Maria Mallaband Limited

Willowbank Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Willowbank Nursing Home can accommodate up to 37 people who require support with nursing or personal care needs. At the time of our visit, 24 people were living at the service. [Insert a brief description of the building here].

People's experience of using this service and what we found
The registered provider did not have effective governance systems in place to maintain and improve the quality and safety of the service. Analysis of accidents and incidents were very brief in detail and did not show any evidence to identify any patterns or trends.

Care plans were inconsistent, and we found some care plans were not accurate. We found people were not being weighed as frequently as directed by their care plan. One relative said, "I was relieved to have had the opportunity to correct some inaccuracies." A staff member said, "They [care plans] are hard to understand and staff are writing information in different places."

We found one person had bed rails in place, however no risk assessment had been completed for this. Fluid and repositioning charts were also inconsistently completed.

On the whole people received their medicines as prescribed. We found some areas of improvement were needed which was fed back to the manager on the day of inspection. For example, protocols were not always completed. Following the inspection this was added to the electronic system and sent to the inspector.

People and relatives told us they felt there were enough staff to support people's needs and that staff were kind and caring. We observed people's needs were met in a timely manner during this inspection. The manager provided us with evidence people's dependency levels were used to allocate staffing.

People told us they felt safe and staff we spoke with had a good understanding of how to safeguard adults from abuse. Safe systems of recruitment were followed to ensure staff were safe to work with vulnerable people.

The home was clean throughout, with additional cleaning being completed during the COVID-19 pandemic.

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

Rating at last inspection
The last rating for this service was good (published 10 August 2018).

Why we inspected

This inspection was prompted in part due to concerns received about infection prevention and control, staffing levels, medicines and the management and governance of the service. A decision was made for us to inspect and examine those risks. We found evidence during this inspection that people were at risk of harm from some of these concerns, however we did not find evidence that harm had occurred.

This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements and concerns. 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 coronavirus and other infection outbreaks effectively.

Prior to the inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvement. 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 Willowbank Nursing Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to systems were either not in place or were not robust enough to demonstrate safety 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. We found no evidence that people had been harmed however, systems were either not in place or were not robust enough to demonstrate risks were effectively managed and comprehensive records were kept. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 the local authority and clinical commissioning group to monitor their 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our safe findings below.

Willowbank Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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, a specialist advisor specialising in governance and an Expert by Experience. 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
Willowbank Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The service previously had a manager registered with the Care Quality Commission, however shortly before this inspection they left their employment at the service. There was an acting manager supporting the service until a new manager could commence. The new manager will need to register with CQC to ensure they and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was announced. Inspection activity started on 11 January 2021 and ended on 15 January 2021. We visited the home on 11 January 2021.

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 health commissioners. The provider was not asked to complete a provider information return prior to this inspection. 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 of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with ten relatives on the telephone. We spoke with six members of staff including the acting manager, nurses, and an activity coordinator. We reviewed a range of records during and after our visit to the home. This included four people's care records and multiple medication records.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at maintenance and quality assurance records including policies and procedures.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant 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.

Assessing risk, safety monitoring and management

- Risks to people's safety were not always assessed and recorded. For example, risk assessments had not been completed for one person using bed rails. We asked a nurse about this information and they were unable to find a risk assessment on the system.
- Food and fluid charts were not comprehensively completed. For example, one person's fluid chart stated they needed between 1437 and 2000ml of daily fluids. We reviewed ten days of their fluid chart and found they recorded the person had only received between 150 and 650ml a day. Another person's fluid chart stated they required between 1500 and 2500ml per day, however in the last 10 days their fluid chart recorded they had received between 300 and 1275ml a day. We spoke to the manager about this on the day of inspection to ensure this was looked into and addressed as a matter of priority.
- Repositioning charts did not demonstrate that people's needs were being met. One person's chart advised they should be repositioned every two to three hours due to a high risk of pressure damage. We checked their repositioning charts for the last 10 days and found the records were completed inconsistently. For example, on one day it was recorded they had been repositioned seven times, while another day repositioning was only recorded once.
- We spoke to staff about people's current risks and the recording of these. One staff member said, "People are getting enough fluids and repositioning, we are just recording these in different places as staff don't know where to record these. We have brought this up in staff meetings, we have different managers so it can be very confusing as things change all the time." We concluded people had been repositioned, it was the recording which was the issue.

