

Mr & Mrs J F Cooper And Mrs J M Riddett & Mr J F Cooper

# The Willows Nursing and Residential Home

## Inspection report

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Date of inspection visit:  
01 August 2022

Date of publication:  
23 September 2022

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Willows Nursing and Residential Home is a residential care home providing personal and nursing care to up to 57 people. The service provides support to younger adults and older people with dementia, mental health needs, sensory impairments and physical disabilities. At the time of our inspection there were 31 people using the service.

The Willows Nursing and Residential Home accommodates up to 57 people in one adapted building. Care is delivered over three floors in three separate wings, each of which has separate adapted facilities and communal areas. There is access to all upper floors via a vertical lift or stairlift.

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

Environmental risks to people were not always identified and people's feedback had not always been considered. Quality assurance systems and processes to monitor the quality and the safety of the service were not always reliable or effective as they had not always identified concerns we found.

The service was difficult to navigate. We have made a recommendation about the decoration and layout of the service to support people to orientate. The service followed government guidance in relation to infection prevention during the COVID-19 pandemic. However, we identified some areas that were not cleaned during the inspection.

Training was not always provided in line with the providers training policy. Following the inspection, the registered manager reviewed the services training programme and policy. People were supported by staff that knew how to keep them safe from abuse and had been safely recruited. Safe staffing levels were maintained. Medicines were stored safely and administered by nurses.

Risks arising from people's individual needs were assessed, and measures put in place to reduce these risks. People were supported to eat and drink enough by staff that knew their dietary needs. Prompt action was taken to seek medical advice when people's health deteriorated resulting in good health outcomes for people.

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 supported this practice. However, we found staff had not accessed training relating to the Mental Capacity Act.

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 (published 14 May 2019).

### Why we inspected

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.

We received concerns in relation to moving and handling, staffing, nutrition and skincare. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

Whilst we found no evidence during this inspection people were at risk of harm from the concerns we received, we have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

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 changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and 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 effective?

The service was not always effective.

Details are in our effective 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 and Residential 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

The inspection was undertaken by one inspector, a specialist nurse advisor 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

The Willows Nursing and Residential 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 Nursing and Residential Home is a care home with 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 commissioners. 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 this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, nurse, cleaner, activities co-ordinator, care staff and kitchen staff.

During the inspection, we spent time observing the care delivery to people in communal areas.

We reviewed a range of records. This included four people's care records and 30 medicines records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed including but not limited to a variety of compliance records, training information, policies and fire records. We spoke to the Local Authority and Fire service regarding fire risks for the service. We spoke with one healthcare professional and received email feedback from another.

# 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 good. At this inspection the rating has changed 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

- People were not always protected from the risk of falling from height. A bathroom window on an upper floor was open and not restricted. Due to the size of the open gap there was a risk people could fall from this window. Other windows were restricted. However, we found some restrictors were not tamper proof, there was therefore a risk these could be removed by people living at the service.
- Environmental risks had not always been identified or promptly addressed. We saw bedrails propped up against a wardrobe in a bedroom and bathroom; a pane of glass left on an upper stairwell and hazardous products in an unlocked linen cupboard and sluice. Additionally, we found wardrobes in nine bedrooms were not fixed to the wall. There was a risk people could be harmed by falling equipment or furniture and from ingesting hazardous substances.
- Smoking risks were not always safely managed. Two people used the smoking area regularly during the inspection. The ash tray was overfilled and not emptied until the inspection team identified it smouldering. Curtains overhung the table where people smoked presenting a fire risk and there were no formal checks of the smoking area to ensure people were smoking safely. One person's risk assessment advised they needed to be supervised when using the smoking area. The person did not receive any staff supervision during our inspection.

Systems and processes in place to demonstrate safety was effectively monitored and managed were not always effective. 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 discussed these risks with the deputy and registered manager who took prompt action to address them including removing bedrails, glass, curtains and reviewing people's smoking risk assessments. The registered manager told us wardrobes would be fixed to walls. We received photo evidence the service had applied the correct window restrictors to most windows. However, one restrictor was not in line with health and safety executive guidance as it was not tamper-proof.

- People's risks relating to mobility, falls and health conditions were well assessed. These risk assessments were reviewed regularly and were reflective of people's needs. Action had been taken to reduce people's risks. One staff member said, "We have to risk assess people with moving and handling. We support people in line with their risk assessment. If we feel it is not safe hoisting [moving and handling equipment] them, we won't do it. We speak to the nurses; they assess the person and we might then support them a different way".
- Pressure relieving mattresses to reduce the risk of skin damage to people were regularly checked to

ensure they were in a good working order.

