

Hazeldell Ltd

# The Willows

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Willows is a residential care home providing care and support to up to 66 people. The service provides support to adults in one adapted building, over three floors. At the time of our inspection only the ground floor and first floor were being used and there were 46 people using the service, some of these people were living with dementia.

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

Since our last inspection, there had been changes in the management of the service, a new manager started working in the service three days before our visit. We were concerned that the changes in management might affect the consistency of the service provided. However, despite the lack of a consistent manager, we noted improvements had been made in the service. There was an action plan in place with the majority of improvements implemented and some being in progress, we were assured enough improvement had been made to reflect an overall rating improvement. The new manager and nominated individual told us about further improvements planned.

Since our last inspection improvements had been made in the staffing levels in the service, which were ongoing. Staff were recruited safely. There were systems in place to learn lessons when things had gone wrong and actions to reduce future incidents happening. Risks to people were assessed and measures were in place to mitigate them which reduced the risks of avoidable harm and abuse. People had access to their medicines when needed and monitoring systems supported swift identification of shortfalls and actions were taken to address them.

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; the policies and systems in the service supported this practice. People were supported to access social and health professionals where needed and referrals were made to the appropriate professionals where there were concerns with people's wellbeing. People were provided with the support they required with their dietary needs.

People were supported by staff who were caring and compassionate. People's privacy, dignity and independence was promoted and respected. Some staff told us that their colleagues could improve their approach when supporting people. We told the management team about this and were assured this was being addressed.

People's care records included assessments of their needs and guidance for staff in how their needs were to be met. This included people's preferences relating to their end of life care. People received support to access activities which reduced boredom and isolation. There were ongoing improvements planned in this area. People's comments and complaints were addressed and used to drive improvement.

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 and update

The last rating for this service was requires improvement (published 21 June 2021). We had found a breach in relation relating to staffing. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this comprehensive inspection because the provider had been rated requires improvement at the last two inspections. We checked the provider was making improvements and had implemented the actions they had identified in their improvement plan. We had also received a concern about the care provided. During this inspection we reviewed the risks. We found no evidence during this inspection that people were at risk of harm from this concern.

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 overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Recommendations

We have recommend the provider continues to keep the staffing levels under review and amend them, for example, when people's needs change or increased support is needed and to ensure that staff are appropriately deployed to reduce risks to people in shared areas.

### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# 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 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 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager on our records, however, they had left the service prior to our inspection. There was a new manager in post, who had started working in the service three days before our inspection visit.

#### 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

During our visit to the service on 26 August 2022, we spoke with nine people who used the service and one person's relatives. We observed staff interactions with people in the communal areas, including during lunch, when medicines were being administered and during activities. We spoke with the operations manager and five staff members including the manager, deputy manager, senior care, domestic, maintenance and activities staff. We reviewed a range of records including those relating to health and safety, nutrition, environmental checks, meeting minutes and complaints.

Following our visit, we reviewed records remotely, including the care records of five people using the service, four staff recruitment records and records relating to the governance of the service, including audits and the service improvement plan. We spoke with six staff members and four relatives on the telephone.

On 8 September 2022 we fed back our findings of the inspection via video call to the operations manager, manager and deputy manager. Without identifying individuals, we discussed the feedback we had received from staff and relatives to ensure any concerns were being addressed.

# 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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient staffing numbers to meet people's needs. This was a breach of regulation 18 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 in the number of staff available to meet people's needs. There were times when the staffing numbers fell below the planned numbers, however, this was due to short term notice, and the management team told us they were working to reduce risks to people.
- To reduce the risks of insufficient staff numbers, there was ongoing recruitment, recruitment of overseas staff and block booking of agency staff. The pay for staff had been reviewed and there were benefit schemes in place to support recruitment and retention of staff.
- We had received information that staff were not always available in the communal areas, such as during the morning when some people were getting up. This increased risks, for example, of unwitnessed falls. We did not see this during our visit or made aware of incidents relating to this, however, we fed back to the manager and operations manager what we had been told.
- People told us staff were available when needed. People's relatives commented on how busy the staff were and there had been staff shortages, however, one person's relative told us, "There seems to be more around." Staff told us how they felt that staffing had improved. One staff member said, "Sometimes it is alright, sometimes not, if someone calls in sick, we can struggle."
- Records showed staff were recruited safely, this included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider continues to keep the staffing levels under review and amend them, for example, when people's needs change or increased support is needed and to ensure that staff are appropriately deployed to reduce risks to people in shared areas.

