

St Dominic's Limited

The Willows Nursing Home

Inspection report

31, 33 & 35 Osterley Park Road
Southall
Middlesex
UB2 4BN

Tel: 02085741795

Website: www.asterhealthcare.co.uk

Date of inspection visit:
27 October 2021

Date of publication:
20 December 2021

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

The Willows Nursing Home is a care home providing nursing, personal care and accommodation to 28 people at the time of the inspection. The service can support up to 28 people and is registered to provide care to older people and people living with dementia. The home is a converted house in a residential area and accommodates people across two floors. The Willows Nursing Home is part of St Dominic's Limited, a private company under the Aster Healthcare Ltd brand which has other care homes in England.

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

Some improvements had been made in the way medicines were managed and administered but further improvements were required as issues were identified. The provider had made improvements in relation to infection prevention and control.

The provider identified risks relating to the people's health and wellbeing and guidance was provided for nurses and care workers on how to mitigate these risks. Relatives felt their family members were safe when they received care. The provider had a robust recruitment process so they could identify if new staff had the appropriate skills and knowledge.

The provider had made improvements to their quality assurance processes but the medicines audit system was still not robust enough to identify issues in relation to the administration of medicines.

Relatives were happy with the support their family members received. The provider worked in partnership with a range of healthcare professional and other organisations. Staff felt they were supported by the senior staff.

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 3 August 2021). At this inspection some improvements had been made but the provider was still in breach of regulations in relation to the management of medicines and good governance. The service remains rated requires improvement.

Why we inspected

We carried out an unannounced focused inspection of this service on 16 February and 17 February 2021. Breaches of legal requirements were found. We issued Warning Notices in relation to Regulation 12 and Regulation 17 with the provider required to comply with the regulations by 30 April 2021.

We undertook this focused inspection to check they had followed undertaken improvements to check if they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and

Well-led which contain those breaches. Some improvements had been made but further improvements in relation to the management of medicines was still required.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows 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 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.

We have identified continued breaches in relation to safe care and treatment 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 for 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Willows Nursing Home

Detailed findings

Background to this 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.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notices in Regulation 12 Safe care and treatment and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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

The inspection was carried out by one inspector and a member of the medicines team. Following the inspection an inspector carried out telephone interviews with relatives/representatives of people living at the home.

Service and service type

The Willows 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 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 inspection was unannounced.

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 other information that we had received about the service since the date of registration. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service, the registered manager, three members of staff, the nurse on duty and the operations and quality manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included the care plans for five people and multiple medicine records. We looked at the recruitment records for four staff members. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional information in relation to medicines administration records and care plans.



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 now remained the same. 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.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed appropriately as we identified multiple errors in the administration and storage of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 30 April 2021.

We identified a number of improvements had been made but further action was required therefore the provider was still in breach of regulation 12 in relation to using medicines safely.

- Medicines systems were organised, and people were mostly receiving their medicines when they should.
- We noticed that a person had received an incorrect dose of a medicine for four days. Staff took immediate action to safeguard the person when we pointed this out. The GP was contacted to identify if there were any risks to the person and how the medicine should be increased in a safe manner. The person did not come to any harm.
- The provider had not implemented a system for demonstrating they had received or taken action relating to relevant medicines safety alerts. Medicines safety alerts provide information and guidance in relation to medicines where issues had been identified. This meant the provider could not demonstrate they had reacted to any relevant medicines safety alerts and taken appropriate action.
- Staff were unable to demonstrate they knew how to check blood glucose testing kits were calibrated appropriately. This meant staff could not be sure that the readings given on the blood glucose testing kits were accurate.
- Medicines care plans did not always contain enough detail to enable staff to manage medicines related risks appropriately.

We found no evidence that people had been harmed however, the provider had not ensured medicines were also administered appropriately. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the information above there were procedures for the receipt, storage, disposal and administration of medicines. We saw that the medicines fridge was clean.
- The provider had a system for managing medicines incidents and ensured that learning was shared with staff.

