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# Willows Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Willows Care Home is a residential care home providing personal and nursing care to up to 73 people. The service provides support to older people, a number of whom live with dementia. At the time of our inspection there were 36 people using the service.

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

There had been changes to the management team since our last inspection. Routine audits had not fully been in place for a number of months. This meant there had been a failure to ensure effective monitoring and review of risk as well as the quality of the service provided to people. The new management team had introduced new systems to monitor quality, however these were yet to be embedded to enable sustained improvements to be demonstrated.

Staff absence and recruitment difficulties had created shortfalls in the ability to fully protect people from the risk of infection or to ensure people had access to activities which were meaningful to them. Ongoing attempts to recruit to a number of staff vacancies were underway. Appropriate checks on staff were in place to ensure they were suitable for the role before working with people.

We also identified improvements were needed to enhance people's experience at mealtimes and to the quality of some of the training staff receive.

Although we found some improvements were needed, people did speak positively of the care they received at Willows Care Home. Significant work had been done to ensure care plans were reflective of people's current needs. 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. Policies and systems were in place to support best practice. The communication needs of people were clearly documented, and people had access to appropriate healthcare services.

Checks were in place to ensure people lived in a safe environment. Ongoing refurbishment and redecoration of the home was planned and ongoing.

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 requires improvement (published 25 December 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to a lack of planned activities within the home for people to participate in and insufficient oversight of the quality of care at the service.

We have also made recommendations the provider reviews the quality of some of the training provided to staff and the quality of the experience for people at mealtimes.

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 meet 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 alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led 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 (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 3 inspectors.

#### Service and service type

Willows 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. Willows 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 not a registered manager in post. A new manager had been in post since August 2022 however had not yet submitted an application to register.

#### 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 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

We spoke with 3 people who used the service and 4 family members about their experience of the care provided. We also observed interactions between staff and people who used the service.

We spoke with 7 members of staff including the home manager, deputy manager, compliance manager, nurses, carers and kitchen staff.

We reviewed a range of records. This included 10 people's care records and multiple medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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. The rating for this key question has remained 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; Learning lessons when things go wrong

- Systems to review accidents and incidents did not prevent the risk of harm. Records detailed the actions taken in response to specific events which occurred. However, there had been no recorded analysis for trends for a period of 6 months.
- There was also a lack of recorded meetings between the management team and senior care/nursing staff to review risks such as falls, weight loss and infections.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager showed us evidence they had started to capture the data from recent accidents and incidents; however, they were yet to undertake any analysis. They also planned to introduce regular team meetings to review risks, themes and trends. They told us this new system would be embedded by the end of the month.

- Referrals had been made to the local authority safeguarding team when abuse had been suspected.

### Using medicines safely

- Medicines were not always managed safely. Lockable facilities were available in bedrooms to store prescribed creams which were marked as flammable. On two occasions we found these facilities unlocked. We raised this with a staff member who took immediate action to address and checked the remainder of the bedrooms.
- Systems were in place to ensure the safe storage and disposal of all other prescribed medicines. This included medicines which needed to be stored in separate controlled drugs cabinets.
- Guidance was not initially in place for all prescribed medicines administered on an 'as required' basis. We discussed this with the compliance manager who told us they had already identified this and was working through records to update. On the second day of inspection, this has been addressed.
- Medicines were only administered by staff who were suitably trained.

### Staffing and recruitment

- Staffing levels were safe. However, there was significant reliance on agency workers to maintain safe staffing levels. Comments from relatives included, "Big turnover of staff. It's a shame, it is confusing for people" and, "Since the pandemic they have always struggled with staff."
- We received feedback from some staff who expressed concerns there were not always enough staff to

meet people's needs. One staff member commented, "So much to do, not enough time."

