

My the Orchards Ltd

# Willow Tree House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Willow Tree House is a care home providing personal care for up to 60 people aged 65 and over. At the time of the inspection there were 32 people using the service. The service is provided over two floors, with communal facilities being provided on the ground floor.

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

Risk assessments were not up to date or accurate for staff to support people safely, this put people at risk of choking and falls.

People were kept safe from abuse and avoidable harm. Improvements had been made and staff were knowledgeable about safeguarding.

We found that management of pressure care had improved, and regular checks were being carried out on people's skin integrity.

Infection prevention and control had improved since our last inspection and we saw domestic staff cleaning all areas. However, personal protective equipment (PPE) was still not being worn as per government guidelines and we saw that not all staff were changing, handwashing or sanitising between different tasks.

There was still insufficient staffing to ensure that people's needs were met, there was no accurate and up to date dependency assessment in order to calculate staffing levels in ratio to people's needs.

Medicines administration was not always safe and medicines policies were out of date.

The provider had made some improvements and begun to develop tools to assess and monitor the service, they were also developing effective systems to gather and analyse information. This would give better management oversight when they were effectively implemented. There was improved engagement with people living at the service and health care professionals.

Staff were recruited safely.

### Rating at last inspection and update

The last rating for this service was inadequate (published 20 February 2021) and there were multiple breaches of regulation. The provider completed monthly action plans after the last inspection to show what they would do and by when to improve. At this inspection the rating had improved to requires improvement. However, they remain in breach of Regulation 12 (Safe Care and Treatment) Regulation 18 (Staffing) and Regulation 17 (Good Governance). We found that improvements had been made to keeping people safe from abuse and avoidable harm and they were no longer in breach of regulation 13 (Safeguarding).

You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Tree House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will be in contact with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 overall rating for this service is 'Requires Improvement' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not Safe.

Details are in our Safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

# Willow Tree House

## 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 an inspector, an inspection manager and an Expert by Experience. 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 House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission some people's care at the service. We used this information to plan our inspection. We also looked at notifications we had received about the service and action plans they

had submitted since our last 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 spoke with four people who used the service about their experience of the care provided. We spoke with six members of care staff including a senior, a domestic and two registered managers. The expert by experience spoke with 12 relatives of those using the service. The service employed a second registered manager after our last inspection to support implementing improvements to the service.

We reviewed a range of records. This included six people's care records and several medication records. We looked at four staff files in relation to safe recruitment. 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.

# 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 inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They further failed to ensure safe staffing levels which was a breach of Regulation 18 (Staffing). We found that not enough improvement had been made and the provider remained in breach of regulation.

The provider was also in breach of Regulation 13 (Safeguarding) of the Health and Social Care Act (Regulated Activities) of the Health and Social Care Act 2014. We found that enough improvement had been made and they were no longer in breach of Regulation 13.

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

- There was some improvement in management oversight. Some care plans and risk assessments had been reviewed and those that had were improved. However, some of the risk assessments were not accurate or up to date and staff were not aware or able to follow effective guidance.
- One person had clear guidance from a speech and language therapist on how to support them from risk of choking. Staff were unaware of the guidance and therefore effective support was not given, leaving them at risk.
- We saw in one care plan that the person used a 'gutter' frame, (this is a frame used for walking which supports the forearms rather than holding on with the hands for support) and was supported by two staff whilst using it. It also stated that they should not carry anything whilst using the frame. We observed the person using the frame carrying two bulky items with no staff supporting. This put the person at risk of falling and injuring themselves.

The failure to mitigate risk and keep people safe is an ongoing breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that information on accidents and incidents had improved. Information was completed in full and management had collated information and were reviewing it to pick up themes and trends. They used this information to refer on to professionals where necessary.

Staffing and recruitment

- At our last inspection we found that there was no effective dependency tool to calculate staffing levels. At this inspection we saw that this had not improved, and staffing levels still were not adequate to meet the needs of people using the service.
- We could see on the rota that three staff should work on the night shift. Staff told us that there were only

two staff working at night. We were aware 11 people required a hoist when being moved and two members of staff were required to use the hoist. This left people at risk of not being safely supported throughout the night.

- Staff and some relatives told us that there were not enough staff to meet people's needs. One relative told us, "[Name] was put to bed at 5.30 recently, they did ask if it was okay because they were short staffed, [name] says yes because he wants to help them out." We saw that staff were rushing to support different people and didn't have time to spend on one task.

