

Bestcare Ltd

Willows Court

Inspection report

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13 March 2019

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Willows Court is a residential care home providing personal care and accommodation for up to 29 younger and older people. There were 26 people using the service at the time of the inspection.

People's experience of using this service:

- ☐ We found issues relating to the premises which posed significant risks of accidents and harm to people.
- ☐ We found issues relating to the cleanliness of the home and staff's inconsistent use of personal protective equipment.
- ☐ The programme of improvement of the premises failed to consider the needs and safety of the people that used the service.
- ☐ People told us that they felt safe living at Willows Court.
- ☐ Staff were supported to manage risks in a way that did not restrict people's freedom or choice.
- ☐ People's needs were met by staff who had the training, skills and experience required to meet their needs.

- ☐ People were supported to have timely access to health care services.
- ☐ Staff were kind and compassionate to people that used the service.
- ☐ People were supported to be involved in the decisions about their care. The registered manager dealt satisfactorily with any concerns that they may have.
- ☐ The service did not meet characteristics of Good in most areas; more information is in the full report.

Rating at last inspection: Requires improvement, published 13 March 2018

Why we inspected: Planned inspection based on previous rating.

At our last inspection, we found issues which showed that the provider was in breach of Regulation 11, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had made some improvements. However, they we found issues which showed they remained in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Premises and equipment. More information is in the full report.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: Ongoing monitoring; we will continue to monitor this service and respond accordingly. We plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

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 caring?

The service was caring

Details are in our Caring findings below.

Good ●

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 Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of two inspectors, one nurse specialist advisor and one expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Willows Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The Inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We also reviewed the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During inspection: We spoke with five people who used the service and two visiting relatives. We also spoke

with the registered manager, deputy manager, the cook and one care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed the care that people received from staff in the communal areas of the service. We reviewed a range of records about people's care and how the service was managed. This included care records of the five people who used the service. We reviewed associated documents including their risk assessments, daily records of the care they received and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for two care staff employed at the service. We also reviewed documents and systems the provider used to assure themselves they provided a good standard of care.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 January 2018. At that inspection we found issues around infection control because staff did not always use personal protective equipment when they provided support to people.

At this inspection, we found that improvements had not been made in this area. Staff did not always use personal protective equipment when they provided support to people.

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

RI: ☐ 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.

Preventing and controlling infection

- ☐ Staff we spoke with had a good understanding of how they would apply their knowledge and understanding of infection control. However, some staff told us that they required personal protection equipment [PPE] such as gloves and aprons to be readily available to them in bathrooms. They said, "We sometimes forget to take them [PPE] in, so it would be good if there was some of that kept in the bathrooms for us to use. When we forget them, we can't leave the person by themselves so we wash them without gloves and aprons. It would be better if they were in the bathrooms." This meant that their infection control practices were not applied consistently.

Using medicines safely

- ☐ During our visit, we found the provider had not complied with relevant laws on the storage of controlled medicines. This was because the provider had not secured the medicines cabinet to a wall. This contravened the misuse of drugs act 1973. The provider rectified this before the end of our visit.
- ☐ People received the support that they required with their medicines. The provider's protocols for managing, administering and ordering medicines were safe and in line with relevant guidance and legislation. This included protocols for supporting people who received their medicines covertly.

Staffing and recruitment

- ☐ During our visit, we saw that care staff were supported by students on placement from the local college. We observed that they all worked together as a team to meet people's needs in a timely manner. Most people told us that staff responded promptly when they needed support. One person said, "They [care staff] could do with one or two more staff but when I press the buzzer they usually come in a reasonable time."
- ☐ The provider had safe recruitment protocols. They completed relevant checks which assured them that staff were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- ☐ People we spoke with told us that they felt safe living at Willows Court. They told us they felt safe with the staff and with other people who used the service. One person told us, "I feel safe here because of the staff."

They look after you well." A relative told us, "I have no concerns about the care that [person] receives, and I think [person] is safe here." Another relative said, "Yes, [person] is safe here. I don't go away thinking that [person] is not being looked after."

- ☐ People were protected from abuse. Staff knew how to raise concerns they may have about people's safety and welfare. The registered manager knew how to report any safeguarding concerns to the relevant authorities.