- Another staff member told us people were sometimes left in bed due to staffing levels, however we were not given a specific example. We raised this with the manager who told us they would investigate. On the second day of inspection staffing levels had been increased based upon a review of people's current care needs.
- Staff rosters demonstrated consistency of agency workers was sought wherever possible however there was a lack of recorded agency inductions. Agency staff told us they had been inducted to the service. We discussed the importance of improving the records with the manager.
- We observed frequent interviews taking place throughout our inspection to recruit into a number of staff vacancies.
- Staff were safely recruited. Appropriate checks had been made before being offered employment.

#### Preventing and controlling infection

- Improvements were needed to ensure people were fully protected from the risk of infection.
- On a number of occasions there had not been enough ancillary staff on shift to undertake thorough cleaning. We raised this with the manager who told us additional recruitment was underway to address this.
- Areas of the service needed refurbishment to ensure safe and hygienic standards were maintained. In particular some carpets needed to be replaced and one shower room needed to be upgraded. We were told of plans by the provider to upgrade the existing bathroom facilities.
- Other systems to prevent and control infection were appropriate. Systems were in place in the event of an outbreak of an infectious illness at the home.
- The provider was enabling visiting in line with government guidelines. One family member told us, "I can come anytime."

#### Assessing risk, safety monitoring and management

- Risk assessments and care plans were in place to mitigate risk. This had been a recent focus area of improvement by the management team. Further work was needed in some area in relation to detail but risks were reviewed each month. Care plan audits were in place to monitor the dates of review; but audits were yet to be introduced to review the quality of information contained within care plans.
- Routine checks on the environment and equipment were up to date and certificates were in place to demonstrate this.



# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- A number of people had been assessed as lacking capacity to consent to living at the home, or to aspects of care designed to mitigate risk; such as needing bed sensors and bed rails. Appropriate applications for DoLS applications had been made, associated conditions were known and being met, however not all restrictive practices were supported by detailed assessments of capacity.
- We spoke with the staff member responsible for applying for DoLS at the service who told us they were not fully confident in the process and would like additional training.

We recommend the provider reviews the quality of training available to staff responsible for assessing mental capacity and take action accordingly.

- During the inspection we observed staff asking people for consent before they delivered care and knocking on closed bedroom doors before entering.

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

- Improvements were needed to improve the experience of people during mealtimes.
- There was a lack of condiments or napkins offered to people, unless people asked. We noted the choice of meals on both days of our inspection was the same, unless a person asked for something specific, which was made available.
- Lunch was set out as a buffet style; however we did not see people helping themselves to their preferred

choices as this was managed by staff. This system took time as staff had to prepare meals one at a time. We observed some people waiting for their meal when others in the room had already finished eating.

- People gave us mixed feedback about the food. Comments included, "Food is okay" and, "Food is adequate. Not as good as it used to be." People had not been consulted recently on menu choices, or on the quality of food provided.

We recommend the provider undertakes a review of the mealtime experience, consults with people who use the service about meal choices and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- Staff received an induction when they started employment however this was not always recorded. The manager showed us examples where they had improved this practice with new employees.
- There were some gaps in training records and a number of staff needed to complete refresher training. Training was provided through an online training provider. Some staff told us this was not always detailed enough for them to develop and maintain professional practice. One staff told us they accessed training in their own time, and at their own expense.
- Not all training records were easily accessible. For example, recent refresher training had been undertaken in regards to moving and handling. A record of the training was not captured on a training matrix. This made it difficult for the manager to identify dates this would need to be refreshed.
- We raised these issues with the manager who told us they were currently working with the provider on the quality of the training available and developing a more robust training matrix.

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

- Since our last inspection, a number of improvements had been made to refurbish communal areas of the home and make them more accessible and homely. However, some aspects of the environment needed further consideration.
- One lounge area was being used for storage which did not make a welcoming environment. Another lounge had broken window blinds which were pulled down. People could not see outside to the garden. We raised these issues with the manager. When we returned to the service, the storage items had been removed and new blinds had been ordered.
- Generally, further consideration was needed to seating arrangements to make the environment more homely and signage to assist people to orientate around the service. The manager told us they would review this and also updated us on further plans for renovation of the service.

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

- People's care needs had been assessed before they moved to the service. Care plans had been developed based on these assessments, as well as advice and guidance provided by other health and social care professionals.

