

Culpeper Care Limited

Willow Tree Nursing Home

Inspection report

12 School Street
Hillmorton
Rugby
Warwickshire
CV21 4BW

Tel: 01788574689

Website: www.willowtreenursinghome.co.uk

Date of inspection visit:
13 July 2021

Date of publication:
16 August 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willow Tree Nursing Home is a care home registered to provide nursing care and accommodation for a maximum of 47 people. The home is located in a residential part of Hillmorton in Rugby and most of the bedrooms are on the ground floor. There are seven bedrooms on the first floor but this floor was not occupied during this visit. There were 29 people living at the home at the time of our visit, some of whom were living with dementia.

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

Improved provider oversight provided a clear direction and focus to review and implement improvements following our last inspection. There was a new management team in place and the provider was recruiting to fill staff vacancies in the home. The good practices implemented since our last inspection needed to become embedded into the culture of the home to ensure they would be sustained.

The provider had improved managerial oversight to ensure risk management plans were consistently followed. Additional checks ensured people had their medicines available to them and staff practice in managing medicines had improved. The registered manager knew what to do to investigate any issues, to learn from them and to share that learning with staff.

There were enough staff on duty to meet people's needs and staff understood their responsibility to safeguard people and keep them safe.

The provider's infection prevention and control policy was up to date and they had updated their policy for visitors in line with current guidance. However, some improvements were needed to the environment of the home.

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

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 17 October 2020).

At our last inspection of this service breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance in the home.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and

Well-led.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

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

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?

Requires Improvement ●

The service was not consistently well-led.

Details are in our well-Led findings below.

Willow Tree Nursing 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. 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 three inspectors, a specialist nurse advisor and an Expert by Experience. Two inspectors visited the home. The other inspector contacted relatives by telephone to gather feedback on their experiences of the home. 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

Willow Tree Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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. The 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

Our inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent themes of concerns. We sought feedback from the local authority and commissioners who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We carried out observations to assess people's experiences of the care provided. We spoke with the registered manager, the deputy manager, the operations director and the nominated individual. We also spoke with eight members of staff including care, catering and maintenance staff. We spoke with five people and two relatives who were visiting the home to gather their experiences of the care provided.

We reviewed five people's care records and 18 people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records and policies and procedures.

After the inspection

We spoke with four people's relatives via the telephone. We continued to seek clarification from the provider to validate evidence found.

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 rating inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Lessons learned

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people and medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 12.

- Since our last inspection the provider had improved managerial oversight to ensure risk management plans were consistently followed.
- Care plans identified what staff needed to do to manage people's individual risks. For example, where a person required help to maintain their nutrition, risk plans included information on how staff could support them with fortified diets. All risk assessments included evidence of risk planning and review.
- Staff understood and applied their knowledge where people required support to reduce the risk of harm.
- At our last inspection we found pressure relieving mattresses were not on the correct setting to support people's weight and provide effective pressure relief. At this inspection we found the provider had introduced a system of checks to ensure pressure relieving mattresses remained on the correct setting to reduce the risks of people developing skin damage.
- At our last inspection there were gaps in the records staff completed to demonstrate how they minimised risks to people developing damaged skin. At this inspection repositioning charts demonstrated people received regular pressure relief. Staff told us 'red flags' on the electronic care system alerted them if any care needs had not been met.
- At our last inspection we found people's medicines were not always available for them. At this inspection we found more robust checks had been introduced to ensure people's medicines were always available to them and people received their medicines as prescribed.
- Where people had medicines prescribed on an 'as required' basis there was guidance available to inform staff when these medicines should be given.
- Some people were on medicines given through a transdermal patch applied directly to their skin. Improvements were required to ensure the records of the application site of 'patch medicines' was always completed accurately. We shared this with the registered manager who assured us action would be taken.
- Clinical equipment we checked was clean and ready for use.
- Environmental and health and safety checks were completed and overall, where improvements were needed, actions were taken.
- Each person had a personal emergency evacuation plan (PEEP) which reflected the support they would need to evacuate the premises safely, in the event of an emergency.

