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Willows Care Home

Inspection report

Nevin Road
Blacon
Chester
Cheshire
CH1 5RP

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28 October 2020

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09 December 2020

Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service effective?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Willows Care Home is a care home providing accommodation for up to 76 older people, including people living with dementia. At the time of the inspection there were 34 people living at the service.

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

We received information raising concerns about the management of accidents and incidents. This inspection looked specifically at these areas.

The providers quality assurance processes had not been used to monitor the service effectively and had failed to identify and improve shortfalls in relation to infection prevention and control, the management of accident and incidents, staff induction, training and support.

People were not protected from the risk of infection and not all areas of the service were clean. Staff were not all following the latest infection control guidance or wearing personal protective equipment (PPE) appropriately. The provider's infection prevention and control policies and procedures were not reflective of the COVID-19 pandemic.

Staff had not received the induction, training and support they needed to deliver safe, effective care and fulfil their role.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willows Care Home on our website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was inadequate (27 July 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in response to concerns received about the management of accident and incidents. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively .

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention and control, the governance of the service and staff training and support.

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

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 continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Willows Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on a specific concern we had about the management of accidents and incidents.

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 two Inspectors.

Service and service type

Willows Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection and information we had received from the Clinical Commissioning Group (CCG) and local authority who commission care from the provider. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with one person who lived at the service and observed the interactions and care delivery in communal areas of the service. We spoke with 10 members of staff, including care staff, nursing staff, agency staff, domestic staff, the compliance manager, administrator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at multiple records about people's care. We looked at other information related to the running of and the quality of the service including quality assurance audits, staff rotas, staff training records and staff recruitment files. Some of the documentation was reviewed at the service and some the registered manager sent to us.

After the inspection

We requested a range of documents to be sent to us. These included risk assessments, staff training, induction and supervision records and policies and procedures.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had about the management of accident and incidents. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection the registered person(s) failed to provide care and treatment in a safe way because they did not have adequate systems to assess the risks to the health and safety of people using the service or mitigate the risks. 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.

At this inspection we found that not enough evidence of improvement had been made and the provider was still in breach of regulation 12.

Preventing and controlling infection

- There was no clear guidance for how visits were taking place, where, or how they were monitored. There was no prominent signage or information at the entry points to the service as to what was required of visitors. There was no place for the safe disposal of face masks when visitors and staff left the building.
- The risk of COVID-19 to individuals had not been assessed.
- People readmitted to the service following discharge from hospital had been tested for COVID-19 but did not then undergo any period of isolation.
- Staff did not always follow published guidance in relation to wearing personal protective equipment (PPE).
- The provider had not fully implemented COVID-19 guidance to reduce the risk of infection. The infection prevention and control policy was not up to date.
- The service was not visibly clean. Areas of the bedrooms and communal areas were dirty and cluttered. Schedules for cleaning had not been fully completed. Ventilation was poor: with windows, doors, curtains closed and fans in use. Enhanced cleaning of rooms, shared facilities and touch points was not in place.
- Risk assessments had not been undertaken for staff who had high risk factors including underlying health conditions and had previously been shielding.
- The management team had a lacked knowledge and were not aware or following current Public Health England (PHE) guidance.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that risks associated with infection control were safely managed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

During the inspection we signposted the provider to resources to develop their approach to infection protection and control. The provider responded immediately during and after the inspection and provided assurances improvements had been made to the cleanliness of the environment and the infection, prevention and control procedures.

- There were systems in place for people and permanent staff to be tested for COVID-19 on a regular basis.
- Communal areas had been set out to encourage social distancing.

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

- Accident and incidents had been recorded but had not always been reviewed by the registered manager.
- The action needed to reduce the risk of accidents and incidents happening again had not always been recorded. Therefore, the provider could not be assured that any risks to people's safety had been mitigated .

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 the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the management of accident and incidents. We will assess all of the key questions at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- Staff had not always received the induction, training and supervision they needed to fulfil their role and provide safe and effective care. Some staff files, including agency staff, contained no evidence they had received an induction or that they had completed training which the provider considered mandatory.
- Most staff had not completed training to meet the specific needs of people living with dementia and other age-related conditions.
- Staff had not been provided with the opportunities to have regular supervision meetings with their manager to discuss their individual training and development needs or personal issues they may be experiencing.

People were not always supported by suitably qualified and trained staff. This was a breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider gave assurances that the staff induction, training and supervision planners had been brought up to date. They also sent us a copy of an action plan outlining how they planned to make further improvements.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to explore the specific concerns we had about the management of accident and incidents. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At the last inspection the registered person(s) had not made sure the quality assurance and monitoring systems in place were robust and drove improvement. 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.

At this inspection we found that not enough evidence of improvement had been made and the provider was still in breach of regulation 17.

- The registered person(s) had not had sufficient managerial oversight of risk. The internal quality assurance processes had not been used to monitor the service effectively and had failed to identify and improve shortfalls in relation to infection prevention and control.
- The providers policies and procedures were not reflective of COVID-19 pandemic. This meant people were not always protected from the risk of harm.
- The registered person(s) had failed to ensure staff induction, training and support had been monitored to ensure staff had the skills and competencies needed to support people safely.
- The registered person(s) had failed to identify that records of accidents and incidents, staff personnel records and staff training, induction and support were not all accurate, complete and up to date.
- The registered person(s) had failed to ensure that appropriate action was taken to address concerns relating to staff conduct and competencies. This placed people at risk of receiving unsafe care.

The registered person(s) had not made sure the quality assurance and monitoring systems in place were robust and drove improvement. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we shared our findings with the local authority and commissioners who are monitoring the service on a regular basis. The provider has sent us an action plan outlining the

improvements they plan to make.

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	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered person(s) had not ensured staff had received the training, professional development, and supervision needed to enable them to carry out their role.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered persons had not ensured systems were robust enough to demonstrate that risks associated with infection control were safely managed.

The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The providers governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided, or the quality of the experience for people using the service. The provider had not always assessed, monitored and mitigated risks to people's health, safety and welfare.</p> <p>The provider had not maintained accurate, complete and detailed records of staff and the overall management of the service. Records were not always accurate, complete and up to date.</p>

The enforcement action we took:

A warning notice was issued.