- Staff signed the medicines administration record (MAR) chart to show that residents received their medicines as intended. Staff used body maps and patch administration records to show where topical medicines had been applied.

Preventing and controlling infection

At our last inspection the provider had failed to ensure infection prevention and control processes were followed within the home. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 30 April 2021.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 12 in relation to preventing and controlling infection.

- The provider had infection control processes in place to manage possible risk. We saw the home was clean and did not have any malodour.
- Regular meetings were held with housekeeping staff to discuss their progress. Infection control was also discussed at the daily meeting with senior staff to identify any issues. Cleaning schedules were completed by housekeeping staff and were checked by the registered manager to ensure they reflected the cleaning completed.
- COVID-19 risk assessments had been completed for people living at the home and all staff members identifying if there were any personal characteristics which increased their risks.
- Staff wore personal protective equipment (PPE) appropriately and staff confirmed they had access to any PPE they required.
- Relatives we spoke with confirmed there was a process in place when they visited to reduce the risks of COVID-19 infection including undertaking a COVID-19 test and having tier temperature checked on arrival.

Systems and processes to safeguard people from the risk of abuse

- The person we spoke with told us they felt safe living at the home and when care workers provided care. Relatives we contacted confirmed they felt their family members were well cared for and safe. One relative commented "Yes, because they are looking after [my relative] very well with their condition. Whenever we go, they are very good with [my family member]."
- The provider had a clear process for the reporting and investigation of safeguarding concerns. We saw one safeguarding record which included detailed information which they had provided to the local authority following an investigation.

Assessing risk, safety monitoring and management

- The provider had developed risk assessments and risk management plans where a person had been identified as living with a specific risk. Guidance was provided for care workers and nurses on how to reduce possible risks. We saw where people had been identified as having specific risks such as diabetes, a seizure disorder or an increased risk of choking, including aspiration pneumonia, a care plan or risk assessment had been completed providing detailed guidance for care workers and nurses on how to provide safe and appropriate support.
- A range of risk assessments had been completed which included falls, nutrition and the person's risk of developing damage to their skin. Care plans included guidance on how to manage any identified risks.
- People living at the home had personal emergency evacuation plans (PEEPs) developed which included detailed information on how people should be supported if there was an emergency at the home. The PEEPs identified how to if the person had any mobility issues and how they should be supported during an emergency.

Staffing and recruitment

- The provider had a robust recruitment process in place which enabled them to check new staff had the appropriate skills and knowledge for their role.
- We reviewed the recruitment records for four staff members who had recently started to work at the home. We saw each staff member's records included a full employment history, two references and a criminal record check which followed the provider's process.
- The person we spoke with told us they thought there were enough staff. Staff members told us they felt there was enough staff with one staff member confirming "If we have a shortage of staff, we call an agency." We saw that there were enough staff available at the home to support people when they asked for assistance.

Learning lessons when things go wrong

- When an incident and accident occurred, the provider had a process for the information to be recorded, investigated and changes were made to people's care plans when required.
- We reviewed the records of eight incidents. These records included information on the actions care workers took immediately following the incident, where updates were required to care plans or risk assessments and if any lessons had been learned.
- Staff completed a tracker document which included information on when an incident and accident had occurred, who was involved, where it happened and time of day so any trends could be identified.

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 requires improvement. At this inspection this key question 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.

Continuous learning and improving care

At our last inspection the audits and checks were not robust enough to identify and address the identified concerns. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a Warning Notice to the provider requiring them to comply with the regulation by 30 April 2021.

We identified a number of improvements had been made but an issue in relation to the medicines audits was identified where further action was required therefore the provider was still in breach of regulation 17.

