

Green Range Limited

The Willows Care Home

Inspection report

2 Tower Road
Worcester
Worcestershire
WR3 7AF

Tel: 0190520658

Date of inspection visit:
09 June 2021

Date of publication:
18 January 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

The Willows Care Home was providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 17 people.

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

People were protected from harm by staff that had received training on keeping people safe. Staff understood the risks to people's health which were recorded in care plans for staff to refer to. Care staff at the home undertook care responsibilities in addition to cleaning, cooking and activities tasks. The care home did not have a dedicated cook, cleaner or activities co-ordinator. This meant the care people received kept them safe but staff did not always have time to deliver support other than task focussed care.

People and their families felt the Registered Manager was easy to engage with and were happy with the support they received. However, checks to review people's care and recruitment were not always complete or robust.

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 12 April 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 coronavirus and other infection outbreaks effectively.

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

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows Care 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

There were two inspectors in the inspection team.

Service and service type

The Willows Care Home 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the 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.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people and three relatives. We spoke with four members of staff including the registered manager, senior care workers and two care staff. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed information gathered as part of the inspection.



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. At this inspection this key question has now deteriorated 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.

Staffing and recruitment

- Recruitment processes had not always been completed. We sampled two staff files and saw that references had not always been sought. The registered provider was in charge of recruitment and chose staff working for the home. Some staff did not have English as their first language and one staff member did not understand the questions they were asked by the inspection team. The registered manager relied on one staff member translating for other staff. There was a risk if this staff member was not available to translate, this increased risks if people required emergency assistance.

- Care from staff was task focussed. We saw staff rush throughout the day to provide support for people. We saw two staff throughout the day undertake care, kitchen and cleaning duties. The registered manager also undertook some care duties at the time of the inspection but this was limited.

Using medicines safely

- Checks to ensure people had received the correct medicines were incomplete. We reviewed two people's medicines and saw people had not received their medicines as prescribed. Whilst no harm had come to people, they had received an incorrect dosage. The registered manager explained how they undertook checks of people's medicines, however, the checks did not highlight the discrepancy.
- Staff competency to support people with their medicines was checked annually.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe around staff they were familiar with. Staff had received training on safeguarding people and understood they could share their concerns with the registered manager who they felt would act upon their concerns.

Assessing risk, safety monitoring and management

- Risks to people's health had been documented in care plans for staff to refer to. Staff understood how to care and support people. Risks to people's health had also been reviewed and updated appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The Registered manager had taken on board learning gained during the pandemic and had worked with staff to enhance infection control techniques at the home. The registered manager felt confident in how they were managing infection control and staff practice.

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. At this inspection this key question has now deteriorated 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.

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

- The registered manager and registered provider shared administrative tasks in the running of the home. The registered provider was in charge of deciding staffing levels and recruitment. Staffing at the time of the inspection meant that two care staff were responsible for caring, cleaning and catering tasks. We also saw that the registered manager was involved in the delivery of care. This meant that checks to assess people's care were not robust because the registered manager was occupied with supporting in the delivery of care. For example, recruitment checks had not identified the anomalies in recruitment processes discovered by the inspection team.

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

- People were very positive about the home and the care they received from staff and felt able to discuss any concerns they might have with the registered manager. However, there were aspects of the culture within the home which did not promote staff to feel empowered.
- There was a huge reliance on care staff undertaking tasks. For example, the home had no cook, cleaner or activities co-ordinator and staff were expected to complete the necessary tasks for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager felt supported by the registered provider. The registered provider had systems and processes in place to act upon any complaints or concerns shared with them.

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

- People and relatives told us they felt able to discuss how the home was run with the registered manager. The registered manager explained that as the home was a small home, they were able to speak to each person individually and understand any issues they might have.

Continuous learning and improving care: Working in partnership with others

- The registered manager had worked with NHS colleagues to improve and sustain infection control

standards at the home. The registered manager was also keeping their knowledge up to date through training and information shared by Public Health England.