

# New Boundaries Community Services Limited

## The Willows

### Inspection report

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19 January 2022

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### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Willows is a residential care home providing personal care to nine people at the time of the inspection. The service can support up to nine people in three separate bungalows on the same site.

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

People were not always protected from risk of harm and abuse because safeguarding systems were ineffective. People were not receiving their commissioned one-to-one support, this and the high use of agency staff in the service had impacted on the support people received to engage in their local community and activities away from the service. Assessments of people's needs and wishes, particularly in relation to visiting and activities in the context of COVID-19, had not been carried out collaboratively with people and other relevant parties.

People were not supported by effective governance systems and processes. This had resulted in regulatory requirements not being met. People were not supported to engage in meaningful feedback on the support they received.

Risks to people were assessed and responded to, this included in relation to the environment. People received their medicines safely and as prescribed. Staff worked well with other professionals to help identify and meet people's needs.

Based on our review of safe and well-led the service was not able to demonstrate they were meeting some of the underpinning principles of Right support, right care right culture.

### Right support

The model of care and setting did not maximise people's choice, control and independence. People were not receiving person-centred care due to the systems in place and staffing issues. Some people's specific support needs were not always clearly identified and met.

### Right Care and Right culture

Some practice raised concerns regarding the culture in the service. Whilst some actions taken, such as restrictions around visiting and activities, were well meant they were not anchored in the values of empowerment, inclusivity and person-centred care. The provider's oversight of this issue was poor.

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

The last rating for this service was Good (published 05 June 2018).

#### Why we inspected

We received information of concern about infection prevention and control measures and staffing levels at this service. We visited the service on 12 January 2022 to look at the infection prevention and control measures the provider has in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service. During the visit we identified further concerns about person centred care and governance. As a result, we returned to the service on 19 January and undertook a focused inspection to review the key questions of safe and well-led only.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person-centered care, safeguarding, staffing, and governance at this inspection

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

#### 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 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 well-Led findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led/not well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 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

The inspection was carried out by one inspector.

#### 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.

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

We gave a very short period of notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. Our return visit on the 19 January 2022 was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and five support workers, one of which was an agency staff member and another a bank staff member.

We reviewed a range of records. This included two people's care records and two medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service and the local authority quality monitoring officer.



# 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.

Systems and processes to safeguard people from the risk of abuse

- We identified for one person restrictions were in place that were not proportionate to the care required. This had led to an incident where the person was subject to restrictive practice.
- The safeguarding system in place had not been effective in identifying, investigating and reporting potential safeguarding concerns. There was no overview of safeguarding concerns in the service and the system in place did not facilitate this.
- Safeguarding systems had failed to identify the incident that had occurred, and it had not been responded to. Following our inspection visit we reported the incident to the local authority.

Disproportionate restrictive actions were identified, and safeguarding systems had not been effective in identifying, investigating and reporting potential safeguarding concerns. This was a breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not receiving their commissioned hours of one-to-one support. This had impacted on people's ability to engage in the local community and external activities.
- The registered manager told us they had not been provided with information from the provider regarding the commissioned hours of staffing required.
- There was a high use of agency staff in the service. This also impacted on people's ability to engage in the local community and external activities as permanent staff were required to be present in each of the bungalows to ensure the agency staff were supported.

Sufficient staff were not deployed as required and staffing levels did not meet people's individual needs as had been commissioned. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visits, the registered manager confirmed they were working with the provider to understand the commissioned hours in place and review the staff rota to ensure these were being provided. They also confirmed following some successful recruitment agency use had reduced.

Preventing and controlling infection

- Government guidance on visiting and visits out of the care home was not being followed. A restriction on visits at the care home was in place and whilst people were being supported to visit relatives, these visits were only happening in outside locations.

- People we spoke with told us they were not able to carry out activities they had done so prior to the pandemic. They told us staff had told them this was because of COVID-19 however it was not clear that people felt able to say they wanted to do otherwise.
- No risk assessments or care plans for people were in place regarding these restrictions. This meant we were not confident people and their family and friends had been consulted on and had participated in care planning around these restrictions. It also meant the basis for why these restrictions had been put in place was not clear.
- Where restrictions on visits and outings were referred to in writing they were referred to in a way which raised concerns the restrictions were imposed rather than planned and discussed with the person. For example, a care plan relating to another aspect of one person's care stated the person was only able to go for walks in their local area due to COVID-19 restrictions placed on the person by the provider.