- The medicines audit was not always robust enough as the error in relation to the administration of one person's medicine had not been identified until it was found and highlighted during the inspection.
- The provider did not ensure the nurses were complying with the Nursing and Midwifery Council's Professional Guidance on the Administration of Medicines in Healthcare Settings. This provides professional guidance on what actions nurses need to complete when administering medicines to ensure it is done appropriately and in line with how the medicines were prescribed.

The provider had not ensured their quality assurance process in relation to medicines was robust enough to ensure medicines were administered as prescribed. This placed people at risk of harm. 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 a range of quality assurance processes and audits in place. The records of daily care for five people which were completed by care workers describing the support provided were reviewed every day to ensure all the care tasks were completed. Nurses also checked food and fluid intake, repositioning records and response to call bells for the five people each day.
- Weekly room audits were carried out by a key worker and were then checked by the team leader. The completed audits were checked by the registered manager on a weekly basis.
- The nurses undertook a daily check on the environment of the home, staffing levels, people's appearance and identify any health and safety issues which require action to be taken.
- The registered manager held a daily meeting with senior staff from each team in the home such as housekeeping and a team leader for the care workers. They discussed issue relating to the health and

wellbeing of specific people, new admissions, any issues with the environment of the home and provided updates on any outstanding concerns.

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

- Staff had clear roles and responsibilities. The registered manager explained there were staff champions for infection prevention and control, customer care, care relating to urinary tract infection and use of the electronic care plan system.
- Team leaders supervised the care workers including the allocation of who each care worker would be providing personal care for each day.
- Care workers told us they felt the service was well run with one care worker commenting, "Yes, it is well run. We are not just a care home, we make sure it is a family and make sure no one is neglected. People can become isolated and they need emotional support which we give. The operations manager is supporting us very well."
- Care workers also told us they felt supported by their line manager with one care worker telling us, "Yes we have a good manager and deputy. They supported me and trained me well. I have done 15 training courses and the deputy manager had taught me everything."

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

- The person we spoke with was happy with the care they received and they felt the staff were kind and caring. Relatives confirmed they were happy with the care their family member received with one relative commenting "They seem to be a friendly bunch, they seem caring, friendly, you ask them to do something it doesn't strike you as an inconvenience."
- Care plans were person-centred and identified how people wanted their care provided and appropriate guidance was provided for staff on how they could meet people's support needs.

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 demonstrated a good understanding of their responsibilities in relation to the duty of candour.
- The provider had a clear process in place to respond to complaints and concerns in a timely manner and how they would identify where improvements should be made. Relatives confirmed that if they had a complaint they would speak with the registered manager and they felt any issues would be responded to.
- There was a range of policies and procedures which had been developed which were regularly reviewed and updated when required.

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

- People were supported in providing feedback of their experience of the care they receive. The registered manager explained they carried out monthly consultations with people living at the home on different themes for example activities and cleaning.
- People's individual equality characteristics, such as ethnic background and preferred language, were identified in people's care plans and their care reflected people's preferences. A staff member told us "Most of the residents are from South India and the people who are working here know many of the languages they speak, so they can support people with dementia and they get the food they are familiar with from their home."
- Relatives confirmed they had been involved in the development of their family member's care plan and their ongoing care. One relative told us "They are very good. They listen even when I go and visit, the

manager comes out to us and asks, "Are you happy and if you need anything" and staff come straight away. They ask if we have any suggestions for my family member."

Working in partnership with others

- The registered manager confirmed they worked in partnership with a range of healthcare professionals and other organisations. These included the district nurses, pharmacist, dietician, mental health team and the GP.
- The registered manager explained they had developed a good working relationship with the local authority and the Clinical Commissioning Group infection control lead during the pandemic and they were continuing to receive support in relation to infection control.
- The provider had links to the local community with volunteers visiting the home to support with activities and befriend people living at the home.

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 registered person did not ensure medicines were always managed in an appropriate manner. Regulation 12(1)

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	The registered person did not always effectively operate systems and processes to monitor and mitigate risk Regulation 17(1)