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# Willows Care Home

## Inspection report

Nevin Road  
Blacon  
Chester  
Cheshire  
CH1 5RP

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

What life was like for people using the service:

Since the previous inspection the management team and staff had worked hard to make necessary improvements to the service and the quality of care provided. The Willows had undergone some refurbishments to make the home safer and more visibly appealing. The work completed had also made the environment more meaningful for people living with dementia. The registered manager and deputy manager told us of their plans to further develop the environment to promote more positive engagement, stimulation and socialisation for people living in the home.

The atmosphere at The Willows was now calm and homely; the management team and staff had developed strong, familiar and positive relationships with people and family members. Throughout the inspection the registered manager, management team and staff were seen to be warm and affectionate towards people and often displayed physical contact that was appropriate and accepted by people.

Staff showed a genuine motivation to deliver care in a person centred way based on people's preferences. People were treated with kindness, compassion and respect. Staff used techniques to help relax people with positive outcomes. Everyone we spoke with told us The Willows was now a more homely place to live. People told us they felt safe living at the service and family members were confident their relatives were kept safe. Risks that people faced were identified and assessed and measures put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time. The environment was safe and people had access to appropriate equipment where needed.

Enough suitably qualified and skilled staff were deployed to meet people's individual needs. The registered manager had recently recruited new permanent staff and told they would continue to do so. On some occasions agency staff were used to cover any shortages with staffing numbers. Staff received a range training and support appropriate to their role and people's needs.

People's needs and choices were assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People told us they received all the right care and support from staff who were well trained and competent. People received the right care and support to eat and drink well and their healthcare needs were understood and met. People who were able consented to their care and support. Where people lacked capacity to make their own decisions they were made in their best interest in line with the Mental Capacity Act.

People received personalised care and support which was in line with their care plan. People, family members and others knew how to make a complaint and they were confident about complaining should they need to. They were confident that their complaint would be listened to and acted upon quickly.

The leadership of the service promoted a positive culture that was person centred and inclusive. People, family members and staff all described the registered manager and deputy manager as supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

More information is in Detailed Findings below

Rating at last inspection: Inadequate (report published 15 May 2018).

About the service: Willows Care Home is situated in Blacon, Chester. The service accommodates up to 73 people over three separate units and provides nursing and personal care. Some people using the service are living with dementia. At the time of the inspection 40 people were living at the home.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service had improved from inadequate to requires improvement overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

This service was not always safe.

Details are in our findings below.

**Requires Improvement** ●

### Is the service effective?

This service was effective.

Details are in our findings below.

**Good** ●

### Is the service caring?

This service was caring.

Details are in our findings below.

**Good** ●

### Is the service responsive?

This service was responsive.

Details are in our findings below.

**Good** ●

### Is the service well-led?

This service was not always well-led.

Details are in our findings below.

**Requires Improvement** ●

# 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

#### Inspection team:

Day one of the inspection was conducted by one adult social care inspector, nurse specialist advisor (SPA) and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was conducted by one adult social care inspector.

#### Service and service type:

The Willows Care Home is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (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 CQC. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

#### Notice of inspection:

Day one of the inspection was unannounced and day two was announced.

#### What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team, Healthwatch and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to populate our planning tool and plan our inspection.

During the inspection, we spoke with six people living in the service and seven family members to ask about their experience of care. We also spoke with the registered manager, deputy manager, registered provider and five members of staff.

We looked at six people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Details are in the Key Questions below.

The report includes evidence and information gathered by the SPA and Expert by Experience.

# Is the service safe?

## Our findings

When we conducted our previous inspection we found the registered provider was in breach of regulations in relation to safe care and treatment. During this inspection we found improvements had been made. The service needs to show sustainability in order for the rating to be improved to good.

People were safe and protected from avoidable harm.

Assessing risk and supporting people to stay safe from harm and abuse.