We found no evidence that people had been harmed however, systems were either not in place or were not robust enough to demonstrate safety 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.

- We observed good moving and handling techniques by staff in the service. Staff were observed communicating with people while supporting them.
- The building was properly and securely maintained.
- Staff knew what to do in the event of the need to evacuate the building.

Learning lessons when things go wrong;

- Accident or incidents was recorded however the records were very brief in detail with no further analysis completed to identify any patterns or trends. Opportunities may have been missed to learn from these

events and reduce the risk of further incidents taking place.

Staffing and recruitment
● Staff continued to be safely recruited, with all necessary pre-employment checks completed.
● We observed staff responding to people's needs in a timely manner, although staff were busy.
● The manager told us staffing levels were regularly reviewed and a dependency tool was used to calculate the number of staff needed on each shift.
● People and relatives told us they thought there were enough staff. One relative said, "When I have gone to drop off presents, I observed staff responding quickly to call bells." Another relative said, "There are staff around, I've seen people pressing the buzzer and it was responded to quickly."
● The provider was actively recruiting to vacant posts and some new staff were due to commence employment at the home in the coming weeks.

Preventing and controlling infection
● We were assured the provider was using PPE effectively and safely. We reminded one member of staff on the day of inspection about the importance of social distance and the touching of their face mask. This was addressed on the same day with the manager. No other concerns were raised around staff wearing PPE.
● People and relatives told us staff wore masks, gloves and aprons to prevent the spread of infection. One relative said, "The carer did have a mask on when we did a window visit."
●The home was clean throughout, with additional cleaning being introduced as a result of the COVID-19 pandemic and staff had received training in Infection Prevention and Control.

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us they felt safe. One person said, "Yes I feel safe here with the staff." A relative told us, "I have no issues with safety. The staff make sure [name of person] is looked after. Another relative said, "I know there is someone there to look after [name of person]. I can leave her there with confidence."
● Staff knew the potential signs of abuse and what to do to report any abuse. One member of staff said, "I would not hesitate to let my manager know if I was unhappy about someone's care."

Using medicines safely
● On the whole people received their medicines as prescribed. We found some areas of improvement were needed which we fed back to the manager on the day of inspection. For example, PRN protocols. Following the inspection this was added to the system and sent to the inspector. We were satisfied they were competent.
● Staff involved in handling medicines had received training.
● Regular medicines audits were completed, and action had been taken to reduce medicines errors.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

● At the last inspection we found contradictory information in people's care plans. The previous home manager assured us they had plans in place to improve these records. However, at this inspection we found care plans had not always been updated. Staff told us they found care plans hard to understand and they were unsure where to record things. One staff member said, "We are all recording things in different places, we are all getting confused. We have different managers telling us different things." We asked a Nurse to find some specific information in one person's care plan around their diet and they were unable to find this. We have addressed this further in the well led section.

● Relatives we spoke with told us they were aware of the care plans in place and they were discussed when their relative was admitted to the home. One relative told us they had been given a copy of their relative's care plan by the interim manager, but they found this to be out of date and inaccurate. This was addressed at the time and changed. Another relative said, "[Name of person] did have a care plan at first but we have not updated it." A third relative said," The care plan was discussed with the social worker when [name of person] was admitted, things change, and I am kept in the loop."

● Relatives felt staff responded to people well and supported their communication needs. One relative said, "[Name of person] staff were very patient and understanding, working hard to help her understand things."