#### Using medicines safely

- Improvements were needed to some aspects of medicines administration. We found the application of medicinal patches was recorded inconsistently and there were gaps in staff signatures in some medicine's administration records. This meant there was a risk people would not receive their medicines as prescribed. The deputy manager told us they would meet with the nursing team to address these areas immediately following the inspection.
- Protocols guiding staff when to give as required medicines were not always in place for all medicines. However, those we saw provided adequate guidance to staff.
- Medicines were safely stored. People received their medicines on time and by competent and knowledgeable staff. One person said, "I take my medicine four times a day, it's usually on time within a half an hour or so". Records evidenced good practice was followed for the administration of a medicine that required it to be omitted if a person's pulse was observed to be below a certain level.

#### Staffing and recruitment

- Staffing levels were reviewed weekly by the management team. Records showed minimum staffing levels were maintained to ensure safe care was delivered. However, the service had not always been able to meet their optimal staffing levels which meant there was an increased pressure on staff to meet people's needs.
- Some people told us the service needed more staff. The provider had reduced the number of people they cared for and used regular agency staff while they recruited staff to fulfil vacancies. We received positive feedback about the competence and skills of the agency staff. One staff member said, "All the staff are willing to learn, listen, take everything on board and if they are concerned they will always ask."
- Safe recruitment checks had been undertaken to ensure the right staff were recruited to support people to stay safe. This included seeking suitable references and undertaking checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People told us they felt safe living at The Willows Nursing and Residential Home. One person said, "I do feel safe, yes. It's the people [staff] who look after me that make me feel like that". Another person said, "The staff look after you well".
- People were kept safe from abuse because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- We received mixed feedback from people regarding staff response times to call bells. However, during the inspection we found call bells were in reach of people and responded to promptly.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were areas that could not be effectively cleaned due to damaged surfaces. This included flooring in a kitchenette and bathroom, vanity units and a rusty radiator in a kitchen. On the day of the inspection some areas were not cleaned. However, we found high priority areas were cleaned effectively during the day.
- We were assured that the provider was preventing visitors from catching and spreading infections
- We were assured that the provider was meeting shielding and social distancing rules.



- 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 accessing testing for people using the service and staff.
- 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

- Visiting was supported in line with current government guidance relating to the COVID-19 pandemic. In order to accommodate visits safely, the service asked for visits to be booked. Visits to people at the end of their lives occurred freely. During our inspection we observed relatives calling to book visits, without exception these requests were all honoured and visitors attended during our inspection.

#### Learning lessons when things go wrong

- Accident and Incident reports were completed by staff and evidenced action was taken to reduce the risk of further accidents or incidents occurring. When people had fallen, a falls checklist was completed to ensure their health and wellbeing was monitored and people's risk assessments had been updated to reduce their risks.
- A staff member told us how one person had fallen frequently in April. They told us following each fall a potential cause had been identified and action taken to reduce the person's risks, such as changing footwear and nightwear. This person had not fallen in the last three months.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff we spoke with demonstrated they had the skills and knowledge to undertake their role. However, we found the frequency of refresher training was not always delivered in line with the provider's training policy. Since the inspection the registered manager has reviewed their mandatory training programme and updated their policy. Some timeframes for refresher training are now no longer specified. We will check how this is being provided at the next inspection.
- Staff new to a caring role completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff received an induction to the service. A staff member told us, "I did fire, manual handling, health and safety training within the first week of being here." Staff gave positive feedback about the induction and staff told us they felt well supported by the management team.

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

- At the services last inspection, we identified some of the upstairs corridors lacked any visual identifying characteristics, which would enable people with dementia to orientate themselves. The registered manager told us they would obtain best practice guidance from dementia specialists. At this inspection we found improvements had not been made. There was limited signage to assist people living with dementia to find their way round the service. We found corridors were plainly decorated with no distinguishing landmarks in some areas. This meant people may not always be able to find their way around the service easily.

We recommend the provider consider reviewing how the decoration and layout of the service could be enhanced to create a more supportive environment for people living with dementia.

- Some of the areas in the service had been recently refurbished such as shower rooms and lounges. Further refurbishment was planned to be undertaken once a full-time maintenance role had been recruited to.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. However, everyone we spoke with told us they had not been involved in formal reviews of their care. This meant there was a risk changes to people's needs and preferences in relation to how their care was provided may not be met.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective

outcomes. Government guidance relating to the COVID-19 pandemic had been shared with staff when changes had been made that impacted on the delivery of personal care.

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

- People were supported to eat and drink enough by staff that knew their dietary requirements, preferences and wishes. Staff working in the kitchen had information available to them about people's dietary needs such as whether they had diabetes and the consistency of food they required. One staff member said, "We know if food needs to be fork mashable, pureed, or soft. If there is a choke hazard it is all handed over to staff."
- We observed there to be a variety of choices available at breakfast and lunch, with meals looking appetising. We saw people eating well. One person said "We get choices for our meals. If we don't like what's on, we can have something else. We get plenty of drinks". We observed drinks available throughout the inspection.
- People's weights were regularly monitored, and appropriate action was taken if they had lost weight, we found seven people had put on weight in the last month.

