

The Willows Residential Care Home Limited

The Willows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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 provides accommodation with personal care for up to 32 older people, including people living with dementia. It does not provide nursing care. Accommodation is provided in an adapted building. At the time of our visit 25 people lived at the home and one person was in hospital.

People's experience of using this service:

We found there continued to be a lack of effective governance, management and provider oversight. Systems and processes designed to identify shortfalls, and to drive improvement continued to be ineffective. The providers policies and procedures did not always provide staff with the guidance they needed. Completed audits and checks had not identified the concerns we found. This demonstrated lessons had not been learnt since our last inspection.

The management of individual and environmental risks continued to require improvement. Medicines were not always managed safely in line with best practice guidance. Despite this people felt safe living at The Willows. Staff were recruited safely and there were enough staff available at the times people needed them.

People received care and support from staff who were polite and friendly. People's privacy and dignity was upheld, and their independence promoted. Staff understood the needs of the people they supported and staff practice demonstrated their commitment to providing good care. People were supported to maintain important relationships and had access to a health and social care professionals when needed.

People's care and support was based on their individual needs and choices. Most care plans were detailed and personalised, through some had not been reviewed. Action was taken to address this. People and relatives were satisfied with the service and had no concerns but understood who to speak to if they wanted to make a complaint. People were supported to maintain important relationships and had some opportunities to take part in individual or group activities.

Staff received the training they needed to be effective in their roles. 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 did not support this practice. The home's environment continued to be in need of upgrading and development to ensure it was dementia friendly. Plans were in place to address this.

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

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 8 February 2019) and there was a breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This is the second consecutive time the service has been rated 'Requires Improvement'.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement:

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. 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 was conducted by two inspectors and an assistance inspector..

Service and service type: The Willows is a care home. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This comprehensive inspection was unannounced and took place on 21 January 2020.

What we did: We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 used all of this information to plan our inspection.

During our inspection visit, we spoke with seven people who lived at the home and two relatives. We spoke with two senior care staff, four care staff, the cook, the registered manager, the directors and 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 about people's care and how the service was managed. This included six

people's care records and a range of medicine records to ensure they were reflective of people's needs. We looked at three staff personnel files to ensure staff had been recruited safely. We also sampled records relating to the management of the service including policies and procedures, quality checks and audits, complaints and staff training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

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

- Previously, the management of risk was not always effective. At this inspection some improvements had been made for example, free-standing electric radiators in use had been risk assessed.
- However, we found on-going risk management concerns. One person was at risk because they may not eat and drink enough. To monitor this risk staff were instructed to check and record the person's weight each month. Staff had not followed this instruction. The last time the person's weight was recorded as being checked was 3 October 2019 and there was no information to show if the person had maintained a healthy weight.
- Another person was known to display behaviour that could be challenging to other people. To reduce this risk the person's risk assessment informed staff to monitor the person's whereabouts at 30 minutes intervals. Records showed these checks had not been consistently completed. One staff member said, "We do check [name] but when we are busy we don't always have time."
- A third person's nutritional risk assessment had been incorrectly scored to show them as a low risk. The correct score indicated a high risk. This meant there were no risk monitoring and management measures in place.
- Environmental risks were not always identified and well managed. For example, we saw an extension cable plugged into an electricity socket in a hallway. The cable was wedged under a bedroom door to reach inside the person's room. Staff confirmed this had not been risk assessed.
- The homes 'grab bag', containing important equipment and information was stored on a high shelf in the lounge. This meant staff would not be able to access the bag quickly in the event of an emergency and created the potential risk staff could fall and injure themselves whilst stretching or climbing to access the bag.
- The homes emergency contingency plan was not up to date. This meant staff and the emergency services did not have the information needed to keep people safe in the event of an emergency.
- The lack of emergency planning was identified as a concern at our last inspection. This demonstrated lessons had not been learnt. The registered manager assured us they would take action to address the concerns highlighted.

We found no evidence that people had been harmed however, systems and processes were not sufficient to demonstrate risk to people's safety and the environment was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff completed fire safety training and understood the action they needed to take in the event of an

emergency.