Improving care quality in response to complaints or concerns

● The service had a complaints policy and procedure in place, however this did not state the date of when the policy was last updated or when it was to be next reviewed.

● The service had received six complaints during 2020 which had been satisfactory handled in a timely way, however in the complaints summary we were unable to see any evidence of lessons learnt so that action could be taken to reduce the risk of reoccurrence.

● People and relatives said they would bring any concerns to the managers or the staff, and they were confident any complaints or concerns would be acted upon.

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

● Staff understood what individual people were interested in and who was important to them. People's preferred activities inside and outside the home had been affected by the COVID-19 pandemic. Staff said they had tried hard to ensure people had activities in the home as much as possible, in spite of the restrictions.

● Staff had facilitated garden and window visits from people's relatives in line with the guidelines for the COVID-19 restrictions and relatives commented positively about this.

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.

● We found these standards were mostly followed. One relative told us how the care staff produced cards for the person to be able to communicate their basic needs.

End of life care and support

● Staff could tell us how they cared for people at end of life. However, the care plans we looked at did not detail people's preferences or choices and were not person-centred. Improvements were therefore needed in this area.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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 provider failed to ensure there was effective leadership and management of the service and quality assurance systems were not always effective in identifying and resolving issues in a timely way.
- The provider did not always ensure action was taken to mitigate risks. For example, missing risk assessments and out of date care plans had been identified by the manager prior to our inspection but these risks had not been acted on.
- After the inspection the acting manager told us they were working to ensure care plans were up to date and paperwork was easier to navigate for staff.

We found no evidence that people had been harmed however, systems were either not in place or were not robust enough to demonstrate risks were effectively managed and comprehensive records were kept. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's quality team visited the service to complete their own checks on the safety and quality of the service and they had drawn up an action plan which identified areas for improvement. The acting manager was working at this at the time of this inspection.

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

- The previous registered manager had left the service in December 2020. The service had an acting manager in place whilst recruitment for a new registered manager was completed.
- People we spoke with were happy with the care. One person said, "The staff are lovely. Yes, I like it here."
- Relatives, on the whole, told us they were happy with the home and the way their relative was cared for by staff who seemed pleasant and helpful. However, they felt there was an overall need to improve communication. Several relatives we spoke with had not received information about changes to staff or management. One relative said," The manager had promised regular emails during lockdown, but these fizzled out quickly."
- Staff told us they enjoyed their jobs and they felt they worked as a team, however ongoing changes in the management of the home had proven to be an issue. One staff member said, "We get told one thing then it changes again, depending on the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider and management team understood their responsibilities and acted on the duty of candour. Relatives told us they were kept informed of any incidents that occurred.

● The rating from the last inspection was on display in the home.

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

● Feedback was sought from people and relatives in September 2020 via a survey. 19 people and nine families responded. 82% of people and relatives who completed the survey said they would recommend the home. People told us there was sufficient activities and the overall care was good in the survey. The service had developed an action plan as a result of the feedback given in the survey. Actions included, installing a portable landline to improve communication and relative and resident meetings to be held virtually.

● Feedback was sought from staff in an annual survey in 2020. Team work was discussed and improvements to handovers. Discussions around activities were discussed and what people liked to do in the home.

● Most relatives told us communication could be better in the home, however one relative said, "The manager and admin staff are approachable. I fill in questionnaires that come through the post." Most staff told us there was poor communication between management and the staff team, due to management changes in the home.

● The provider had meetings in place for care staff including clinical governance meetings for the nurses. We saw in one meeting it had been agreed nurses would have oversight of food and fluid charts to ensure these were completed. However, the nurses were not given a timescale in which improvements to these records should be made and we found continued issues with these records during this inspection.

Working in partnership with others

● The management team worked in partnership with community professionals and organisations to meet people's 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not assess and mitigate risks to the health and safety of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not assess, monitor and improve the quality and safety of the service.The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.