicine at lunchtime. This was discussed with the provider and acting manager because their medicines could have been accessed by other people living at the service. This issue was immediately addressed.
- People told us they were given their medicine as prescribed. One person said, "Yes, I get them (tablets) at the right time."

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

- The provider had policies and procedures in place about safeguarding people from harm and abuse.
- Staff undertook training about safeguarding people from abuse which helped them keep people safe from harm.
- Staff understood their responsibilities to report potential harm or abuse. They knew how to refer incidents to the registered manager, senior management team, local authority or to the Care Quality Commission (CQC).
- The management team worked with the local authority when issues were reported.

Assessing risk, safety monitoring and management.

- Risk's to people's health and wellbeing were assessed, monitored, reviewed and recorded. Relevant health care professionals were contacted for help and advice to maintain people's wellbeing.
- Staff understood the risks present for each person in their care. They followed the information in people's risk assessments to promote their safety, whilst promoting people's freedom and independence.
- Accidents and incidents were recorded and monitored. The acting manager looked for trends and patterns to prevent further re-occurrence.
- People had personal evacuation plans in place. These described the help they required in an emergency.
- Health and safety was monitored by the management team.

Staffing and recruitment.

- The acting manager monitored staffing levels and deployed sufficient staff to meet people's.
- "People told us, "I pressed my buzzer and the staff came very quickly" and "The staff cope, they could do with more. I feel as though I want to help them."
- Recruitment checks were conducted prior to staff starting work at the service, to ensure they were suitable to work with vulnerable people. However, we found two staff files had no photocopied identification present. This was discussed with the acting manager who began to address this immediately.

Learning lessons when things go wrong.

- Where shortfalls had been identified at the last inspection and recommendations made action had been taken to address the issues. For example, the provider had put in place additional staff training and supervision and improved the infection control and medicine management.
- Where minor shortfalls were found during this inspection the provider and acting manager addressed the issues straight away.



# 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

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

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

At the last inspection we found a breach of Regulation 15, Premises and Equipment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The plumbing and heating systems required replacing throughout the service.

- At this inspection we found the plumbing and heating had been completed in four out of five units. Remedial work to plaster, wooden boxing over pipework and securing and sealing lino in bathrooms and toilets was taking place during the inspection. The provider confirmed this work would continue until it was completed. A programme of re-decoration was in progress.
- At the last inspection we recommended the provider followed current good practice guidance to enhance the service for people living with dementia. Three units were painted in bland colour schemes which did not help define the living space and heavily patterned carpets were in corridors which could confuse people living with dementia.
- The service had not been adapted to meet the needs of people living with dementia. One lounge had been given a 'London' theme to aid reminiscence. We discussed the environment with provider who confirmed one unit was going to be turned into a 'Cruise' themed dementia unit after the plumbing work had been completed. We will monitor the progress made to undertake this work by asking for monthly action plans.
- Discussion was held with the provider about replacing the patterned carpet throughout the service. They told us this would be done in the future when occupancy improved to increase the revenue available. A member of staff told us, "The décor is dull, bedrooms are cream with plain white bedding. All units are the same colour (and all bedroom doors are the same) with the same patterned carpet. It may be difficult for a person to know what part of the home they are in."
- Pictorial signage assisted people to find their way to bathrooms and toilets.

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

- Staff assessed people's needs and this information was kept under review.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported their quality of life.
- The staff team were committed to ensuring people's needs were met.

Staff support: induction, training, skills and experience.

- People received care and support from skilled and knowledgeable staff. A member of staff told us, "There is plenty of training provided."
- Staff confirmed they had induction, training and received supervision and a yearly appraisal. The management team monitored the staff's performance and their training needs were kept under review.

- New staff shadowed senior staff and undertook the Care Certificate (a national training programme) to develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Care plans contained information about people's specific dietary needs and preferences. People's dietary needs were monitored. One person told us, "It is very good, nice tasty meals." Alternative choices of food available to people were not always promoted effectively by staff.
- Staff observed if people were eating and drinking. One person had their meal removed after they poured juice over it. People who required assistance or prompting could have been supported better by staff. This was discussed with the acting manager and provider.
- Staff contacted other services and relevant health care professionals for guidance about how to support people's wellbeing.
- People had 'Hospital passport' in place to inform other health services about their needs.
- Visits by healthcare professional were recorded to inform the staff.
- Staff valued supporting people at the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Appropriate applications had been made to the local authority if people were deprived of their liberty. One person had a capacity assessment missing from their records. This was discussed with the acting manager and action was taken to address this.
- Best interest meetings were held with relatives if people could not consent to their care. Staff followed this guidance.
- Staff had undertaken training and demonstrated an understanding of how to support people to make decisions. People were supported in the least restrictive way possible.