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

- There were systems in place designed to reduce the risks of abuse, including policies and procedures and training for staff.
- Staff understood their responsibilities relating to reporting concerns of abuse to the appropriate authorities.

### Assessing risk, safety monitoring and management

- People using the service and relatives spoken with told us they felt the service was safe.
- People's care records included risk assessments, which demonstrated the risks in their daily living were being assessed. Guidance was in place, so staff knew how to mitigate risks to people.
- Environmental risk assessments were in place, which identified potential risks in the service and systems were in place to reduce them. These had last been reviewed in August 2021, the manager said they would review them to ensure they were up to date and relevant. Safety checks were in place such as legionella and fire.
- Records and discussions with staff showed that the equipment used was being checked to ensure it was safe for use and fit for purpose. This included mobility equipment and fire safety. We had identified that there was a gap in the checking of the fire extinguishers, this was addressed.
- We found cleaning items in unsecured cupboards in the first-floor kitchenette, which could cause people harm if accidentally ingested. These were removed immediately.

### Using medicines safely

- We observed staff giving people their medicines safely. We saw records which showed staff responsible for administering medicines had been trained and their competency assessed.
- There were systems in place for the safe storage of medicines. We reviewed the storage and recording for controlled drugs, we sampled one set of medicines and found they tallied with the records of stock in place. However, we noted one missing second signature in the controlled drug register, this was pointed out to the deputy manager.
- Regular audits and monitoring systems in place for medicines assisted the management team to ensure people received their medicines when needed and to identify shortfalls and take action. This included ongoing improvements in the recording of the administration of creams.
- Staff told us that the rota had previously been changed, which in turn had affected the timings of the medicine administration. The new manager was in the process of reverting this back to the original arrangement following concerns raised by staff.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to have visits from their friends and family safely and in line with government guidance. This was confirmed by our observations and feedback received from people's relatives.

### Learning lessons when things go wrong

- Where incidents and accidents had happened there were systems in place to reduce similar incidents happening again and to reduce risks to people.



- Staff were kept updated with lessons learned in meetings, memorandums and activities such as reviewing policies and procedures.
- Falls analysis records identified potential patterns and trends and actions, such as referring to other professionals and using equipment, including pressure mats.

# 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. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with the input of the people and their representatives, where appropriate. The assessments were used to inform people's care plans and risk assessments.
- The policies and procedures in place referred to legislation and good practice guidelines, such as National Institute for Health and Care Excellence guidelines.

Staff support: induction, training, skills and experience

- There were systems in place to provide staff with training relevant to their role. The training programme relates to the Care Certificate Standards, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The induction for new staff included training and shadowing experienced colleagues. The length of time shadowing varies dependent on the staff member's experience, competency and confidence.
- As well as formal training, workbooks were completed by staff in areas such as sexual safety, universal malnutrition screening tool (MUST) and fire safety.

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

- A member of the catering staff told us that the staff team kept them updated regarding people's dietary needs and specific diets to ensure they were being met.
- People's care records included information about people's specific dietary requirements and the support they required to eat and drink. This included any specialised cutlery and items such as cups used and how risks were reduced, for example with choking.
- We observed people were provided with choices of meals and alternatives from the menu where required. People had access to drinks throughout the day. We saw people were being supported, where required to eat their meals, which was done at their own pace.
- People's food and fluid intake was recorded and monitored, including targets for fluids to reduce dehydration. People were weighed and records showed any concerns were identified and acted on, such as referrals to professionals and fortifying foods.
- People told us they felt the quality of food was good and they got enough to eat and drink.