The lack of staffing to support people safely was a continuing breach of Regulation 18 (Staffing) of the Health and Social Care Act 2001 (Regulations 2014)

- Staff training had improved, and staff told us that they had a lot of training, this included mandatory training and refresher courses in tissue viability, safeguarding and infection control. We looked at the training matrix and saw that training had been increased and improved since our previous inspection.
- We saw evidence of safe recruitment taking place. We checked staff files and there were appropriate checks carried out prior to staff starting in their role to ensure they were safe to work with people.

#### Preventing and controlling infection

- Infection control had improved, and cleaning had increased throughout the home. We saw that domestic staff were wiping down touch points.
- At our previous inspection we saw that staff were not wearing appropriate Personal Protective Equipment (PPE). At this inspection we saw that several staff were not wearing masks correctly and some staff were not always changing PPE between supporting different people.
- There was a management audit of infection prevention and control which had been implemented since our last inspection. However, there was a failure to monitor staff wearing and changing personal protective equipment as per government guidance and this put people at risk of cross contamination.
- After the inspection we requested the policy on infection prevention and control and found that there was no information on COVID-19. We discussed this with the registered manager who told us that the policy would be updated.

#### Using medicines safely

- Medicine was not managed safely. PRN (medicine to be taken when required) had no protocols to explain when the medicine should be taken. This meant that some medicine was given regularly when it should have only been given for a specific reason.
- Staff responsible for the administration of medicine had undertaken training and been assessed as competent. However, we did observe one person being given medicine when they were not fully awake, and no explanation or reassurance was given. We did not see staff observing hand hygiene between giving medication to different people.
- The medicines policy had not been updated and lacked detail and clarity on how medication should be given to people and stored.

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

- People were kept safe from abuse and avoidable harm.
- The safeguarding policy had been updated. The document was part of a safeguarding pack which covered all aspects of keeping people safe from abuse and avoidable harm.
- Relatives told us they felt that people were kept safe.
- Referrals to health professionals had improved and there was a management audit introduced on skin integrity. This meant that they could recognise any deterioration and be proactive in involving professionals



early to mitigate further deterioration.

- Staff told us that they had training in safeguarding. On staff member told us "We have training and it is also discussed in supervision with the manager."

At our previous inspection people were not kept safe from abuse and avoidable harm which was a breach of Regulation 13 (safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that safeguarding had improved, and they were no longer in breach of Regulation 13.

# 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 inadequate. At this inspection we found that the management of the service had improved and is now 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.

At our last inspection we found that management failed to have oversight of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found that not enough improvement had been made and the provider remained in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Management was not always consistent and although we saw that improvements had been made in some areas, there was still risk associated with staffing levels and medication. Further work was required with care planning and risk assessment to ensure that information was up to date and changes to people's needs were clear and communicated to all staff.
- At our previous inspection the provider did not have in place a system to assure themselves as to the quality of the service, in order to identify issues and make improvements. The registered manager had implemented audits and checks so that management had better oversight. However, these systems had not been implemented for long enough to make the required improvements to management oversight.
- The management team were keen to make the required improvements and were working towards this by implementing the systems above to give them improved oversight of the service.

This was an ongoing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities).

- The management team had implemented an improved system for reporting and documenting incidents and accidents. They were also collating information to enable them to identify themes and trends.
- Staff told us that they felt supported by management and were able to raise any issues with them if they needed to.

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 management team were aware of compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- Relatives were very positive about the service and the registered managers. One relative told us that they felt that staff and the registered managers were very approachable and would speak to them if there were any concerns.

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

- At our last inspection we saw no evidence people's views on the service were sought. Improvements had been made and meetings were now taking place and people had also been requested to complete a feedback form.
- One relative told us, "I was quite shocked we had two meetings after the last inspection. And we were asked to fill in a questionnaire."
- We saw that a new equality and diversity policy had been introduced which covered all aspects of protected characteristics.

Working in partnership with others

- At our previous inspection, external health care professionals had concerns regarding the management of the home and them reporting health concerns in a timely manner. We found that the improved management monitoring had allowed a more efficient process to refer people to health professionals as soon as people needed to be.
- The registered manager's told us that they had improved systems and felt that they were more effective at working with health professionals and referring people on.