# 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.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- There was a person-centred culture and staff built positive relationships with people living at the service and their relatives. People told us staff were kind and caring. Comments included, "The staff have been pretty good. I don't think I could fault them. They seem to be caring they look after you" and "I cannot fault any of them [the staff]. They all deserve a medal. They are very caring."
- Staff talked with people about their relatives and the things they were interested in. People's relationships with their family and friends were encouraged. Visitors were made welcome.
- People's equality, diversity and human rights were respected. Care and support was delivered in a non-discriminatory way. People were supported to follow their faith.

Supporting people to express their views and be involved in making decisions about their care.

- Staff were friendly and showed consideration for people's individual needs.
- People's care plans guided staff about how to communicate and share information in an accessible way. Staff used eye contact and gentle appropriate touch to engage with people and they re-phrased questions to make it easier for people to understand.
- Staff enabled people to make decisions about their care and encouraged them to provide feedback about the support they received. Reviews of people's care were held.
- Advocacy services were available to people to help them raise their views.

Respecting and promoting people's privacy, dignity and independence.

- People told us their privacy and dignity was respected. Personal care was delivered to people in their bedrooms or bathrooms with the doors closed.
- Staff supported people to maintain their independence. People's care records informed staff about the tasks they could undertake themselves.
- Information was securely stored to maintain people's confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Assessments of people's needs were undertaken prior to a place being offered at the service. Information was gained from the person, their family and from health care professionals. People's care was planned using this information.
- Staff were aware of the accessible information standard and ensured information was available to people in a format that met their needs.
- Relatives were involved in reviews of people's care where appropriate.
- Staff sat with people and provided reassurance. One member of staff who was supporting a person who became anxious told them, "We love you don't we. You don't need to be sad."
- Activities were provided in line with people's preferences and interests. People told us, "There's entertainment sometimes, they get a singer, I sometimes go in the garden when it's suitable weather", "I go into town" and "At Christmas the pantomime was great."
- Staff told us they enjoyed supporting the people living at the service.

Improving care quality in response to complaints or concerns.

- The acting manager was available to people to discuss their care and any concerns they might have. There was a complaint policy and procedure in place. Issues raised were dealt with appropriately.
- People told us they could raise complaints. One person said, "I would tell the staff and they would sort it out."

End of life care and support.

- Staff helped people to explore their wishes about the care they wished to receive at the end of their life. This information was recorded in some people's care records.
- Staff were offered support to express their feelings and could attend funerals.
- Compliments about the end of life care provided had been sent in to the service from people's relatives.

# 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

At the previous inspection we found there was a breach of Regulation 17 Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to have adequate systems led to shortfalls being identified. There were ineffective infection prevention and medicine management in place. The central heating system required replacing throughout the service and staff appraisals had not been undertaken.

- The provider had not informed us about the registered managers absence from the service, and their plans about how the service was to be managed until a replacement registered manager was found.
- We found the provider had failed to act upon the recommendation to improve the environment for people living with dementia.
- The replacement of the plumbing and heating system throughout the service still had not been completed in all areas of the service.
- The management team had not effectively monitored the cleanliness of the laundry to make sure infection prevention and control measures were in place.
- At this inspection we found the provider and acting manager were making positive progress. They acted quickly to address issue found during the inspection and information was added into the quality monitoring checks and audits to prevent any further re-occurrence of the shortfalls found.
- The service had an acting manager in place who had applied to become the registered manager of the service.
- The acting manager and staff were clear about their roles and about the work needed to be undertaken to drive improvement at the service.
- People we spoke with told us the service was improving. One person said, "Yes, the staff have gone through hell this last year with the repairs and alterations. But now the home is beginning to get there." A member of staff told us, "Since the acting manager started our roles are now more defined and staff feel more settled."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The acting manager demonstrated a positive culture and promoted person centred care and support for people. They had a good understanding of people's needs.
- People spoke positively about the service and confirmed they felt supported.
- Effective communication occurred between the acting manager and staff. Staff felt supported by the acting manager and confirmed their views were sought through the staff meetings that were held. A staff

member said, "The new manager listens to us."

- The acting manager and provider understood their duty of candour responsibilities.

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

- People were placed at the heart of the service's ethos. People's equality was promoted and celebrated by all parties.
- People were asked for their views about the service on a one to one basis and through resident's meetings. One person told us, "Yes, they hold meetings." Minutes of the last resident's meeting stated, 'With regard to the improvements 'your input is vital – choose your favourite colours and fittings.' They also stated that funds were available each month for singers and entertainers and asked for people's suggestions.
- Staff were asked for their views and for their suggestions about how the service could be improved.
- The provider and acting manager promoted equality for all parties.

Working in partnership with others.

- Changes made to the service were based on feedback. For example, improvements to reception area of the service to make it more welcoming.
- Management worked in partnership across their provider group and with the local authority and commissioners.
- The provider updated the management team about changes in guidance and legislation.
- The provider and acting manager was looking at how the service could be improved to benefit people living there.
- Staff were provided with learning to develop and enhance their skills.
- Links with the local community were being developed.