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

- Records showed, where required, referrals were made to health and social care professionals where there were concerns about people's wellbeing. This included GP, district nurses, speech and language therapy

team (SALT) and dietician.

- The records demonstrated when guidance and feedback had been received, this was incorporated into people's care plans to ensure they were receiving the care they required.
- Since the new manager had started, they had ensured people had access to and the choice to have decaffeinated drinks, which they had identified from research was healthier.

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

- The service was suitable for people using the service, including wide corridors and doors to support people who used mobility aids.
- We looked around the service and found it to be well maintained, there was a maintenance staff member in post who undertook checks and actions required, and/or refer to contractors where they were unable to address any issues in the environment.
- There was some signage in the service which assisted people to independently find their way around. We discussed other potential signage that could be put in place to assist people, for example identify their own bedroom.
- We received positive feedback about the facilities provided in the service. One person's relative told us how their family member regularly used the library in the service.
- We received concerns about the heat on the first floor, which was hot at the time of our inspection visit. The operations manager told us they were considering air conditioning and how this could be installed. We saw people had access to drinks and there were portable fans and air conditioning units in the service and windows were open. One person told us they found the temperature, "Quite pleasant."

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's care records included assessments and information regarding people's capacity to make their own decisions. Where people required support this was documented, including those appointed to make decisions on their behalf and any best interest decisions made.
- Where people lacked capacity to make their own decisions, DoLS referrals had been made to reduce the risks of unlawful deprivation of liberty.
- During our inspection visit we saw people were asked for their consent by staff before providing support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, we received positive feedback from people using the service and relatives about the care and kindness demonstrated by staff. This was confirmed in our observations, staff were kind and compassionate when speaking with and about people who used the service. One person said the staff were, "Very sociable, can't want any more." One relative said, "They are always smiling, they love [family member]."
- We received information from some staff regarding feedback they had received from people using the service about the interactions from some of their colleagues. We fed this back to the management team during feedback, who said they would look into it and address any concerns.
- Staff had received training in equality and diversity. People's diverse needs were identified in their records and how these were being met.

Supporting people to express their views and be involved in making decisions about their care

- People told us they chose what they wanted to do, for example when they got up and went to bed, if they wanted to participate in activities and what they wanted to eat.
- People's records included their likes and dislikes and preferences, such as the preferred gender of staff to support them with their personal care.
- One person's relative told us how it was important for their family member to retain routines, which they said was in their care plan and the staff were supporting the person in the way they preferred.
- We received mixed feedback from relatives about if they had contributed to people's care planning, where appropriate. We were assured this was being addressed.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their independence, dignity and privacy was respected by staff. We observed this in practice.
- People's records guided staff to ensure people's privacy, dignity and independence was promoted and respected.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records included information about people's assessed needs and how they were to be met. There were some inconsistencies, but these were being addressed.
- People told us the service was responsive to their needs. We observed this in action, where a person's comments about their bedroom were listened to and acted on. Another person told us they chose what they did, including where they ate their meals, "Sometimes have it in here [lounge], sometimes in the dining room, not decided where I will have it today."
- We saw staff were attentive to people's needs and requests for assistance were addressed.
- We were told about some comments we received where staff did not feel they had the time to support people how they wanted to, and standards of care provided by some colleagues. We fed this back to the management team; they were in the process of reviewing the staff rotas and the way staff were working.

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.

- People's records included information about how they communicated and guidance for staff in how to communicate effectively.
- The operations manager told us documents were available for people in accessible formats, such as audio and larger print.