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

- Healthcare professional advice was fully reflected in people's care plans and care risk assessments. For one person with significant health needs, the close liaison with healthcare professionals involved in their care had resulted in an improvement in their physical health, independence and cognition.
- Records showed that when people's health deteriorated prompt action was taken to seek medical advice and referrals were made to other healthcare professionals to reduce the risk of further deterioration. One relative told us how an appointment had been made with a professional via a video call. They told us a staff member had sat with the person for the appointment and reassured them, so they were not anxious.
- Staff told us they followed government heatwave advice to keep people safe and hydrated during the hot weather. One staff member told us this included opening windows, using fans, using cool flannels, and offering regular fluids.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Where people were unable to make decisions about certain aspects of their

lives, this had been assessed and best interest decisions had been undertaken.

- DoLS authorisations were appropriately applied for and renewals requested in time, in line with the legal requirements.
- Everyone we spoke with told us staff offered them choices. One person said, "The carers ask me what I want". Another person said, "I go to bed when I like within reason and get up when I want". A staff member said, "We ask people if they want to get up and if they don't want to it's their choice, we respect that".

# 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 good. At this inspection the rating has changed to requires improvement. This meant the management and leadership of the service had not maintained full oversight of the service. There was an increased risk the support and delivery of high-quality care would deteriorate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Environmental audits did not include checks in relation to window restrictors, or the smoking lounge. Furthermore, they did not prompt the auditor to check wardrobes were fixed to the wall or to identify environmental hazards. This meant environmental risks to people's safety had not always been identified.
- Medicines systems and processes had not identified medicines concerns such gaps in medicines administration records, the inconsistent recording of medicinal patch application and protocols for as required medicines being absent for some people. This meant action had not been taken to address these areas.
- No system or process was in place to record residents and staff meetings or people's feedback of their care. When we spoke with the registered manager, they told us residents and staff meetings took place but were not recorded. People told us they had not been involved in reviews of their care. This meant we could not be assured feedback was always considered and acted upon.

Systems and processes in place to monitor the quality and safety of the service were not always effective. 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 deputy and registered manager took prompt action to address some of the shortfalls we identified during and after the inspection. Whilst we received evidence a window had been restricted since the inspection; the restrictor used was not tamper-proof.

- A review of records indicated legally required notifications had not always been submitted to CQC when DoLS outcomes had been received. We are reviewing this and will report on this at our next inspection. All other legally required notifications had been submitted.
- The fire service had issued a Deficiency Notice following a visit in May 2022, the service was in the process of implementing improvements in response to this at the time of the inspection. This included the completion of an independent fire risk assessment.
- There was a delay in receiving evidence requested after the inspection due to technical difficulties. The registered manager used this as a learning opportunity and told us of their intention to hold some documentation electronically which would improve their ability to share these promptly in the future.
- Staff were clear about their roles, they told us they received a comprehensive daily handover about

people's needs and that people's care plans contained enough information to meet their needs. Staff told us they could speak with the management team if they had any concerns and that they would act on these, they told us the management team had an open-door policy.

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

- Care records evidenced people received personalised care. Staff we spoke with knew people well, their likes, dislikes and how they wished for their care to be delivered. One person said, "I'm happy with my care here, I get on well with the staff, they come and have a quick chat. They are very respectful" another person said, "The staff are lovely, one came in on the day of a wedding to get me ready. It was her day off".
- The registered manager and staff team were passionate about providing person centred care and improving people's health outcomes. Staff spoke positively about the people they cared for and we observed kind and caring interactions. One staff member said, "They [people] are like my family here. I treat them like I would my Mum and Dad".
- The service employed an activity co-ordinator, they spent time with people undertaking activities of their choosing. One person told us, "We do board games mainly, dominoes, scrabble, snakes and ladders." Activities involving visitors to the service had paused during the COVID-19 pandemic to reduce the risk of transmission of COVID-19.

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 and provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Working in partnership with others

- Staff and the service worked closely with health and social care professionals to enhance the health and well-being of people. One professional said, "The staff are professional, caring, experienced, knowledgeable and always provide accurate and detailed information regarding the [persons] condition" another professional told us how they had worked with the service to reduce a person's reliance on medical intervention. They told us what the service had supported the person to achieve was "Magical".
- The registered manager was a member of forums, that enabled them to share and keep up to date with best practice.

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
Diagnostic and screening procedures	Systems and processes in place to demonstrate safety was effectively monitored and managed were not always effective. This placed people at risk of harm.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes in place to monitor the quality and safety of the service were not always effective. This placed people at risk of harm.
Treatment of disease, disorder or injury	