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

- Staff worked with other agencies to ensure people received consistent, effective and timely care.
- Records confirmed people were supported to access their GP and other health services when required. We also observed nursing staff seeking medical support for one person who became unwell during our inspection.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were not supported to take part in activities which were relevant to them. Due to staff shortages there was a lack of planned activities throughout the week. There were no planned activities with people who were cared for in bed.
- We observed significant periods when people were sat in lounge areas with little interaction from staff. Each lounge had a TV on however most people did not watch. We also observed one lady becoming upset due to swearing from an action movie on the TV. We had to find a member of staff to change the channel.
- There was an activity room however, this was inaccessible on the first day of inspection due to storage of decorations. On the second day, these had been cleared but the room remained very cluttered and was not an appropriate environment to encourage people to socialise, form friendships and relax.
- People were also not always provided with personalised care which met their needs. We observed one person with very long and dirty fingernails. This was raised and addressed by the activity worker who was working that day; however, it was a couple of hours before the person's nails were cleaned. We also found one bathroom did not have a lock on the inside for privacy.

Systems had not been established or effective to ensure staff provided people with individualised care which met their needs including access to activities which were socially and culturally relevant to them. This placed people at risk of harm. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's needs and preferences about care were documented in care plans. Staff who worked regularly at the service knew people, and their specific likes and dislikes well.
- People who lived at Willows Care Home and family members spoke positively about the care people received. Comments included, "I am happy with the care," "Nothing wrong with the place. I am cared for" and, "The care is very, very good."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of people were assessed and understood.

- Information about the home was available in different formats and languages upon request.

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

- A complaints policy was in place and information on how to make a complaint was clearly visible. Records were maintained.
- People told us they knew how to raise a complaint. Family members told us, "Not found any negatives. If I did, I would go to the managers" and, "We have no complaints and can resolve any issues."

#### End of life care and support

- Care plans demonstrated personal wishes were documented. Where appropriate, Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) orders were placed prominently in care files.

# 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. The rating for this key question has remained 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

- Systems were insufficient to ensure there was adequate manager and provider oversight of the quality of the service. Routine audits and analysis of events had not been completed for more than 6 months.
- We were told provider visits were completed, but records were not maintained or made available.
- There was an overall improvement plan for the service. However, this failed to demonstrate the management team had previously identified and made an appropriate plan to address the shortfalls we identified during this inspection.

Systems were either not in place or robust enough to demonstrate risks to people were effectively monitored. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager provided evidence plans were in place to reintroduce audits and checks within the service, however at the time of the inspection very few of the new systems had been embedded into practice.

- Since our last inspection, the management team had changed. There was a new home manager and compliance manager who had focused on reviewing and updating care plans to ensure these accurately reflected people's care needs. This had impacted on the ability to implement other planned improvements, such as audits.
- The provider took reasonable steps to appoint a new manager within a reasonable timeframe. However, they had not started the processing of registering with CQC.
- The manager understood their responsibility for notifying the CQC of events which occurred within the service and we saw that accurate records were maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Team meetings and staff supervisions had not been completed for a number of months. This meant staff had not always been able to discuss issues or contribute their views about how the service could be improved. The new management team were addressing this and were in the process of completing supervisions. Team meeting dates were planned.

- Staff told us the new management team were supportive. One staff member added, "The manager is very helpful and will jump on the floor if we are short staffed."
- In general, family members spoke positively about the care people received and told us staff were approachable. One commented there was no sense of anyone being in charge at the weekend. We shared this feedback with the manager.

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 manager demonstrated an understanding of their responsibilities under duty of candour.

Working in partnership with others

- Information contained within care plans and received as part of our inspection demonstrated the staff at Willows Care Home worked in partnership with other agencies.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Systems had not been established or effective to ensure staff provided people with individualised care which met their needs including access to activities which were socially and culturally relevant to them.

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	Systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.  Systems were either not in place or robust enough to demonstrate risks to people were effectively monitored.