Mr Naveed Hussain & Mr Mohammad Hussain & Mrs Anwar Hussain

Willows Care Home

Inspection report

Nevin Road
Blacon
Chester
Cheshire
CH1 5RP

Date of inspection visit:
07 April 2021

Date of publication:
13 May 2021

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Willows Care Home is a nursing home for older people and people living with dementia. The service is registered to provide personal care to up to 73 people. There were 29 people living at the service at the time of the inspection.

People's experience of using this service and what we found
On the first day of our inspection we found many risks to people's health and safety, identified at our last two inspections, had not been addressed. We also identified further issues with the environment that that placed people at risk of harm.

We found walls, floors and equipment in some bathrooms were still in a poor state of repair. Unclean items such as hairbrushes and cutlery were accessible to people and a cupboard containing items that could cause harm if ingested was left unlocked. An electrical installation inspection report of lights and sockets completed 3 February 2021 identified nine issues that needed addressing but no remedial action had been taken or planned.

We also found the provider had still not fully implemented COVID-19 guidance to reduce the risk of infection. People and staff were not consistently monitored for signs and symptoms of COVID-19 and we saw some staff were not wearing masks. Although visiting was taking place, there was no cleaning schedule for the visiting room in which we found dirty mugs. Visiting professionals were not screened for signs of COVID-19 or asked to produce evidence of a negative test and infection prevention and control policies were not reflective of current guidance.

Following our visit, we urgently raised our concerns and required an urgent action plan along with assurance from the provider that they would to address environmental safety issues and ensure national COVID-19 infection, prevention and control guidance was followed. The provider sent us an action plan and on the second day of the inspection we found this was being followed.

Aspects of the governance and oversight of the service were not robust. Audits had not always identified areas that needed improvement and action plans had not always been developed to address shortfalls. Records had not always been accurately completed, kept up to date or stored securely. The systems in place to check the completion of medication administration records (MAR) were not always effective.

Improvements had been made to the recruitment and deployment of staff. Relevant identity and security checks had been completed before staff were employed and staff were deployed in sufficient numbers to meet people's needs. Staff morale had improved, and staff turnover had reduced. Staff felt the manager and management team were supportive, approachable and listened to their views.

Most staff had completed training in protecting people from abuse and the manager had referred incidents

of potential abuse to the local authority in line with local protocols.

People's relatives told us they were kept informed of their loved ones wellbeing. They also felt their loved ones were cared for by kind and caring staff who kept them safe.

We have identified continuing breaches in relation to the management of infection prevention and control and the governance of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was inadequate (report published 10 December 2020). At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned focused inspection based on the previous rating. It was undertaken in part to check whether the Warning Notices served at our unannounced targeted inspection on 28 October 2020 in relation to Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also checked they had followed their action plan to meet the breaches of legal requirements found at our focused inspection 9 July 2020. Following that inspection the provider completed an action plan to show what they would do and by when to improve staffing, recruitment, safe care and treatment and the governance of the service.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. 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.

The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

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.

The overall rating for this service is 'Inadequate' and the service is therefore 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 six 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 of their 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?

Inadequate

The service was not well-led.

Details are in our well-Led findings below.

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 Care Act 2014.

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 did not have a manager registered with the Care Quality Commission. This means the provider is 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 11 members of staff, including care staff, a maintenance person, nursing staff, agency staff, the manager, deputy manager, office manager and the main partner. The main partner 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, staff recruitment files. Some of the documentation was reviewed at the service and some the manager sent to us.

After the inspection
We spoke to the relatives of three people to gain their views of the service. We also requested a range of policies, procedures, care records and other information related to the management of the service and continued to seek verification from the provider.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our inspection 9 July 2020 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.

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

At our inspection 9 July 2020 the provider 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. At our inspection 28 October 2020 we issued a warning notice for a continued 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 not enough evidence of improvement had been made and the provider was still in breach of regulation 12.

● On the first day of our inspection we found many of the shortfalls identified at our inspections 28 October 2020 and 9 July 2020 had not been addressed. This placed people and staff at an increased risk of harm.
● The walls, floors and equipment in some bathrooms were still in a poor state of repair, this made it difficult for them to be cleaned effectively. Bins in bathrooms and toilets were not all foot pedal operated and some were broken. We found dirty hairbrushes in unlocked drawers and cupboards in communal areas, including the dining room, none of which were labelled to indicate who they belonged to. Used dirty cutlery was left out on tables in the dining room, dirty mugs were found in the visiting room, for which there was no cleaning schedule and no records to evidence it had been cleaned between uses.
● An electrical installation inspection report of lights and sockets completed 3 February 2021 identified nine issues that needed addressing. These included one which was categorised as 'danger present', five which were 'potentially dangerous', two 'improvement required' and one 'further investigation needed without delay'. However no remedial work had been taken and there was no action plan in place outlining when the required actions would be completed.
● Items that placed people at risk of harm were not always stored appropriately. A cupboard containing items that could cause harm if ingested such as, glue, nail varnish, buttons and other small craft items was left unlocked.
● The provider had not fully implemented COVID-19 guidance to reduce the risk of infection. The infection prevention and control policies and procedures were not up to date. We saw some staff not wearing masks in line with published guidance for wearing personal protective equipment (PPE).
● People and staff were not consistently monitored for signs and symptoms of COVID-19. Visiting professionals were not asked to provide evidence of a negative COVID-19 test result or asked any screening questions before they came into the service. Risk assessments had not been undertaken to identify whether staff had high risk factors including underlying health conditions which placed them at an increased risk for

COVID-19.

