

ADL Plc

The Willows

Inspection report

Willow Drive
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Tel: 01652632110

Date of inspection visit:
15 March 2023

Date of publication:
12 May 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Willows is a residential care home that provides accommodation and personal care for up to 39 people aged 65 and over, some of whom maybe living with dementia. At the time of this inspection 9 people were living at the service.

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

Whilst some improvements had been made in relation to the oversight and quality assurance at the service; the management team failed to ensure people were correctly safeguarded where concerns were identified. Appropriate action was not always taken in relation to allegations of abuse and the management team failed to follow their own safeguarding policy to protect people.

Infection control was not always promoted to ensure a safe environment. Areas of the service were odorous and some furniture did not support effective cleaning to take place. Safe infection prevention and control practice was not always promoted. There was a lack of clinical waste bins for staff to dispose of soiled incontinence aids and personal protective equipment was not stored appropriately.

Some improvements had been made to peoples care plans and risk assessments, however, further work was required. Records to support the monitoring of people's health and wellbeing were not always accurately completed or provided staff with sufficient information to provide consistent care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives were happy with the care and support received. Relatives spoke positively about the improvements that had been made at the service. Staff were supported in their role and felt the management team was approachable.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 30 November 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider monitored supervision and training of staff. At this inspection we found the provider had ensured staff were trained and supported.

This service has been in Special Measures since 20 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is requires improvement.

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

Enforcement and Recommendations

We have identified breaches in relation to safeguarding, safe care and treatment and good governance at this inspection. We have made a recommendation regarding the safe recruitment of staff.

Please see the action we have told the provider to take at the end of this report.

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 an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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. 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.

Inspection team

The inspection was completed by 2 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

The Willows 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. The Willows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they had left the service prior to the inspection and a manager from one of the providers other services was providing support.

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 sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the area manager, the manager, senior care workers and care workers.

We carried out a visual inspection of the home to assess the living environment and observed interactions between staff and people who lived at the service. We reviewed a range of records. This included 3 people's care records, and multiple medication records. We reviewed a variety of records relating to the management of the service, including audits, policies, and procedures.



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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure people were safeguarded from abuse and improper treatment. This was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of Regulation 13.

- The provider continued to fail to protect people from abuse. Where safeguarding concerns had been identified, the provider did not follow internal and external processes to address these or avoid reoccurrence.
- We raised 2 safeguarding referrals to the local authority safeguarding team following our inspection.
- Accidents and incidents were monitored. However, lessons had not been learnt regarding safeguarding people, as the service continue to fail to raise appropriate referrals where issues had been identified.

Failure to safeguard people from the risk of abuse was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The environment was not always safe. Some areas of the service were poorly maintained and exposed people to the risk of harm.
- Some furniture was worn and did not support effective cleaning to take place and some areas of the service, including people's bedrooms presented an unpleasant smell.
- Personal Protective Equipment [PPE] was not stored appropriately and was exposed to the risk of cross contamination.
- There was a lack of clinical waste bins within the service to ensure staff could safely dispose of used incontinence aids.

A failure to ensure effective Infection Prevention Control measures were in place is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a refurbishment plan in place to make improvements within the service. This work had

already begun and one area of the service had been refurbished. However, this was not occupied by people.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- Care plans and risk assessments had been updated and reflected peoples diverse needs.
- Certificates to ensure the fire safety, maintenance of the premises and equipment was safe were in place and up to date.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to meet people's needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were enough staff to meet people's needs. People told us there was always staff around to support them. On person told us "They [staff] are always around and checking in on you." A relative told us, "I do feel there is enough staff on duty there, very friendly, and when I go I am always offered a cup of tea."
- Recruitment checks were not always completed thoroughly to ensure new staff were suitable to work with vulnerable people. We observed a reference for a staff member which reflected concerns regarding their honesty and integrity. No action had been taken by the management team to address this.

We recommend the provider reviews current practices against best practice guidance for the recruitment of staff and update their practice accordingly.

Using medicines safely

At the last inspection the provider had failed to have contemporaneous records and systems in place to monitor and improve practice was a continued breach of Regulation 17, (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to maintaining contemporaneous record keeping for the safe administration of medicines.

