

Mr Naveed Hussain & Mr Mohammad Hussain &  
Mrs Anwar Hussain

# Willows Care Home

## Inspection report

Nevin Road  
Blacon  
Chester  
Cheshire  
CH1 5RP

Date of inspection visit:  
09 July 2020

Date of publication:  
03 August 2020

## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Willows Care Home is a nursing home for older people and people living with dementia. The service is registered to provide personal care to up to 73 people. There were 38 people living at the service at the time of the inspection.

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

The service had not been well managed. The governance and oversight of the service was insufficient to ensure people received support to keep them safe and maintain their wellbeing. Audits had not always been completed or been used to effectively drive improvements in the quality and safety of the service people received. Records had not been accurately completed, kept up to date or stored securely and staff did not feel listened to.

Risks to people's health and safety had not been consistently assessed and mitigated. The registered person(s) failed to ensure there was sufficient oversight of the care of people who had experienced unintentional weight loss or were at a high risk of falls. Medicines were not always stored safely and the competencies of some staff who administered medicines had not been assessed. Staff recruitment had not been robust, and the relevant checks had not always been completed. Staff had not been deployed in sufficient numbers to meet people's needs. People who needed support or were at high risk of falls were not always supervised when they were in communal areas.

The service was clean and hygienic, and most staff had completed training in protecting people from abuse.

We have identified breaches in relation to the management of risks to people, staff deployment, staff training, staff recruitment and the governance of the service.

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

The last rating for this service was good (report published 3 January 2020).

### Why we inspected

We received concerns in relation to staffing levels, weight loss, falls and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. Following the inspection, we met with the provider who gave us some assurances and shared an action plan detailing the improvements they had already made and those they intended to make.

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 inadequate. This is based on the findings at this inspection.

### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

### Is the service well-led?

Inadequate ●

The service was not well-led.

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two Inspectors.

#### Service and service type

Willows Care 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 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

This was an unannounced inspection. We telephoned the registered manager from outside when we had arrived, so they could advise us which door to use and tell us where to put on our Personal Protective Equipment (PPE).

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection and information we had received from the Clinical Commissioning Group (CCG) and local authority who commission care from the provider. We used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with one person who lived at the service and observed the interactions and care delivery in communal areas of the service. We spoke with 14 members of staff, including care staff, nursing staff, agency staff, domestic and catering staff, the registered manager, members of the management team and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at multiple records about people's care. We looked at other information related to the running of and the quality of the service including quality assurance audits, staff rotas, staff training records, staff recruitment files. Some of the documentation was reviewed at the service and some the registered manager sent to us.

#### After the inspection

We requested a range of people's care records to be sent to us. These included risk assessments, medication administration records (MAR) and a wound care plan. We also continued to seek clarification from the provider 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to inadequate: This meant people were not safe and were at risk of avoidable harm.

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

- Risk assessments had not been completed or reviewed on a regular basis for those people at risk of weight loss or falling. Staff did not have up to date information on the steps they should take to provide safe care for people. People had continued to lose weight and experience falls and appropriate actions had not been taken to mitigate risk.
- People who needed support or were at high risk of falls were not always supervised when they were in communal areas. A number of people had sustained injuries when they had experienced unobserved falls some of which had required hospital treatment.
- People's wound care was not always managed well. The reason as to how and why people had acquired pressure ulcers was not always clearly recorded in their wound care plans and dressings had not always been changed in line with their assessed need.
- Items that placed people at risk of harm, including prescribed medicines, were not always stored appropriately. One person's prescribed drinks thickener was found in an unlocked cupboard in a communal lounge along with another person's prescribed topical cream. Both these items can pose significant risk to people if not used as prescribed. Other substances such as toiletries and nail varnish were also found in unlocked storage which was accessible to people.
- There was insufficient managerial oversight to ensure that care plans and risk assessments were reviewed and updated to prevent the recurrence of accidents, incidents and injuries which placed people at risk of harm.

The registered person(s) failed to provide care and treatment in a safe way as they did not have adequate systems to assess the risks to the health and safety of people using the service or mitigate the risks. 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.

The provider responded immediately during and after the inspection. They told us they had removed the items that placed people at risk of harm, increased staffing levels and produced an action plan to address issues related to people's wound care, weight loss and falls.

- Registered nurses were observed administering medicines safely. Records of the administration of medicines were accurate and complete.
- Accident and incidents had been recorded appropriately.

