

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

# The Willows Nursing and Residential Home

## Inspection report

107 Coventry Road  
Market Harborough  
Leicestershire  
LE16 9BX

Tel: 01858463177  
Website: [www.willowsnursinghome.co.uk](http://www.willowsnursinghome.co.uk)

Date of inspection visit:  
10 April 2019  
11 April 2019

Date of publication:  
14 May 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: The Willows is a care home that provides personal and nursing care for up to 57 people. There were 41 people aged 65 and over at the time of the inspection, some of whom were living with dementia.

People's experience of using this service:

- People received kind and caring support from staff. We observed staff talking kindly to people and treating them with respect.
- Care staff kept people safe whilst supporting them.
- People were supported with their dietary needs. People were positive about the choice of food though some said they would like more variety.
- People had personalised plans of care which care staff read to develop their knowledge about people's needs and preferences.
- There were enough staff to be able to support people safely.
- Care staff assessed, reviewed and managed risks associated with people's care needs.
- People were supported to take their medicines safely, and to access healthcare in a timely manner.
- People were cared for by staff who were appropriately trained to support them with their needs in line with national guidance and legislation.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People had the choice to engage with a variety of activities, including activities with local nursery school children.
- People and relatives told us that management were approachable and that any concerns raised would be dealt with effectively.
- The registered manager had quality monitoring systems in place. They were aware of their responsibilities and worked in partnership with others to ensure people received safe care and support.
- The registered manager had a plan in place for the refurbishment or replacement of some of the older furnishings and décor.

More information can be found in the detailed findings below.

Rating at last inspection: Good: Report published 20 September 2016

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The Service was Safe

Details are in our Safe findings below

### Is the service effective?

Good ●

The Service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The Service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The Service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The Service was well led

Details are in our Well-Led findings below.

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors, a nurse specialist 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. Our expert by experience had cared for older people who lived with dementia.

**Service and service type:** The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager who was registered with the CQC. A registered manager is a person who, with the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection visit on 10 April 2019 was unannounced. We returned announced the following day to complete our inspection.

**What we did:** Before the inspection the provider completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the PIR and other information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We sought feedback from the local authority who monitor the care and

support people received and Healthwatch Leicestershire, the local consumer champion for people using adult social care services. We used all this information to plan our inspection.

During inspection: We spoke with seven people who use the service and nine relatives/visitors. We also spoke with the registered manager, the nurse on duty, six care workers an activity coordinator and kitchen staff. We observed support being provided in the communal areas of the service. We looked at eight people's care records as well as records relating to the management of the home.

After inspection: The registered manager provided us with some of the provider's policies and procedures, as well as the statement of purpose for our information. We also contacted a health professional for specific feedback about the quality of support provided at The Willows.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- At our last inspection we rated Safe as requiring improvement because records relating to the administration of prescribed medication were not always properly completed and storage of medicines was not consistently safe. At this inspection we found that improvements had been made.
- Medicine management systems were safe. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Qualified nurses administered medication, although care staff administered medicated creams under the direction of the nurse on duty.
- Nurses safely administered medicines. A relative told us, "Medicines safe? Absolutely. [Person] gets their medicines at the right time. The nurses are very efficient."
- A district nurse had trained some care staff to safely administer insulin to people who needed it.

### Assessing risk, safety monitoring and management

- People's risks had been assessed and reviewed regularly or as their needs changed. They included risks associated with people's ability to eat and drink and the risk of falls. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.
- Some care plans had risk assessments and other documents that were not signed or dated. It was not always clear what action had been taken when a person's needs were recorded as having changed. We discussed this with the registered manager. They told us that quality of record keeping would be checked when care plans were audited each month.
- The provider had systems in place to keep people safe from harm. For example, the provider used a local authority approved assessment tool to assess whether people needed to go to hospital after a fall. This meant that unnecessary hospital visits were not made.
- The provider had systems in place to carry out regular fire safety checks. However, we found one of the fire doors did not close properly; when brought to their attention the registered manager arranged for that to be fixed immediately.
- Staff had received fire safety training and people had personal evacuation plans in place.
- People had access to hot water in their bedrooms and in the communal toilets/bathroom; however, some hot water taps had limited flow rates. This was brought to the attention of the registered manager who assured us that they would rectify it within seven days and that interim arrangements were in place to ensure people had access to hot water for washing.

### Preventing and controlling infection

- Staff used Personal Protective Equipment (PPE) which was readily available throughout the service. Staff used aprons and gloves when necessary. All staff had completed infection control training to ensure they

knew how to protect people from the risk of infection.

- People's rooms, bathrooms and communal areas were clean, which reduced the risk of infections spreading.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Willows. One relative told us, "I know [person] is safe here, because the quality of care is so good."
- All staff had received safeguarding training. Staff were aware of the safeguarding procedure and knew how to use it.
- The management team understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. There were safeguarding adults policies in place, which also referred to safeguarding children who visited The Willows. These arrangements ensure that people are protected from the risk of abuse.

Staffing and recruitment

- The registered manager calculated staffing levels using a dependency assessment tool. There were enough staff to meet people's support and care needs. A care staff told us, "[We have] enough staff, if someone rings in [sick] cover is arranged. [We always have] enough staff to make sure that people are safe"
- The care home has an effective recruitment policy and procedures in place. The registered manager told us that agency care staff or agency nurses were rarely required to cover unplanned absences.

