

Mr & Mrs J F Cooper And Mrs J M Riddett & Mr J F Cooper

# The Willows Nursing and Residential Home

## Inspection report

107 Coventry Road  
Market Harborough  
Leicestershire  
LE16 9BX

Tel: 01858463177  
Website: [www.willowsnursinghome.co.uk](http://www.willowsnursinghome.co.uk)

Date of inspection visit:  
15 March 2023

Date of publication:  
11 April 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Willows Nursing and Residential Home is a residential care home providing the regulated activity personal and nursing care to up to 57 people. The service provides support to older people. At the time of our inspection there were 32 people using the service.

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

Some improvements were required to the physical environment. The building was safe, but was tired and in need of redecoration and maintenance in several areas.

Risk assessments were in place to manage risks within people's lives, and staff understood how to manage risk. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored and administered safely, and staff had training in this area. Staffing support matched the level of assessed needs within the service during our inspection. Staff were supervised and felt confident in their roles.

People told us they enjoyed the food prepared for them, and food and fluid intake was monitored when required. Healthcare needs were met, and people had access to health professionals. 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.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required. Audits of the service were in place and had identified areas for improvement.

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

### Rating at last inspection and update –

The last rating for this service was requires improvement (published 23 September 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 improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 1 August 2022. 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.

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 Safe, Effective and Well-led which contain those requirements.

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 has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows Nursing and Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Willows Nursing and Residential 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 Health and Social Care Act 2008.

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

This inspection was carried out by 2 inspectors and a nurse specialist advisor.

#### Service and service type

The Willows Nursing and Residential Care Home 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 Nursing and Residential Care Home is a care home with 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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

During the inspection we spoke with 7 people and 2 relatives of people who used the service. We also spoke with one visiting professional, 6 care staff members and the registered manager. We also reviewed several records including 4 care plans with associated risk assessments, 3 staff recruitment files, environmental audits and medicine administration records.

# 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 requires improvement. At this inspection the rating has changed to good: This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we found that systems and processes in place to demonstrate safety was effectively monitored and managed were not always effective. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- All first floor windows we looked at in the building were restricted from opening to reduce the risk of falls from a height. Some window restrictors on older windows had been made by maintenance staff, and featured screws that could be unfastened with a screwdriver. We discussed with the registered manager the need to ensure that tamper proof screws and fixings were used. The registered manager immediately ensured that tamper proof screws were installed on these restrictors.
- The physical environment was clear of any clutter and trip hazards, and regular checks took place to ensure the environment remained safe.
- Appropriate risk assessments were in place. This included risk assessing people who wished to smoke within an indoor smoking area in the home.
- Risks around people's mobility and health were assessed and updated as required.

### Staffing and recruitment

- There were sufficient staff to support people in a timely way at the time of our inspection. However, feedback was not always positive regarding staffing levels. Some people we spoke with felt that staffing levels could be improved upon. One staff member said, "The building is so spread out it's hard to keep an eye on everyone to make sure they are safe." People did not give any examples of impact caused by low staffing levels, and we did not find any evidence of harm from low staffing levels.
- The registered manager was able to evidence that staffing levels and people's needs were regularly reviewed, and told us this would be looked at and discussed again with people and staff to see if any improvements could be made.
- Safe recruitment procedures were in place. All staff employed had previous employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were stored and administered safely. This included appropriate documentation of any homely remedies, medicine disposal, and medicines which were requires on an as and when basis.
- People were happy with the support they got with medicines. One person said, "I get my painkillers if I'm in pain. I don't have to wait. I was on paracetamol which was not strong enough, so they contacted my doctor and have put me on stronger pain killers."
- Medicines were administered only by staff who were trained to do so, and records showed that staff supported people with their medicines as prescribed.

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

- People were supported safely within the service. One person told us, "It's a safe place to be. There are girls around to help us at all times." One relative of a person told us, "Yes [name] is safe, because all the staff that I know have [names] wellbeing at heart and they care and go above doing the job. I don't believe they would leave [name] in a situation that was not safe. I trust them."
- Staff had training and knew how to recognise the signs of abuse and how to report it. They were confident their managers would take action if abuse was suspected. Staff also knew how to report to other organisations such as the Local Authority safeguarding team. Any safeguarding concerns were reported to the relevant authorities.

### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- Any incidents or accidents that occurred were recorded and investigated by management. We saw a weekly log was collated and reviewed to ensure that clear action was taken.
- People's care plans and risk assessments were reviewed, and measures put in place to reduce the risk of recurrence where accidents and incidents had occurred.