Staffing and recruitment

- There were not enough staff deployed with the required skills and knowledge to provide safe care to meet people's needs. The provider used a tool to assess the number of staff needed according to people's dependency levels. However, records showed this had not been completed since April 2020 even though people's needs had changed significantly.
- Staff explained and our observations confirmed that many people required two staff to support them with their personal care. Many people cared for in their bedrooms also needed help to eat and drink. Staff told us and we observed that the lack of appropriate staffing levels impacted on their ability to spend time in the communal areas to safely supervise people.
- Staff were frustrated because they only had time to provide basic care and there was no time to spend quality time with people. They told us they 'never stop' and often went without rest breaks. Staff said they often worked alongside agency staff who did not understand which increased the burden on them.
- Feedback received from the CCG was that there were not enough staff to meet people's needs.
- Staff, including agency staff, had not completed relevant training they needed to meet people's needs.
- The competencies of staff who administered medicines had not been assessed. Therefore, the registered person(s) could not be assured they were competent to administer medicines safely.

The registered person(s) failed to ensure there were enough skilled and trained staff deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They told us they had increased the staffing levels and completed the dependency tool. They had also scheduled additional training for staff to make sure they could meet people's assessed needs. They also gave assurances they would check agency staff were appropriately trained before they were deployed to work.

- The recruitment of staff was not always safe. When risks in relation to the suitability of staff to work at the service had been identified, appropriate risk assessments had not been completed. Therefore, they had not taken action to ensure people were safe.
- Previous employment information held in staff recruitment files did not specify exact dates. The provider could not be assured that any gaps in employment had been identified and an explanation provided as to why people had not worked during those periods.
- Verifications that agency staff were suitably trained had not been obtained before deploying them to work at the service. Many of the agency profiles did not include a photo of the person as required by the Health and Social Care Act 2008.

Safe recruitment practices were not always followed. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They gave assurances that staff records would be checked, and any missing information would be obtained.

Systems and processes to safeguard people from the risk of abuse

- Where people had developed pressure ulcers and experienced unintentional weight loss the registered manager had not identified these issues as potential safeguarding concerns which needed to be reported to the local authority. This is an area identified as needing improvement.
- Most staff had completed training in safeguarding and knew how to recognise abuse.

Preventing and controlling infection



- The service was clean and hygienic.
- Albeit we saw care staff were wearing PPE appropriately, all the PPE dispensers in the communal bathrooms and toilets were empty. Staff told us they did have access to PPE and following the inspection a member of the management team confirmed the PPE dispensers had been fully stocked.

# 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 good. At this inspection this key question has now deteriorated to inadequate: This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- There had not been sufficient managerial and clinical oversight of risk. The internal quality assurance processes had not been used to monitor the service effectively and had failed to identify and improve shortfalls in the safety and quality of care. This meant people were not always protected from the risk of harm.
- Staffing deployment had not been assessed or monitored to ensure people's safety and assessed risks were minimised.
- Managers were not clear about their own individual or collective responsibilities. Records of people's care, the employment of staff and the overall management of the service were not all accurate, complete and up to date. Records containing people's private and confidential information had not always been stored securely, analysed and reviewed.

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

- People did not receive person centred and high-quality care. People had not been asked for their views and preferences on how they would like their care delivered.
- Staff morale was very low and staff turnover was high. Staff told us they had did not feel supported or valued by the registered manager or provider.

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

- Staff had the opportunity to discuss the running of the service at staff meetings however, they did not always feel listened to. We requested copies of the most recent resident meetings and the outcome of the last satisfaction surveys, but these were not provided to CQC.

The registered person(s) had not made sure the quality assurance and monitoring systems in place were robust and drove improvement. 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 responded immediately during and after the inspection. They implemented an action plan detailing what action they would take to ensure improvements were made and by when.

- There had been a change in the management of the service. A newly appointed registered manager had been employed in February 2020. They were being supported by a deputy manager, compliance manager and the senior management team.
- The registered manager and senior management team were experienced and told us they had taken immediate action to address the shortfalls identified at the inspection. The service was closed to any new admissions and following an assessment of people's needs they had increased the staffing levels.

#### Working in partnership with others

- The registered manager had not always kept the local authority and CCG informed when incidents that affected people's health and welfare had taken place.

#### 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 registered manager was aware of their responsibilities and statutory notifications had been submitted to the Care Quality Commission (CQC).

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
Treatment of disease, disorder or injury	The provider had not ensured people were always protected from receiving unsafe care and treatment, avoidable harm or risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The providers governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided, or the quality of the experience for people using the service. The provider had not always assessed, monitored and mitigated risks to people's health, safety and welfare.</p> <p>The provider had not maintained accurate, complete and detailed records of people, the employment of staff and the overall management of the service. Records were not always stored securely.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider had not ensured the recruitment of staff was always safe.

Regulated activity	Regulation
--------------------	------------

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured adequate numbers of suitably skilled and competent staff had been deployed to meet people's needs.