- ☐ During the previous inspection we found concerns in relation to the safety of the environment and the management of people's individually assessed risks; during this inspection we found many improvements had been made.
- ☐ The environment was now safe for people living in the home; all furniture had been replaced and repairs to the environment had been completed to good standard.
- ☐ Individual risks to people had been assessed with the involvement of the person and their family members where appropriate. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.
- ☐ People and family members told us they felt safe with comments like "[Staff] look after me you know and keep me safe, I am quite happy," "I feel really safe here the staff are great" and "I know [relative] is safe. The staff are excellent."
- ☐ Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- ☐ The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action was taken to minimise future incidents occurring.

Preventing and controlling infection

- ☐ During the previous inspection we found concerns in relation to the cleanliness of the home; during this inspection improvements had been made.
- ☐ The service had increased the hours that housekeeping staff worked in order to ensure the environment remained clean.
- ☐ Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) and now followed correct guidance in relation to disposal of PPE and other waste products in order to minimise the spread of infection.

Staffing levels

- ☐ During the previous inspection we found concerns in relation to staff levels; during this inspection improvements had been made.
- ☐ Enough suitably qualified and trained staff were now deployed to meet people's needs and keep them safe. Staff were now more proactive at providing support when needed.

- The registered manager had recruited new permanent staff in order to reduce the need to use agency staff to cover any shortfalls.
- A dependency tool was used to ensure staffing levels were appropriate. Nurses were on duty during the day and night to ensure people's needs were met.

#### Using medicines safely

- During the previous inspection we found concerns in relation to the management of medicines; during this inspection improvements had been made.
- Medicines were stored safely and where people required medicines such as creams, ointments or thickening solutions, these were now locked in cabinets throughout the home that were only accessed by staff.
- Medicines were managed safely by appropriately trained staff. Medication administration records (MARs) were completed correctly and staff had access to information and guidance about how to safely administer people's prescribed medication. This included guidance for the use of medication to be given 'as required' (PRN) and the application of creams, ointments and patches. Records were completed when medication was received into the service, destroyed and returned to the supplying pharmacy.
- Where some people required their medicines to be administered covertly (hidden in food) appropriate assessments and plans were in place for staff to manage this safely.

#### Safety monitoring and management

- Regular safety checks were completed on the environment to ensure it remained safe.
- Equipment used to assist people with their mobility, comfort and independence was regularly checked and maintained to ensure it remained safe to use.

#### Learning lessons when things go wrong

- Record of any incident or accidents that occurred were kept and reviewed monthly to identify any patterns or trends so that lessons could be learnt when things went wrong. The information was used to re-evaluate staffing levels and people's assessed needs.



# Is the service effective?

## Our findings

When we conducted our previous inspection we found the registered provider was in breach of regulations in relation to adequate food and drink. During this inspection we found numerous improvements had been made.

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

### Eating, drinking, balanced diet

- ☐ During the previous inspection we found concerns in relation to people not always being supported with their meals and records relating to people's eating and drinking needs not always being accurate; during this inspection improvements had been made.
- ☐ People were now supported to maintain a healthy balanced diet and were provided with regular food and drinks throughout the day. Where required staff supported people at meal times and took time to encourage people to eat and drink.
- ☐ Staff were aware of those who required their food and drink intake to be monitored throughout the day and relevant charts had been completed within a timely manner. Charts were reviewed by senior or nursing staff to ensure people received adequate food and fluid.
- ☐ The service now had picture menus to allow people living with dementia to be made aware of the meals on offer each day; this helped to ensure that information was made accessible to them.
- ☐ People were protected from risks associated with poor nutrition, hydration and swallowing difficulties; such as weight loss, dehydration and choking risks.
- ☐ People's comments about food and drink included; "Food is excellent," "Can't complain about the food it is really good [staff] will make me a sandwich if I want one" and "I like the food, and if I don't want something [staff] will offer me something else."

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

- ☐ During the previous inspection we found the service had not always provided an environment that was meaningful to people living with dementia; during this inspection improvements had been made.
- ☐ The Willows had recently undergone some necessary redecoration which had been completed to a good standard and provided a more appealing atmosphere within the home.
- ☐ There was signage around the home to help people with their orientation and way-finding. The service had created areas within the home to help promote stimulation and encourage conversation and engagement between people and staff.
- ☐ The service had worked hard to implement ideas and practice that provided a more meaningful and calm environment for people.
- ☐ The registered manager and deputy manager told us of plans to further improve the service for people living with dementia.
- ☐ Technology and equipment was used effectively to meet people's care and support needs. People had access to call bells to alert staff to when they required support. Those who were unable to use a call bell had

a sensor mat in their room to alert staff.