Using medicines safely

- At our last inspection prescribed creams in people's bedrooms did not always have an open or use by date in line with best practice guidance. At this visit these shortfalls had been addressed.
- However, some previously evidenced standards had not been maintained. We found some physical stocks of medicine did not balance with those recorded as received and administered.
- One person was prescribed a medicine administered via a patch applied directly to their skin. However, there was no record to show where on the person's body the patch had been applied. Recording this information is important to ensure these types of medicine are applied safely in line with manufactures instructions and good practice recommendations.
- Some people were prescribed 'as required' (PRN) medicine. There was no information available to inform staff why the medicine had been prescribed or signs to indicate the medicine should be given. This is important to ensure PRN medicine is administered as intended by the prescriber. Despite these omissions discussions with staff assured us they knew when to give people these medicines.
- Prescribed creams and lotions were not securely stored. The doors to cupboards used to store these items in communal areas, were wide open. When we alerted staff one said, "They should always be locked." The staff member locked the cupboards.

We found no evidence that people had been harmed however, systems and processes were not sufficient to demonstrate people's medicines were managed and administered safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Effective processes were in place for the timely ordering, supply and safe disposal of medicines.
- Medicines were administered by trained staff whose competency was regularly checked.
- Despite our findings people told us they received their medicines when needed. One person told us they told staff when they were in pain and staff provided their prescribed pain relief medicine.

Preventing and controlling infection

- The environment was generally clean and since our last inspection toilet roll holders had been fitted in communal toilets.
- Staff had completed infection control training and used personal protective equipment such as disposable aprons and gloves when supporting people with personal care.

Staffing and recruitment

- People told us staff were always available at the times they needed them. One person said, "Yes, I would say there are enough staff...they always come quickly if I press my bell." A staff member told us, "It can be busy but there are enough staff."
- Safe recruitment practices were followed.

Systems and processes to safeguard people from the risk of abuse

- Despite our findings people said they felt safe living at The Willows. One person said, "I have no worries here. I am safe." Another said, "The doors are always kept locked. No one can get in."
- Staff received safeguarding training and demonstrated they understood their responsibility to keep people safe. One told us, "If I had a worry I'd report it to management straight away."
- However, some members of the management team did not know the agreed timescales for sharing safeguarding concerns with other organisations. We saw there was no guidance in the providers safeguarding policy in relation to this. The director acknowledged our findings and following our inspection

received confirmation this had been addressed.

- The registered manager had shared information with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had been assessed prior to moving to the home to ensure these could be met.
- Information gathered during assessments was used to develop care plans which helped staff to get to know people's life style choices, preferences and needs.

Staff support: induction, training, skills and experience

- People had confidence in the way staff provided their care. One person told us, "They [staff] are well tutored." Another said, "They know their job."
- Staff completed an initial induction and the on-going training they needed to be effective in their roles. Inductions for staff new to working in social care included completing the Care Certificate (nationally recognised induction standard). Staff training was up to date.
- Staff received support and guidance through observations of their practice, individual and team meetings.

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 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 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had submitted DoLS applications where needed to keep people safe and continued to work within the requirements of MCA.
- Staff completed MCA training and worked within the principles of the Act by gaining people's consent before they provided care or assistance.
- People's care plans identified if they had capacity to make specific decisions about different aspects of their care. Where people had been assessed as not having capacity, plans included details of who had the legal authority to make decisions on the person's behalf.

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

- People had access to health and social care professionals when required. One person told us, "If I need a doctor staff arrange it for me." A relative told us they felt reassured because they were always informed if family member was unwell and a doctor had been requested.
- The registered manager and staff had developed relationships with professionals who had contact with the service to help support people's health and wellbeing.

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

- People told us they had enough to eat and drink and were satisfied with the choices available. One person described the food as 'very good'.
- Staff had a good knowledge of people's dietary needs and preferences.
- Staff were available at mealtimes to provide the support people needed to receive a balanced diet and to have enough fluids to maintain their health.

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

- Previously, the registered manager told us plans were in place to redecorate and update the environment to make it more dementia friendly.
- At this inspection the nominated individual explained these plans had been deferred due to unforeseen expenditure. They said, "We have a new plan in place and are in the process of obtaining quotes." We saw the plan included, replacing carpets furniture and redecoration.
- People were encouraged to personalise their bedrooms.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- People and relatives described staff as polite and friendly. One person told us, "They [staff] treat me well. They are lovely." Another person said, "They sit and chat with me."
- Staff practices demonstrated people mattered. Staff spoke fondly and respectfully about the people they supported with whom they had developed positive relationships. One staff member told us, "I love the residents. They are part of my family."
- Staff had completed equality and diversity training and understood the importance of learning about, and respecting people's differences to ensure person centred care was provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be promoted and upheld. Staff demonstrated this by knocking doors before entering people's bedrooms and asking people discretely if they required assistance with personal care.
- People's independence was promoted. Care plans reflected people's abilities and strengths and staff practices reflected these.
- People's personal information was managed in line with data protection regulations.