# 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 remained requires improvement. This meant that areas within the running of the service were inconsistent.

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

- There were many areas of the service which were tired and in need of re decoration or maintenance. For example, chipped paintwork, damaged woodwork, damaged walls, damaged radiator covers, worn carpets and vinyl flooring, and blown double glazing. We raised this with the registered manager who showed us a record that had been compiled to evidence that environmental issues had been identified. Whilst these issues had been identified, prompt action had not been taken to address them.
- After our inspection, the registered manager created an action plan detailing when improvements to the environment would be undertaken, to ensure that issues were dealt with in a timely manner moving forward.
- We found no examples of any harm caused to anyone as a result of the physical environment needing attention.
- People were happy with their rooms, and were able to personalise them to their own tastes, including bringing in their own furniture if they wanted to.

Staff support: induction, training, skills and experience

- We received mixed responses from staff in relation to support they received. Whilst most staff felt generally supported, some said they did not have any formal supervision or appraisal opportunities. We raised this with the registered manager who said they would review the formal supervision process.
- Staff received appropriate training for their roles. One staff member told us about their induction training and said, "Yes it was very good. I was able to shadow other staff. I did my mandatory training. We could ask for more or refresher training if we felt we needed it."
- Records showed that staff training was up to date, and training was monitored to ensure refresher courses took place when required.

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

- People's physical, social and wellbeing needs were assessed before receiving care from the service. Pre assessments were carried out by senior staff and nurses, to ensure people's needs could be met at the service. This ensured that the details within people's care were not missed.
- People and, where appropriate, their relatives were fully involved in their plans of care. Care plans reflected people's equality, diversity, and human rights.

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

- People enjoyed the food on offer and were supported well in this area. One person said, "The food is very good. Like proper homemade cooking." A staff member said, "We have a list with everyone's dietary

requirements. Also, when you get to know people you get to know what they like and what they don't like. The kitchen staff are very flexible with meals. They always offer alternatives."

- Care plans documented people's likes, dislikes and needs in this area, and food, fluid and weight monitoring took place when required.

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

- People received the healthcare support they required and care plans documented people's healthcare needs in detail. People and relatives we spoke with all felt they got the support they needed.

- One staff member told us, "We have speech and language come in and [name] is on thickener. We have a list of foods that [name] can have.

- We spoke with one visiting health and social care professional about the service who told us, "Everything so far has been very good with this service. The communication is good."

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.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.

- There was evidence of DoLS applications and mental capacity assessments, when needed, and their outcomes.

- People were happy with the support they received, one person said, "They [staff] are very good at checking with me that I want to do something, or not. They respect my decisions."

# 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 requires improvement. At this inspection the rating has changed to good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection, systems and processes in place to monitor the quality and safety of the service were not always effective. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) 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 17.

- It was not immediately clear what action would be taken and when, regarding the need to improve the physical environment at the home. After our inspection, the registered manager provided us with an action plan detailing what work was being prioritised for action.
- There were effective systems in place to monitor the quality of the service. Audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively. Environmental audits had picked up on areas for improvement, and medicines audits were regularly undertaken to ensure accuracy in this area.
- The service had worked closely with outside agencies and groups to identify good practice and how to improve the service.

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

- People and relatives felt the service was open and well run. Visiting relatives were able to approach senior staff, and said they were comfortable to do so. One relative told us, "Every situation I've been concerned about, the registered manager has sorted. The support from staff is brilliant. Communication is brilliant."
- People told us they were in control of their care delivery, and were consulted about all aspects of their care. Staff understood the need to treat people as individuals and respect their wishes.

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 maintained records of accidents and incidents appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The registered manager understood information sharing requirements. We saw information was correctly shared with other agencies, and the registered manager sent us notifications about events which they were

required to do by law.

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

- Staff told us they received good support from their line managers and colleagues. One staff member said, "The staff are a team, always ready to help each other." Another staff member said, "The nurses are amazing and the girls are supportive. ."

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

- People and relatives were engaged with and asked for feedback on the service. We saw that emails had been sent out to relatives of people using the service to ask for feedback and opinion on their relatives care.
- There was a suggestion box in place that people could use. People we spoke with felt that staff listened to their feedback and acted upon it.

Working in partnership with others

- The service worked with other authorities such as the local authority and healthcare professionals to ensure people received joined up care and support.
- The registered manager and staff team were open and honest during our inspection and were receptive to any feedback we gave.