

Green Range Limited

# The Willows Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Willows Care Home was providing personal care to 11 people aged 65 and over at the time of the inspection. The service can support up to 17 people in one adapted building.

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

Recruitment of new staff was not consistently robust. The provider took action to address these shortfalls. The provider's systems for recruitment processes and environmental checks was not robust in identifying whether they were in line with current standards.

People told us they felt safe and supported by staff. Staff recognised different types of abuse and how to report it. The provider understood their safeguarding responsibilities and how to protect people from abuse. The provider had mitigated risk of harm and reported incidents to the local authority as required.

Potential risks to people's health and wellbeing had been identified and were managed safely. People, and where appropriate, their relatives, had been involved with decisions in how to reduce risk associated with people's care. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

The manager was visible within the home and listened to people and staff views about the way the service was run. The provider had put checks into place to monitor the quality of the service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (18 January 2022).

We carried out an unannounced inspection of this service in January 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to ensure safe care and treatment at all times, and to improve how they had sufficient staff to meet people's needs, and to improve their governance systems.

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this

inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

#### Enforcement and Recommendations

We have identified a breach in relation to recruitment of new staff and good governance at this inspection.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Willows Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors.

#### Service and service type

The Willows Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Willows is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 1 relative. We spoke with 5 staff including senior care staff, care staff, the deputy manager and registered manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records in relation to people's care, including medication records. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, audits and checks.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

### Staffing and recruitment

- At our last 2 inspections we found recruitment processes had not always been completed as required. At this inspection we found recruitment processes still required further action to ensure the staff files held the required information.
- Recruitment files did not always hold all of the required information, for example, 2 staff's files did not hold information on their previous employment and/or qualification history.
- The provider had completed Disclosure and Barring Service (DBS) checks, however we found 1 staff was working with a basic DBS and not an enhanced DBS in place. We also found that where 1 staff member had previous convictions on their DBS, there was no detail in how known risks were monitored, reviewed and mitigated.
- Without robust recruitment checks in place unsuitable people may be recruited as a result, which may place people at potential risk of harm.

Recruitment procedures were not established or operated effectively to ensure staff employed met the conditions. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did not identify that people were exposed to harm from this. The provider submitted further evidence to show recruitment files had now been completed, risk assessments were in place and an enhanced DBS check had been requested.

At our last inspection the provider had failed to ensure there were sufficient skill mix of staff working in the home. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements had been made to the consideration of skill mix of staff on duty. Staff completed the roles which were expected of them, for example, the registered manager had more supernumerary time to complete management tasks.
- People's requests for staff support were responded to promptly. One person told us how staff supported them for walks to the local park and to the shops to stock up on their favourite drink. People confirmed there were staff visible, and prompt to answer call bells. We saw staff remained visible in communal areas

and made regular checks on those people who preferred to stay in their rooms.

- Staff told us since the last inspection they had sufficient time to support people with their care needs. We saw staff spent time with people in communal areas reminiscing and supporting people to take part in activities which interested them.
- People's care needs had been assessed to ensure the staff team had the skills to meet their individual needs.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found people were exposed to risk as their care needs had not been assessed and staff knowledge was not consistent in how to meet people's needs and keep them safe.
- At this inspection staff understood people's individual needs and how to best support them. For example, staff could tell us where a person required a specialised diet, how this was to be prepared and how they were to support the person to eat this safely.
- People's care records detailed their individual risks, how these had been minimised and how staff were to support the person in line with best practice. For example, where a person was at risk of a fall, how staff were to minimise the risk to them from further falls.
- People's care needs were reviewed monthly, or where there were changes in their wellbeing.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Using medicines safely

- At our last inspection we found medicines were not always stored securely. At this inspection, people's medicines were stored securely.
- People received their medicines as prescribed and in line with their doctor's advice.
- The receipt, storage and disposal of medicines was safe. People received their medicines when they should. One person told us how staff always checked if they were in pain and needed any medicine to help with this.

#### Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

The provider was facilitating visitors into the home in line with government guidance.

#### Learning lessons when things go wrong

- The systems for reporting and reviewing incidents to drive improvement had improved since the last inspection. The provider had sourced an external agency to support the service, who had put systems in place to better support processes for routine monitoring and review.

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

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

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Governance systems needed more time to embed into practice, as they were not always reliable and effective. Systems were not regularly reviewed to ensure they were robust. At this inspection we continued to find risks were not consistently identified or managed.
- The provider had failed to ensure they had consistent safe recruitment practices in place. The provider had a recruitment audit system; however, the provider could not be assured this was effective in identifying shortfalls that we found on this inspection.
- We continued to find the provider's systems were not effective in identifying potential safety concerns of the home environment. At this inspection, we found some windows continued to not be restricted in line with the Health and Safety Executive Standards (HSE). While windows were locked, which mitigated risk of people falling from height, people were not able to open their windows for adequate ventilation, which is also a requirement of the HSE standards.

Governance systems had not been established to assess, monitor and improve the service provision. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They window restrictors were ordered immediately, and further checks on recruitment files were made to ensure these were in line with the requirements.
- The provider had sourced an external consultancy to support the registered manager in establishing systems and processes.

- The registered manager completed more robust checks of care records and was further supported by an external agency who audited records monthly to ensure the service provision was providing good care. For example, improvements had been made in record keeping and staff had access to information about people's care and treatment, which had been centralised onto paper records.
- The provider had oversight of the audit findings so they could continue to monitor the performance of the service provision.

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

- The provider's systems for contacting external agencies for support and advice had improved. We could see where incidents had happened, external agencies had been involved to support people in a joined-up approach.
- People were happy with the care and support received. People were supported to have their views listened to through one-to-one conversations, resident meetings and surveys. People knew the registered manager and deputy manager well. One person said, "They are very good, I can talk to them about anything."
- Staff felt well supported and valued by the registered manager. Staff had opportunities to raise any queries or improvements they had.
- Improvements to the environment had been made, some bathrooms had been refurbished, new flooring had been placed in some bedrooms, and new dining room furniture had also been sourced.
- The registered manager felt their staff team was stabilising and working together well to achieve positive experiences for people.
- The registered manager and their staff team worked with people, relatives and health and social care professionals to provide the best outcomes for people.

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

- Where incidents had taken place, we could see the registered manager was open with people and their family members where appropriate.
- The legal requirement to display the CQC ratings of the last inspection in the home was met.
- The registered manager understood their responsibilities for reporting events and incidents as legally required to the 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 17 HSCA RA Regulations 2014 Good governance  Governance systems had not been established to assess, monitor and improve the service provision
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Staff were not always recruited safely before working in the home.