- When people did have accidents such as falls, these were recorded and there was clear oversight by the registered manager to ensure action had been taken to minimise future risks.
- The registered manager knew what to do to investigate any issues and to learn from them. For example, falls and incident analysis was completed monthly. The registered manager said they reviewed this information to see what could be done to prevent further reoccurrence if a poor outcome was found.
- At our last inspection staff told us learning from adverse accidents and incidents was not shared with them. At this inspection they told us they felt better informed and any changes to people's needs or risks were discussed at regular 'flash meetings'. One staff member explained, "Every resident gets listed and if anybody has any concerns or any information to pass over then you talk about that individual." Another said, "It feels like I am much more aware of everyone's problems every single day so I think that was a big improvement when that system was put in place."
- The provider had taken learning from our previous inspections and implemented processes and procedures to address the issues identified.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The registered manager explained they had a number of vacancies for care and nursing staff, but these roles were being supported by agency staff.
- The agency staff were employed on a regular basis, so continuity of staff could be maintained. One staff member told us, "The agency staff are fantastic and very good with the residents." Another said, "It is regular agency staff, they are more like permanent members of staff and they are brilliant."
- People received assistance when they asked for it and staff were around to respond when help was needed. One person told us, "They (staff) are always busy but they come quickly if I ring the bell."
- Staff told us there were enough staff to meet people's needs safely, but at busy times they did not always have time to respond as they would wish to people's social and emotional needs. A staff member told us, "We have one extra member of staff we didn't have a short while ago and that is working better."
- Recruitment processes were safe. We reviewed two staff files and agency recruitment records which demonstrated there was a system to ensure that references, employment history and criminal background checks were in place to make sure staff were of a suitable character.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person explained this was because, "There are always staff on duty." A relative described staff as, "Genuinely caring people."
- Staff understood the meaning of abuse and how to keep people safe. One staff member told us, "I would go and report it straightaway."
- Staff told us they would not tolerate poor practice by other staff members and would feel confident to report their concerns. One member of staff told us, "Our residents are our main priority ... it is important for the safety of the residents and safety of us."
- The registered manager was clear what needed to be reported to us and the importance of keeping people safe and protected.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found general cleaning could be improved, however, the provider had appointed a housekeeper to oversee improvements in this area.
- 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 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection improvements had been made but further improvements were still required. The rating for this key question has therefore remained the same. This meant the service management and leadership needed to ensure improvements were sustained and became embedded within the culture of the home.

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

At our last inspection the provider had failed to ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 17.

- At the last inspection, the audit systems were not operated effectively, and actions were not always identified and implemented. Specifically, those related to identifying actions to improve medicines management and risk management.
- At this inspection, improved provider oversight provided a clear direction and focus to review and implement improvements. For example, increased daily checks of medicines had improved medicines management and better oversight of staff practice had ensured staff were following plans to mitigate risk.
- However, we found some of the checks and audits in relation to the environment and infection control needed to be more robust. We found cleanliness issues in some areas and some furniture in communal areas was worn which meant it could not be cleaned effectively. The operations director acknowledged our feedback and took immediate action to address those areas we highlighted.
- Some audits took into account people's experiences in the home, such as observations of their mealtime experience. However, we found people on one unit did not have such a good mealtime experience as other people. The provider needs to achieve consistency to ensure all people have the same positive experience at mealtimes.
- Since our last inspection the provider had appointed a new registered manager and a new deputy manager.
- Staff told us, and we saw, that the new managers were visible in the service and available. Staff said the new management team had made a difference because staff had a better understanding of their roles and responsibilities. One staff member told us, "The manager does regular supervisions with staff and the whole team is much more cohesive."
- At the time of this inspection visit, the provider and the new management team were working towards a local authority service improvement plan (SIP). The provider's operations director explained that with support from the local authority they had achieved most of the actions on the SIP.
- The provider and the new management team were confident the quality of care and the overall service

was far better than when we (CQC) last visited. They said they now had better oversight of the care given to people and people were benefiting from more positive outcomes.

- Whilst managers and staff were confident improvements had been made at the service, those improvements had been implemented at a time when there were less people living in the home than usual.
- There had been a significant number of staff who had left the home in the six months prior to our inspection visit and whilst the provider was recruiting new staff, there was still a heavy reliance on agency staff to cover existing staff vacancies.
- The good practices implemented since our last inspection needed to become embedded into the culture of the home under the new managers and with the new staff team to ensure they would be sustained, particularly when new people started to move to the home. The provider's operations director acknowledged, "We have got to sustain it and keep the motivation going and recruit new staff."

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

- At our last inspection we found the management team had not always met their responsibility to be open and honest when things had gone wrong.
- At this inspection we found the management team had an improved understanding of their responsibilities under the duty of candour. The registered manager understood their legal responsibility to offer an apology when things went wrong.
- One relative told us when their family member had a fall, "Staff contacted me straight away."
- Statutory notifications had been sent to us for notifiable incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us the new managers were approachable and responsive when they required support or assistance. One staff member told us, "When I started it felt less structured than it is now. I feel there is definitely more structure, more management input and more feedback."
- Staff told us communication about people's individual risks and needs had improved greatly since our last inspection. However, some staff still felt that communication in respect of more general aspects of their work still needed to be improved. One member of staff told us, "I know there is an open door policy and I can go and talk with [registered manager] about any issue I have, but the communication coming down is not always quick or enough. I sometimes feel I find out things from talking to other staff rather than by direct communication from management."
- At our last inspection there was an atmosphere where staff told us they did not always work together as a team. At this inspection staff told us the atmosphere had improved and staff across the home were beginning to work more effectively together. One staff member told us, "It is a lot more positive than a few months ago. I personally feel the atmosphere is better, there was some tension a few months ago."
- Relatives spoke positively about the service their family member's received. Comments included: "It's not the most nicely decorated place, but it's people that make a place. It doesn't smell, it feels airy, there are staff around. It feels like family, like the staff know and care for the residents" and, "It is good care. I feel welcomed at the home. Everyone is friendly."
- However, some relatives felt they had been provided with limited opportunities to contribute to planning their family member's care or to provide feedback on the service. We saw improved engagement through more regular meetings and surveys was an identified action at the provider's last audit of the service.

Working in partnership with others

- The provider worked with other health and social care professionals. This further supported people to

access relevant health and social care services and improved links with commissioners, mutual aid calls and infection control teams who provided support throughout the pandemic.