Assessing risk, safety monitoring and management

- ☐ Risks assessments had relevant information to support and guide staff when they supported people with their care needs. They included information on how staff could provide support in a way that minimised the likelihood of accidents and avoidable harm.
- ☐ Records we reviewed showed that staff were supported to manage any risks to people's care in a way that did not restrict people's freedom or choice.

Learning lessons when things go wrong

- ☐ The registered manager had systems in place to record any incidents and use these as a learning tool to identify trends and improve the service.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 January 2018. At that inspection we found not all areas of the home or equipment used were clean and good hygienic standards were not maintained. This meant this was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. We also found that staff did not always complete required document to show that people consented to their care and they complied with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent.

At this inspection, we saw improvements had been made, further improvements were still required in some areas. The provider remained in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. The provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for Consent.

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- ☐ During our visit, we saw that the home was undergoing a programme of redecoration. However, we saw that the provider had not fully considered the needs of the people living at the Willows Care Home. For example, we found that in three ensuite toilets wires were left exposed where extractor fans had been taken off. We were informed that they had been taken off for over two weeks. We brought this to the attention of the registered manager who arranged for the holes to be capped immediately.
- ☐ We also found several issues that posed a significant risk of accidents and harm to people. Some of these included a toilet that was not fastened securely to the wall or floor, all wardrobes in bedrooms were not secured to the wall, and there were taps from which people could access very hot water.
- ☐ During our tour of the home, we observed that some areas of the home were not clean. This included strong odours of urine in a bedroom and a toilet. Skirting boards in some bedrooms had visible dirt markings on them. A care staff told us, "I think they really need two cleaners on each day, because it is a really big area to clean with the upstairs and downstairs. Now it's a mess because the builders are working here now. I think it needs to be more clean."
- ☐ Some bedrooms did not have a call bell or alternative aids in the place. The registered manager could not account for all the call bells that were missing from the bedrooms. The registered manager told us that they look into this to ascertain where the call bells were. Call bells are required for people to alert staff should they require support.

These issues demonstrated the provider is in continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

Ensuring consent to care and treatment in line with law and guidance

- ☐ Staff sought people's consent before they provided support. One person told us, "They [care staff] always tell you if they are going to do anything with you. I don't think they would do anything without mentioning it first." People's care plans showed that their consent was sought before staff provided support to them.
- ☐ 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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- ☐ We saw that necessary conditions on DoLS were met. However, we saw that where decisions were made on people's behalf their records did not show how those decisions were reached. We brought this to the attention of the registered manager who told us that they would review people's records to show how they made mental capacity and best interest decisions.

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

- ☐ People's care needs were assessed and recorded in their care plans. Information in care plans were sufficient to guide staff to support people with their needs.

Staff support: induction, training, skills and experience

- ☐ People and their relatives were confident that care staff have the skills and experience that they required to meet people's needs. One person told us, "I have a [health condition], but staff know me well and know how to support me." A relative told us, "They [care staff] all seem to know what they are doing."
- ☐ We observed that when a person behaved in a way that may challenge others, staff supported the person in a calm and effective way which deescalated the person's behaviour.
- ☐ We reviewed the provider's training records which showed that staff had accessed relevant training that they required to carry out their roles and responsibilities.

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

- ☐ People's nutritional needs were met. They had access to regular drinks, snacks and meals.
- ☐ People gave us mixed feedback about the food at the service. Some people enjoyed the meals and other people told us that they would like more variety of meals. We found overall that people received adequate support 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

- ☐ The registered manager and the care team supported staff to have timely access to health care professionals and services. They referred and worked with other professionals to ensure that the support that people received was consistent to meet their assessed needs.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People spoke highly of the caring attitudes of their care staff. One person told us, "The staff are wonderful. I always have a laugh with them." Another person said, "They are all very caring."
- ☐ Staff were very knowledgeable of the history, preferences and needs of people. Their individual needs and preference were recorded in their care plans. We observed caring and compassionate interactions which reflected that staff provided the care as stated in people's records.