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

- People told us they made day to day choices and were given opportunities to voice their views and opinions through daily discussion and meetings. One person told us, "I choose what time to get up and go to bed."
- Staff respected the choices people made. One staff member commented, "We are here to do what our residents want us to do. It's their choice."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection care plans lacked detailed and had not been updated when people's needs changed. At this visit most care plans were detailed and provided staff with the information they needed to provide personalised care.

- However, three of the six care files we looked at contained care plans which had not been regular reviewed. The registered manager told us, "I am very disappointed. We have worked really hard to ensure they are all up to date." The registered manager began to address these shortfalls during our visit.

- People told us the care they received met their individual needs. One person said, "The service is brilliant." Another person told us, "I don't think you could get better anywhere else."

Meeting People's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how to communicate effectively with people.
- People had access to some information in different formats including, pictorial and large 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

- People continued to be supported to maintain relationships with those that mattered to them and people's friends and family were welcome to visit at any time.
- People gave mixed feedback about the variety and frequency of activities. One person said they joined in quizzes which they enjoyed. In contrast another person said they had not been invited to take part in activities.
- Since our last inspection the provider had employed a dedicated activity co-ordinator and whilst no planned activities took place on the day of our visit records confirmed activities did take place. A staff member told us, "Activities have improved and we're working on getting better."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt able to do so.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.
- Records confirmed complaints had been managed in line with the providers procedure.

End of life care and support

- At the time of our inspection no-one at the home was in receipt of end of life care. However, staff had previously cared for people at the end stage of life and were trained to do so.
- Some people's care plans contained some information about their end of life wishes.

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 this key question was rated as Requires Improvement. At this inspection the rating has remained the same. 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

At our last inspection the providers quality monitoring systems and processes were not effective and did not support continuous improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had not made the required improvements and remained in breach of regulation 17.

- The nominated individual demonstrated commitment to providing good quality care, but they had failed to recognise how their lack of oversight and knowledge of regulation impacted on people, staff, the management team and service quality.
- Quality audits and checks continued to be ineffective. Audits of medicines, care and emergency plans had not identified the issues we found.
- Other audits contained inaccurate information. In response to the question, are fly screens fitted in the kitchen? The auditor recorded, 'No waiting for bulbs'. Despite this audit being signed as checked by the management team they were unable to explain what this meant.
- Timely action had not always been taken where audits identified the need for improvement. It was noted in June 2019 bed linen stained and needed to be replaced. None had been purchased. The director told us replacing the bed linen was part of the home's refurbishment plan. However, no date had been confirmed for this.
- The management teams lack of oversight meant some previously demonstrated standards had not been maintained, including medicine management and administration.
- The provider's policies and procedures did not provide the management team and staff with the information needed to comply with legislative requirements and best practice guidance. This demonstrated the providers lack of knowledge and understanding of social care regulation. We discussed this with the director who assured us it would be addressed.

We found no evidence that people had been harmed however, the provider had failed to make improvements to the service and comply with regulations. Service oversight and governance systems were ineffective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

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

- Despite our findings people and relatives were satisfied with the service provided and the way the home was managed. One person told us, "I like it here. The manager is lovely."
- The registered manager was supported by team leaders and senior care staff. They told us the management structure 'work well' and provided them with good support.
- Staff attended team meetings which gave them the opportunity to discuss any issues of concern and ideas for improvement with the registered manager. However, some staff did not feel listened too. One said, "You can voice and report things, like the stained linen, but you get fobbed off. Nothing happens. All we want is the best for the residents."
- The registered manager understood their responsibility to be open and honest when things had gone wrong.
- The registered manager was further developing their knowledge through attendance at training events and meetings with other registered managers organised by the local authority.

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

- Feedback from people and relatives was encouraged through meetings and questionnaires which was used to drive improvement. For example, name badges had been ordered in response to feedback from relatives about knowing the names of staff on duty.
- The registered manager understood their responsibility to be open and honest when things had gone wrong.

Working in partnership with others;

- The registered manager and staff worked in partnership with health and social care professionals to promote people's physical health and well-being. For example, the home was working with the local authority to implement 'say no to infection'. This is a campaign which aims to help reduce and prevent infections within care home's by providing training and educational assistance to staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (a) (b) HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was consistently provided in a safe way.</p> <p>The provider had not ensured risk associated with people's care and the environment was identified and assessed and mitigated.</p> <p>The provider had not ensured medicines were administered accurately and in line with best practice guidance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured records relating to the care and treatment of each person using the service were accurate and up to date.</p> <p>The provider had not ensured, timely, improvements to the service provided had been made and sustained.</p>