- The oversight for medicines administration had improved.
- Records relating to the safe administration of medicines were in place and mostly followed by staff.
- Daily checks of medicines administration records completed by the management team identified administration errors and appropriate action was taken to address these.

Visiting in care homes

- The provider was facilitating visits for people living in the home in line with government guidance.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we recommended the provider closely monitored the delivery of supervisions, appraisals and training, to ensure progress in this area continued. The provider had made improvements.

- Supervisions had continued to be completed on a regular basis. Staff felt supported within their role. Comments included, "I feel supported, the management is good, and we have a nice little team who all support each other."
- Staff training was completed and up to date. Staff told us more face-to-face training had been completed at the service.
- Staff appraisals had been planned but not yet completed.

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

- Improvements had been made to people's individual care plans. Assessments were completed and used to inform care plans to be developed. This provided staff with the required information to meet people's diverse needs.
- Assessments were reviewed regularly, and records confirmed that any changes identified were clearly documented.

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

- People were supported to maintain a balanced diet. At the last inspection some people raised concerns about the food. The management team had addressed this and one person told us, "I have had meetings with the catering company regarding my meals and they have provided me with a variety of alternative choices."
- Staff were aware of people's dietary needs and food preferences; allergies and intolerances were documented within care plans and respected by staff.
- People's weights were monitored and appropriate action was taken to support people to maintain a healthy weight.

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

- People were supported to access healthcare services. Records showed that staff contacted health professionals in a timely manner where people's health needs changed.

- Records confirmed that staff followed health professional advice to support people's health and wellbeing.

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

- The provider had refurbished one unit of the service, and work was ongoing for the remaining areas of the service. A refurbishment plan outlined future works to be completed at the service. Following the inspection people were asked if they would like to move to newly refurbished room. The manager told us no one wanted to move.
- Peoples rooms were personalised. Communal areas encouraged social interactions and people were seen spending time in areas of their choosing. An outside handrail had been fitted in the garden space to support people to access it.

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.

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

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of Regulation 17.

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

- Improvements were still needed to ensure effective oversight at the service.
- Whilst some improvements had been made at the service. The consistent change in management and lack of oversight from the provider has resulted in the service been rated requires improvement for 8 consecutive inspections.
- The registered manager had recently left the service. The provider had sourced management cover to provide oversight and support. However, this was the third consecutive inspection where we found concerns relating to record keeping and safeguarding people.
- Systems and processes to monitor the quality of the service and people's safety had failed to identify concerns we found during this inspection relating to infection prevention and control [IPC].
- Records relating to people's health and wellbeing were not always completed accurately to reflect care given or future care needs. For example, staff did not always clearly record the positional changes of people to identify the next positional change required.
- The provider had failed to follow their own policy to safeguard people.
- The management team were open and honest in line with their duty of candour.

The provider failed to effectively assess, monitor, and improve the quality and safety of the service. This is a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded to the concerns identified at the inspection and took action to address the IPC concerns identified.
- The management team had not always notified the Care Quality Commission regarding incidents, as they

are required to do by law. This had not been identified by the providers regular quality checks.

Failure to notify CQC as required was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This is being followed up outside of the inspection process and we will report on any action once it is complete.

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

- People and their relatives were happy with the service . One person told us, "I am happy here, they [staff] are like my family now." A relative told us, "There has been a lot of improvements recently, new flooring and furniture. I am always made to feel very welcome there and the staff are very friendly."
- Staff felt supported by the manager and felt the service was improving. Comments included, "We work as a team and the managers respond appropriately to any concerns we raise" and, "The environment is getting freshened up, jobs are getting done, we are really busy at the moment, but we are happy and well supported."

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

- People, relatives, and professionals were provided an opportunity to give their feedback. At the time of inspection, the provider had not analysed the responses at the time of the inspection..
- Records showed that the service worked with stakeholders and professionals. However, this was not always consistent.

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 A failure to ensure effective Infection Prevention Control measures were in place is a breach of Regulation 12.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to safeguard people from the risk of abuse was a continued breach of Regulation 13.