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

- ☐ Records we reviewed showed that where possible, people or their relatives were involved in planning their care. They were also involved in the review of their care to ensure that it continued to reflect their current needs and preferences.
- ☐ Where required people were supported by advocacy services to support them with making decisions about their care and airing any views they may have about the care they receive at Willows Court.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were treated with dignity and respect. Staff demonstrated that they understood the importance of maintaining people's dignity.
- ☐ People were supported to be as independent as possible. Their choices for their care were respected and met.

Is the service responsive?

Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were not always supported to pursue their interest. They told us that they would like to have more activities or social stimulation. One person told us, "All we have is the TV." Another person said, "We mostly watch TV. [Staff name] did balls, cards, but we don't do anything like that now." A relative told us, "[Person] gets bored. I haven't seen any activities when we're here." On the afternoon of our visit, we observed staff played ball games with people in the lounge.
- ☐ People's care plans were reviewed regularly. Where people's needs changed, their care plans were updated. However, the registered manager did not maintain records in such a way that allowed for identifying and analysing possible trends in people's changing needs. We brought this to the attention of the registered manager, they told us that they had begun to make changes to maintain a trail when they reviewed care plans.
- ☐ The care records we reviewed showed that people or their relatives had been actively involved in the planning of their care. This supported staff to understand and promote people's individuality and to tailor the support they provided to meet people's individual needs and preferences.
- ☐ People were supported to maintain relationships with their family and friends. We saw that people's relatives could visit their loved ones without restrictions.

Improving care quality in response to complaints or concerns

- ☐ People told us that they have not had any reasons to raise a complaint. They told us that the registered manager and staff were easy to talk to and believed they would not hesitate to resolve any concern reported to them. One person said, "If I had any problems I would go to the [registered manager] who sorts things out for me."
- ☐ Complaints records showed that the registered manager recorded and resolved any concerns raised.

End of life care and support

- ☐ People's records showed they had been provided the opportunity to discuss their end of life plans with care staff. Their wishes were recorded in their care plan. None of the people that used the service was receiving end of life care at the time of our visit.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 30 January 2018. At that inspection we found the provider and registered manager did not have effective systems in place to monitor the service. This constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

At this inspection, whilst we saw improvements had been made, further improvements were still required in some areas. The provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The registered manager completed a range of audits and checks to assure them that they continued to meet people's needs in a safe and effective way. We saw that their audits had identified areas where improvements were required. Records showed that they had raised some of the issues identified with the provider. However, we did not see evidence of any actions that may have been taken to make the required improvements.
- ☐ We did not see evidence that showed that protocols to maintain an oversight of the service was in place at provider level.
- ☐ People, their relatives and staff had access to the registered manager for support and guidance when needed. A relative told us, "[Registered manager] is very helpful. [Person] is settled, and I wouldn't want them anywhere else."
- ☐ People and their relative spoke very highly of the registered manager and the staff team. They were confident that they knew their responsibilities and carried them out well. A relative told us, "[Registered manager] keeps an eye on things. They are a lovely group and I have no problems." A care staff told us, "[We get] lots of support for me from [registered manager] and the deputy manager. They are very good and the rest of the team too."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The home was undergoing a programme of improvements. However, the provider had not taken steps to meet the requirements of their role by ensuring that steps were taken to mitigate associated risks to people.
- ☐ The provider and registered manager had not taken steps to ensure that while the redecoration was going on that people's records were stored securely. We saw that care plans were stored in an unlocked cabinet in the conservatory. This could be easily accessed by unauthorised people within the premises.

- The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission (CQC).

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

- Staff involved people and their relatives in the planning of their care. They did this through informal discussions with their care staff and the registered manager to ensure that they considered peoples view on the care they received.

Continuous learning and improving care

- The registered manager took steps to resolve issues requiring immediate action that we identified during our visit. For example, they secured the medicines storage cupboard to comply with regulations.
- We reviewed records which showed that the registered manager had taken steps to make some of the improvements identified in the report of their last CQC inspection. We saw that they met with the staff team to discuss requirements to improve the service.

Working in partnership with others

- The registered manager and the wider staff team worked in partnership with commissioners, relevant bodies and other healthcare professionals to ensure people received care that was consistent with their assessed needs.

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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The programme of improving the premises had not fully considered the needs and safety of people that used the service. There were issues in the environment that posed a significant risk of accidents and harm to people.</p>