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

- ☐ Assessments of people's care needs were completed in good detail and included expected outcomes for people based on their needs and choices. Assessments were obtained from other health and social care professionals prior to people receiving support and used to help plan effective care for people.
- ☐ Staff knew people well and how to best meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff skills, knowledge and experience

- ☐ People and family members told us they felt their needs were met well by staff. Comments included "The nurses certainly have enough skills you can't beat them and [relative] gets her medication when she should," "[Relative] had blistered feet, staff monitored this daily and got her a new air mattress. [Staff] also monitor [relative's] weight regularly" and "When [relative] is wobbly [staff] know how to deal with her and calm her down."
- ☐ A visiting social worker told us that one person's mobility had improved because their health needs were now being met appropriately by staff; this had also increased their overall independence and health.
- ☐ Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training throughout their employment to maintain up-to-date skills and knowledge. Training received was appropriate to people's needs and the requirement of the role.
- ☐ Staff were supported to obtain further qualifications and maintain professional registration.
- ☐ Staff felt supported in their role. Staff received regular one to one supervision and described the on-going support they received enabled them to discuss their work concerns or leaning development when needed.

Healthcare support

- ☐ Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs.
- ☐ Where staff had identified changes in people's needs, referrals to appropriate healthcare professionals were completed in a timely manner and records were maintained to evidence such referrals and any advice given.

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 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- ☐ Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure decisions made on behalf of people were lawful.
- ☐ Where people lacked the capacity to make particular decisions, they were supported to have maximum choice and control over their lives and were supported by staff in the least restrictive way possible.
- ☐ Where decisions needed to be made in people's best interests, relevant people were involved and appropriate records had been completed.

# Is the service caring?

## Our findings

During the previous inspection we found the registered provider was in breach of regulations in relation to dignity and respect. During this inspection we found improvements had been made.

Respecting and promoting people's privacy, dignity and independence

- ☐ During the previous inspection we found that people were not always treated with dignity and respect; during this inspection we found improvements had been made.
- ☐ Staff now treated people with dignity and respect and provided compassionate support in an individualised way; people felt listened to. Staff knew how people liked to be addressed and called people by their preferred name. Staff provided support and comfort to people who were upset and anxious to help relax them.
- ☐ Staff now ensured that people were kept clean and well-presented especially after meal times.
- ☐ People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets and people told us this was usual.
- ☐ Records relating to people's care were kept confidential and staff understood the importance of discussing people's care in private.
- ☐ People were given choice and control in their day to day lives and supported to maintain their independence wherever possible. Staff were keen to offer people opportunities to spend time as they chose and where they wanted.
- ☐ People were supported to maintain and develop relationships with those close to them, social networks and the community. This included people who had moved into the home together.

Treating people with kindness and compassion and ensuring people are well supported

- ☐ During the previous inspection we found that people were not always well supported; during this inspection we saw that improvements had been made.
- ☐ Staff now ensured that people were well cared for and provided support when needed or asked for. People were no longer left waiting for staff to provide care and support.
- ☐ People were treated with kindness and were positive about the caring attitudes of staff. Comments included "Staff have a lovely way of speaking and they remember people's names," "Staff are really friendly" and "[Staff] have got to know [relative] really well, they are really kind."
- ☐ Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. There was a mutually genuine, kind and compassionate relationship between staff and people living in the home.
- ☐ Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- ☐ People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in meaningful conversations.

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

- ☐ People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.

# Is the service responsive?

## Our findings

During the previous inspection we found the registered provider to be in breach of regulations in relation to records. During this inspection we found improvements had been made.