Collaborative assessments of people's needs and preferences had not been carried out. The care provided had not been designed with a view to achieving people's preferences and needs were met. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection visits the registered manager told us they had put in place risk assessments and care plans in respect to visiting and activities outside the care home. They confirmed visiting was now taking place at the care home and people were now engaging in contact with family, friends, and activities as they were prior to COVID-19.
- The care home environment was clean and hygienic. Regular cleaning of the environment took place and included frequent areas deemed to be high risk in relation to COVID-19.
- Staff had adequate supply of personal protective equipment and wore this in line with government guidance.
- Staff and people were accessing regular COVID-19 testing as specified by government guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- Incident records did not evidence learning from what had occurred. There was a limited system in place to support reviewing incidents and analysing themes or trends.
- It was clear from speaking with staff and the registered manager that some reflection on incidents took place and some themes were identified. However, it was not clear how this was used to address incidents and reduce ongoing risk.
- Most risks relating to the environment had been assessed and responded to. We found some further improvements were required regarding water safety. The registered manager confirmed this had been identified and the provider had engaged an external contractor to provide further support in this area.
- Whilst written risk assessments did not always fully explore identified risks, we found in practice risks were managed and there was no impact to people's safety.
- Staff had a good understanding of risks to people and how to manage these. We identified some positive practice in how staff engaged and supported people to understand risks and manage these.



#### Using medicines safely

- People received their medicines as prescribed. There was guidance in place for staff on administering medicines and this included medicines that were prescribed "as required".
- Medicines were stored securely and safely.
- Regular medicines audits were completed to help ensure medicines were administered and errors identified.

# 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; Continuous learning and improving care

- Governance systems and processes had been ineffective at identifying and making improvements. This had resulted in regulatory requirements not being met, as detailed under safe.
- Whilst audits on the day to day running of the service were in place, other audits such as care planning audits were not. This meant improvements needed in this area had not been identified and improvements had not been made.
- It was not clear how audits and management oversight were used to drive improvements in the service. Audits did not feed into any improvement plan and was no overall service development plan.
- There was a lack of provider level oversight and accountability. No provider audits were carried out and the registered manager had not always been provided with the information they required to help them ensure compliance in the service.

Governance systems were ineffective in assessing, monitoring and improving the quality of the service provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had recognised further improvements in this area were required. They had engaged an external contractor to review their governance systems and provide support in making improvements. At the time of our inspection this work was only in initial stages and as such the impact was limited.

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

- We identified some practice that raised concerns regarding the culture in the service. Whilst some actions taken, such as restrictions around visiting and activities, were well meant they were not anchored in the values of empowerment, inclusivity and person-centred care.
- There was a lack of framework in ensuring people's views and consent were captured and acted on in relation to the support provided.
- Processes had not worked effectively to ensure care planning was effective and captured people's and their relatives views and feedback on the support provided. What processes were in place were not effective in capturing feedback in a meaningful way that drove improvement or change.

Feedback from people using the service and other relevant persons was not sought for the purpose of evaluating and improving the service provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 incident forms in place did not support staff to consider duty of candour. However, we found when incidents had occurred these had been discussed with people.
- The registered manager had an open and honest approach, this included in relation to issues and improvements required in the service.

Working in partnership with others

- Staff worked collaboratively with professionals and members of the local community to help ensure people's needs were met. We received positive comments from professionals who worked with the service regarding the communication from staff and the support they provided.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>How the regulation was not being met: Collaborative assessments of people's needs and preferences had not been carried out. The care provided had not been designed with a view to achieving people's preferences and needs were met.</p> <p>Regulation 9 (1) (a) (b) (c) (3) (a) (b) (d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met: Disproportionate restrictive actions were identified, and safeguarding systems had not been effective in identifying, investigating and reporting potential safeguarding concerns.</p> <p>Regulation 13 (3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: Governance systems were ineffective in assessing, monitoring and improving the quality of the service provided.</p> <p>Regulation 17 (1) (2)(a)(e)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>How the regulation was not being met: Sufficient staff were not deployed as required and staffing levels did not meet people's individual needs as had been commissioned.</p> <p>Regulation 18 (1)</p>