

Green Range Limited

# The Willows Care Home

## Inspection report

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Worcester  
Worcestershire  
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Tel: 0190520658

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Willows Care Home was providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 17 people in one adapted building.

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

People told us they felt safe and supported by the staff who worked in the home. However, potential risks to people's health and wellbeing had not consistently been identified and were not always managed safely. There was not always sufficient mix of staff on duty. It was recognised that staff should prioritise care to people, however as the provider had been unable to recruit staff into the vacant positions and this had continued for some time. This had impacted on other aspects of the running of the home, such as support to maintain people's interests and hobbies, managerial work and record keeping. People's medicines were managed in a safe way, however safe storage of medicines needed improving. Safe practice was not consistently carried out to reduce the risk of infection.

The provider did not have checks in place to monitor the quality of the service provision. Staff were not always fully supported or trained to receive the most up to date information for people's care and social needs.

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 (18 January 2022)

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to staffing and staff training. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to people's safety and the leadership of the service.

Full information about CQC's regulatory response to the more serious concerns can be found 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The 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 two inspectors.

#### 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 in post.

#### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people in depth about their care, and three people in the communal lounge. We spent time observing people's care and support in the communal areas. We spoke with three staff, the registered manager and the provider who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and aspects of people's medication. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including training, staff rota's and the registered manager's checks were also reviewed.

#### After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found.



# 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 remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Information about people's individual risks had not always been robustly assessed, to ensure potential risk of harm to people had been mitigated as far as reasonably practicable. Our inspection found the risks were broad in their range, such as management of falls, support for people who enjoy walks outside of the home, and aspects of people's specific health conditions. We found risk assessment records were either not in place, or not comprehensive and up to date to help staff understand how to keep the person safe.
- Staff did not have consistent knowledge of people's individual risks and how best to support them. For example, staff were not aware of a person's specialised diet, nor had staff received specific training around this, we saw from the person's records that they had experienced weight loss. We raised this with the registered manager and provider to ensure they were aware of the training which was available to them.
- The registered manager told us they were aware care records were not up to date, as they had been providing care and cooking shifts which had taken them away from their managerial role, but was able to demonstrate an awareness of people's individual risks. However, the provider could not be assured that all staff supporting people had the most up to date information for how to care for people in the safest way.
- Staff did not consistently record and manage incidents which had taken place in line with the provider's policy in relation to falls. We saw examples where people had sustained head injuries. However, the response to medical attention and monitoring and observations following the incidents were not consistent or in line with the provider's policy. The provider could not be assured that in the event of an incident, action taken by staff would be appropriate and/or timely.

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 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed that action would be taken to update care records, that discussions would be held with external agencies where necessary and meetings and training would be held with their staff group.

### Staffing and recruitment

- Staff told us, and we found there was not a sufficient skill mix of staff working in the home. We found that care staff and the registered manager were completing all the tasks within the home. For example, the registered manager was completing care and cooking shifts throughout the week, which took them away from their management role. We saw, and the registered manager told us that the record keeping and managerial work that was required was not up to date. In addition to this, care staff completed the cooking

and cleaning tasks as there were no cleaners and only one cook. This took staff away from supporting people, not only with their care needs, but in maintaining their hobbies and interests.

- It was recognised that the provider had been actively trying to recruit staff but had not been able to fill the positions. The registered manager told us that prior to our inspection they had planned to hold a meeting with the provider so that staffing and management arrangements could be reviewed.
- At our last inspection we found recruitment processes had not always been completed. At this inspection we found recruitment processes still required further action to ensure the staff files held the required information.

There was not always a sufficient skill mix of staff working in the home. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the registered manager told us they were seeking agency staff to fill the gaps in the rota to help support the existing team.

- People and relatives did not raise any concerns about staffing levels. People confirmed there were staff visible, and prompt to answer call bells.
- We saw staff remained visible in communal areas and made regular checks on those people who preferred to stay in their rooms.

#### Using medicines safely

- People received their medicines when they should. One person told us how staff always checked if they were in pain and needed any medicine to help with this.
- Our inspection identified that medicines were not always stored securely. The registered manager advised they would review this immediately.

#### Preventing and controlling infection

- We were not always assured that the provider was using PPE effectively and safely. We saw times when staff did not always wear their face mask appropriately. We also saw staff were not bare below the elbow as jewellery was worn.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found people's toiletries in communal bathrooms which were not labelled to identify who they belonged to, in addition to this the shower chair was unclean. Following the inspection, the registered manager confirmed a new shower chair had been purchased.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider was supporting people to meet with their family and friends.

#### Learning lessons when things go wrong

- Safety concerns were not consistently identified. The systems for reporting and reviewing incidents to drive improvement were not effective in ensuring safety concerns had been addressed adequately.

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



- All people we spoke with told us they continued to feel safe by the staff who supported them. A relative also felt their family member was kept safe from abuse.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager understood their responsibilities regarding the action to take to protect people from harm.

# 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. At this inspection 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

- This is the second consecutive inspection where the effectiveness of the provider's systems to monitor the quality of service had failed to identify concerns and drive improvements.
- The provider did not have systems or processes in place to monitor the governance and performance of the service. Without a provider level oversight, the provider could not be assured they were identifying and managing risks and people's care and treatment in a safe and effective way. This meant the provider could not be assured that people's care and treatment was being provided in line with the regulations.
- The registered manager completed checks of care records, but this was of their own work, and lacked oversight into identifying shortfalls.
- All staff were not fully aware of what was expected of them. We found when the registered manager had been absent from work, care and support to a person following an incident was not in line with the provider's policy.
- The registered manager held a lot of information about the running of the service and people's care and treatment in their head and had not consistently relayed or recorded this information to staff. Where care records had been completed, these were not accessible to staff. The paper records held in the main office were out of date and in no particular order, or easy to reference. The online records which were more up to date were held in the registered manager's office. This meant there was a risk of important information not being shared with the staff group and people receiving inappropriate care.
- Staff had not always been supported to have the right training and some training was either not completed or out of date. The registered manager was unaware of training in relation to textured modified diets where guidance changed in 2018. Without keeping up to date with training, being involved with other agencies and other support groups for care homes and registered managers, the service provision would not be able to improve the standards of care for people.

Working in partnership with others; Continuous learning and improving care; 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

- Further work was required to ensure the provider worked in partnership with external agencies to ensure people received a holistic service. We found an example where the provider was not involved in the investigating an allegation of abuse where it would have been appropriate for them to do so. This meant the provider could not be assured they were always carrying out their full responsibilities and could take action

and improve and learn.

- There were aspects of the service provision where the registered manager made decisions alone, without consultation of external agencies for advice and support. Through discussions with the registered manager, they confirmed they would now contact the relevant agencies as required.

Governance systems had not been established to assess, monitor and improve the service provision. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- the registered manager said they did not always feel fully supported in their role, for example when trying to address some staffing arrangements we had identified.
- Staff told us they worked together well as a team. They told us they wanted the home to improve and were keen to support the registered manager to bring the standard back to what they previously knew. We could see staff worked hard to support people.
- People we spoke with were happy with the service, they knew the registered manager well and were positive about the home they lived in and the staff who supported them.

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  There was not always a sufficient skill mix of staff to support the service provision

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  Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems had not been established to assess, monitor and improve the service provision.

### The enforcement action we took:

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