Following our visit, we urgently raised our concerns and required an urgent action plan along with assurance from the provider that they would address environmental safety issues and ensure national COVID-19 infection, prevention and control guidance was followed. The provider responded during the inspection to reduce these risks.

Systems were either not in place or robust enough to demonstrate that risks associated with infection control and the environment were safely managed. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Since our inspection 20 July 2020 improvements had been made to the management of risk and learning from mistakes. Accidents and incidents were recorded appropriately and reviewed by the manager.
● The action needed to reduce the risk of accidents and incidents happening again had been taken. However, care plans had not always been updated accordingly. This is an area of practice that needs to improve.
● Wound care plans had been implemented and followed for people who had acquired pressure ulcers. The management of the risk of falls and malnutrition had improved.
● Relatives confirmed they felt their loved ones were safe. They told us were asked to take a COVID-19 lateral flow test and have their temperatures checked before being able to access the visiting room.

Using medicines safely
● Records relating to the administration of people's topical creams and 'as and when needed' medicines were not accurate and complete. Assurances were given this would be addressed.
● The storage of medicines was safe and trained staff were observed administering medicines safely.
● Records of the administration of people's regular medicines were accurate and complete.

Staffing and recruitment
At our inspection 9 July 2020 and 28 October the provider had failed to ensure that sufficient numbers of suitably qualified staff were deployed to meet people's needs. This was a breach of regulation 18 (Staffing) 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 18.

● Improvements had been made to staffing levels. There were enough staff deployed with the required skills and knowledge to provide care to meet people's needs. The provider used a tool to assess the number of staff needed according to people's dependency levels.
● Staff told us they felt staffing levels were sufficient to meet people's needs.
● Most staff, including agency staff, had completed the relevant training they needed to meet people's needs. A completion date of the 27 April 2021 had been set for staff with gaps in their training, to bring it up to date.

At our inspection 9 July 2020 safe recruitment practices were not always followed. This was a breach of Regulation 19 (Fit and proper persons employed) 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 19.

● Improvements had been made to the recruitment of staff. Appropriate identity and security checks had been completed before staff were deployed to work.

Systems and processes to safeguard people from the risk of abuse
● The manager had reported incidents and potential safeguarding concerns to the local authority in line with local safeguarding protocols.
● Most staff had completed training in safeguarding and knew how to recognise abuse.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inadequate

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 inadequate. At this inspection this key question has remained the same: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our inspections 7 July 2020 the provider had not made sure the quality assurance and monitoring systems in place were robust and drove improvement. This placed people at risk of harm. At our inspection and 28 October 2020 we issued a warning notice for a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not ensured that their action plan to address breaches of regulations had always been followed and improvements had been and sustained. Some audits had not been fully effective and had failed to identify and improve shortfalls in the quality of the service people received. This meant people were not always protected from the risk of harm.
- There had been a continued lack of provider oversight of the adherence to the COVID-19 government guidance and infection, prevention and control guidance for care homes. Some of the systems implemented after the last inspection to reduce the risk of COVID-19 had not been consistently followed.
- Records of people's care and the overall management of the service were not all up to date. Care plan audits identified if care plans were complete and had been reviewed but did not check whether the information, they contained accurately reflected people's needs. This increased the risk that the support people received would not meet their needs.
- Medication audits had failed to identify gaps in the medication records administration records (MAR) for the administration of topical creams. The audits also failed to identify the lack of guidance for staff to follow for when to administer 'as and when needed' medicines. The reason why 'as and when required medicines' had been administered had not been recorded therefore the provider had no way of monitoring the effectiveness of those medicines.
- Records containing people's private and confidential information had not always been stored securely, analysed and reviewed.

There had not been sufficient, sustained improvements in the oversight of the safety and quality of the service being provided for people. This is a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They implemented an action plan detailing what action they would take to ensure improvements were made and by when.

● There had been a change in the management of the service. A newly appointed manager had been employed in January 2021. They were being supported by a deputy manager, office manager and the senior management team.
● The manager and senior management team were experienced and took immediate action to address the shortfalls identified at the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;
● People's relatives told us they felt staff were aware of their loved one's likes and dislikes and that staff were kind.
● Staff morale had improved and staff turnover had reduced. Staff told us they felt supported and valued by the manager who they said was approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff had the opportunity to discuss the running of the service at staff meetings and felt listened to.
● Relatives told us they we kept informed of their loved one's wellbeing. They confirmed they had been consulted when decision about the care and treatment of their relatives who lacked capacity to give consent, were being made.
● The manager stated that people and their relatives would have the opportunity to give their views as part of a customer satisfaction survey later in the year.

Working in partnership with others
● The registered manager had kept the local authority and CCG informed when incidents that affected people's health and welfare had taken place.

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 was aware of their responsibilities and most statutory notifications had been submitted to the Care Quality Commission (CQC) as required.

We could not improve the rating for well-led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(1)(2)(a)(b)(d)(e)(h) The registered persons had not ensured systems were robust enough to demonstrate that risks associated with infection control and the environment were safely managed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance 17(1)(2)(a)(b)(d)(f) The providers governance, assurance and auditing systems had not always effectively assessed, monitored and driven improvement in the safety of the services provided. The provider had not always assessed, monitored and mitigated risks to people's health, safety and welfare. Records were not always accurate and complete or stored securely.