People received personalised care that responded to their needs

### Personalised care

- ☐ The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted, such as, how they preferred to spend their time.
- ☐ Care records were now detailed and person centred and contained all relevant and up-to-date information regarding people's needs. The service now ensured that all relevant records were completed in a timely manner so that staff had access to the most up-to-date information.
- ☐ Staff were now far more responsive to people's needs and ensured that support was provided when needed.
- ☐ People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed.
- ☐ Reasonable adjustments were now made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- ☐ People were now supported to access a range of activities on a regular basis. The current activities co-ordinator was new to the role but had developed extremely positive relationships with people and knew them well. Activities were planned based around people's needs and preferences.
- ☐ Staff planned to take part in a charity event to raise money for the service to support with funding additional activities equipment.

### Improving care quality in response to complaints or concerns

- ☐ People knew how to provide feedback about their experiences of care. The service provided a range of accessible ways to do this through care review meetings, regular surveys and other meetings held with people and their relatives.
- ☐ People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way.
- ☐ Complaints that were made were dealt with appropriately by the registered manager and where required were used as an opportunity to improve the service.

### End of life care and support

- ☐ People were supported to make decisions about their preferences for end of life care, and were involved in developing care and treatment plans. Care plans included people's advanced decisions about their end of life wishes and appropriate professionals were involved throughout.
- ☐ Staff ensured that family members and friends were supported before and after a person had passed

away and ensured that a person's death was treated in a respectful and dignified manner.

- ☐ One person's family member told us that prior to their relative's death staff had not wanted to leave their side, they were very impressed with the way that staff had dealt with the situation. They described staff as kind, compassionate and dignified at all times.

## Is the service well-led?

### Our findings

During the previous inspection we found the registered provider was in breach of regulations in relation to poor governance. During this inspection we found improvements had been made. Due to the history of poor compliance within this key question, the service needs to show sustainability before the rating can be improved.

Leadership and management assure person-centred, high quality care and a fair and open culture

Continuous learning and improving care

- ☐ During the previous inspection we found that quality assurance systems were not always effective at identifying issues; during this inspection we found improvements had been made.
- ☐ Effective quality assurance systems were now in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and registered provider to identify areas of improvement. Clear action plans were created by both the registered manager and provider and tasks were allocated to appropriate staff to complete.
- ☐ The service had implemented new systems to ensure that regular reviews and analysis of key aspects of the service were completed. Information gathered was used to provide more relevant and person centred care and support. This helped to ensure that people received more meaningful and effective care.
- ☐ The registered manager and deputy manager had been recognised by other professionals for their hard work in relation to the systems they had in place for quality assurance and review and analysis of incidents. Other services were now seeking advice within this area to help improve their own systems.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements and leadership and management

- ☐ The service was now well-run with a clear management structure in place. The registered manager, deputy manager and staff understood their roles and responsibilities.
- ☐ People and family members felt confident in the abilities of the management team and the leadership of the service.
- ☐ Staff felt extremely well supported by the registered manager and deputy manager and were confident about discussing any issues and concerns in an open manner.
- ☐ The registered manager and deputy manager had worked extremely hard to address the issues found during the previous inspection. They showed great passion for the role they had and were able to clearly evidence the improvements made.

Promotion of person-centred, high-quality care and good outcomes for people

- ☐ The registered manager and deputy manager promoted a culture of person-centred care by engaging with everyone using the service and family members. People and family members felt listened to and involved in the care provided.
- ☐ There was an open-door policy at the service whereby the registered manager and other senior staff positively encouraged feedback from people, family members and staff.
- ☐ The service used information gathered from accidents and incidents and concerns and complaints and

acted upon this to improve the service.

- ☐ Staff understood the registered manager's vision and were keen to implement this within the home to ensure that people received the best care possible. Staff told us they had seen huge improvements since the last inspection and felt proud to work for the service. They described a happier, calmer and more homely environment and now thoroughly enjoyed their work.

Engaging and involving people using the service, the public and staff and working in partnership with others.

- ☐ The service involved people and family members in thorough meaningful discussions about the care. Their views were obtained through regular surveys and meetings and information obtained was used to improve the service.
- ☐ The management team and staff worked closely with other partner agencies and community groups to achieve good outcomes for people. This included working in partnership with external healthcare professionals, commissioners, safeguarding teams and dementia specialists.
- ☐ The management team attended regular forums to share experiences and gain advice and up-to-date information regarding guidance and best practice.