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

- There were two staff responsible for organising and providing activities to reduce boredom and isolation. The manager told us how they were planning to review the activities provided to enhance people's experiences.
- During our inspection visit we observed a range of activities taking place, including singing, dancing, playing instruments, a visiting entertainer and art. We spoke with one person who had been dancing, they told us they, "Had a nice time."
- One person told us how they had gone to a sports venue the evening before our visit, which they really enjoyed. This was part of the 'sparkles' system in place where people could choose something they wanted to do, and this was provided. A member of the activities staff told us one person had been to see trains and

had lunch out, another person was going to a local venue to have high tea with prosecco.

- The activities staff member told us how, as part of their duties, they visited people in their bedrooms to provide one to one activity, such as reading the newspaper with them. We spoke with four people who were in their bedrooms, one person said, "I don't get bored, the staff come to see me."
- One person told us how they liked gardening and they had a section of the grounds where they could undertake their hobby. We saw people had access to equipment designed for people living with dementia, such as realistic babies and animals. One person was cradling their baby and smiled when we spoke with them about it.

Improving care quality in response to complaints or concerns

- People and relatives told us they would raise a complaint if they needed to. We received feedback from relatives that when they had spoken with staff about concerns, this was addressed.
- Records showed complaints were investigated and responded to and used to drive improvement. This included advising staff of any changes to ensure they were aware of the lessons learned and actions taken.

End of life care and support

- Where people had chosen to discuss their end of life decisions, this was recorded in their care records to ensure their preferences were respected when they required end of life care.
- Staff had received training in end of life care.
- One person's relative told us how their family member's preferences, including where they wanted to be cared for was being respected.

# 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

- The registered manager had ceased working in the service a few days before our inspection.
- The provider had taken action and a new manager had started three days before our visit. However, we remained concerned about the number of management changes in the service, with a new manager in post at each of our inspections. Since our last inspection this was the fourth manager, which increases instability in the service. We received feedback from staff and relatives about the impact the changes had on the consistency of the service provided.
- Despite our concerns about the inconsistency of management in the service, the improvements made had improved the overall rating of the service provided. The new manager and nominated individual told us how further improvements were planned. This included employing a second deputy manager to assist with the managerial responsibilities in the service.
- A programme of audits were undertaken, which assisted the provider to identify shortfalls and address them. We saw unannounced visits were undertaken at night to monitor the care provided, further visits were being planned.
- An action plan was in place, which the service was working on alongside the local authority commissioners. Most improvements had been actioned and plans were in place for the ones not yet fully implemented.
- We had received notifications as required from the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Where shortfalls had been identified by the provider, actions had been taken to improve the service, including disciplinary action.
- We fed back information provided to us during our inspection, some of which the operations manager was aware of. There were systems to monitor the service provided to identify any shortfalls in people's care. Prior to and during our feedback the operations manager told us of the actions they had taken and intended to make, this included speaking with people who used the service.
- Staff we spoke with were committed to providing a good quality service and they told us they were hopeful that their initial positive impressions of the new manager would drive improvement. In the short time they had worked in the service they had reviewed the staffing rota, as a result of the comments received from staff.

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

- There was a duty of candour policy in place which was understood. We saw records of complaints which identified that apologies had been provided where shortfalls had been identified.
- The manager told us how they intended to implement the duty of candour, including fully investigating concerns and providing feedback and an apology, where required.

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

- There was a system in place to receive feedback about the service from people using the service and their representatives. This included complaints and surveys about the service provided, which were analysed, and actions taken.
- People's relatives told us they were kept updated about their family member's wellbeing and any comments they made about the service were acted on.
- Staff meetings and individual meetings with staff had been held, to receive feedback about the service. Minutes from staff meetings identified how staff had been guided in the expectations of their role, including personalised care and maintaining positive relationships between staff. In addition, in January 2022, the anti-bullying policy had been reviewed and made available to staff.
- Staff told us they felt they had been listened to by the operations manager about issues affecting staff morale and they had acted on their concerns.

Working in partnership with others

- The management team told us how they had positive relationships with other professionals involved in people's care, this included GPs, district nursing team and commissioners.
- The deputy manager told us about the partnership working between the service and the GP surgery which has been developed to support early indicators of people's health deteriorating and early intervention.