Learning lessons when things go wrong

- The registered manager and senior staff reviewed incidents weekly and analysed them for trends.
- Lessons were learnt from incidents. For example, after a visitor had behaved inappropriately towards a person, the registered manager ensured the visitor was observed at future visits. This prevented a similar incident happening again.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager or senior nurse assessed each person's support and care needs before they moved into the care home. A care worker told us, "With new people we have a handover from the registered manager or senior nurse before the person comes." This meant care workers were aware of people's needs from day they came to The Willows.
- Care workers and nurses supported people to make daily choices about their care and support, for example what to wear and where and how they spent their time.
- The registered manager supported staff to provide support and care in line with local and national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- New staff completed induction training. The registered manager monitored a staff training plan to ensure that staff completed their training on time. This meant that people received support from care staff who had received the necessary training.
- Staff had the skills to support people's needs. A relative said, "The staff are splendid, I think they are very well trained. They couldn't do enough for [person]".
- Staff training was relevant to the needs of the people using the service. A care worker told us, "The training is specific to service users."
- A diabetes nurse, from the local medical centre, told us, "[The nurses] have a good knowledge of how to use insulin appropriately and how to correctly monitor diabetes."
- The registered manager ensured that registered nurses maintained their registration with the Nursing and Midwifery Council. Registered nurses supported each other through a system of peer reviews. People's health needs were safely supported by professionally qualified nurses.

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

- People had access to food and drink throughout the day. They had a choice of where to eat meals. We saw people enjoying their meals in their rooms, in a lounge and in the dining room.
- A relative told us, "[Person] has their favourite food. They get a full English breakfast which they love. The menu offers tremendous choice. [Person] looks as healthy as they did when they were at home."
- The daily menu board was displayed in the corridors, which meant that not everyone could see it. People told us they chose the meal the day before and that meant that they could not remember what they had ordered when it arrived. Consequently, some people were not happy with the food they received and were provided with alternative meal options.
- The kitchen store room was well stocked with alternative snack items if people did not like the menu



options offered.

- A small number of people said they would prefer more choice. The registered manager sought and acted upon people's and relative's views about meals they would like added to menus.
- The kitchen staff and carers had a good knowledge of people's special diets.
- The provider had appropriate systems in place to identify and monitor concerns about people's fluid intake, diet, weight and nutrition

Staff working with other agencies to provide consistent, effective, timely care

- Four nurses were trained to make referrals direct to the Speech and Language Therapy (SALT) teams. Speech therapists can help people with swallowing difficulties (dysphagia). They help patients through changing their diets to different textures and consistencies. This meant that people could get support with any swallowing issues more quickly.
- The provider operated a 'Red Bag Scheme'. This NHS England initiative supports effective arrangements for providing the hospital staff with the important information they needed to meet people's needs at the hospital.

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

- Some older lounge chairs were worn and showed signs of hand marks on the arms. The registered manager already had a plan in place to refurbish or replace worn items of furniture by the end of May 2019.
- Although some bedroom doors had photos on them, some of the upstairs corridors lacked any visual identifying characteristics, which would enable people with dementia to orientate themselves. This was brought to the registered manager's attention and they confirmed that they will obtain best practice guidance from dementia specialists.
- People were encouraged to personalise their bedrooms. A relative said, "It's a very good home. We were asked to bring mementoes and photos from home to make [person's name] room homely."
- People who were smokers had use of a smoking-room which was ventilated by an extractor fan. The provider's smoking policy included an assessment of associated risks and the measures implemented to reduce them. For example a nurse call point was available in the room and people who used this room had individual smoking risk assessments in place. This meant that people who wished to smoke could continue to do so without affecting people who do not.
- There was a lift available for people who live on the upper floors of the care home.
- An outdoor area was being developed into a safe area for people, living with dementia, to sit outside and enjoy fresh air and sunshine.

Supporting people to live healthier lives, access healthcare services and support

- A relative told us, "Care is excellent, no aspect where I would have a concern. Cared for very well. The nurses have a very good attitude towards [person]."
- People were supported to access health services when they needed them, and GPs, specialist diabetes nurse and the district nurse team also visited the care home.
- The care home was piloting Telehealth systems as a way of reducing hospital admissions and enabling people to monitor their health without having to unnecessarily visit the GP.
- The provider ensured that people received the correct healthcare in a timely manner

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 Act 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that it was.
- Staff told us they had received training in relation to MCA and DoLS and worked within the principles of MCA. Appropriate referrals to the local authority DoLS team had been made.
- One person had recently moved into the care home after being discharged from hospital. The person's support notes indicated that they had stated that they did not want to live there. The registered manager made an urgent referral to the local authority DoLS team in respect of that.
- People were being supported to have choice and control over their lives. Staff told us they support people by offering choices and obtaining consent before carrying out personal care tasks.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were attentive to people's needs and supported people with kindness. A person said, "Yes, they are kind and caring, they understand me, I can tell them if anything is bothering me and they respond well."
- People were treated with respect. A relative told us, "We're very happy that [person] told us they like the carers." Another relative said, "The management are delightful people as are all the staff who are very patient. There is never a lack of courtesy. Other people have told me that, so it's not only when I visit."
- Another visitor told us, "In three years [I have] not heard one member of staff being rude, they always respond well, even when [someone presents behaviours which challenge]"

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us they were involved and kept informed about their family members. The registered manager sent relatives invitations to reviews of people's care plans. A relative said, "Every month I get a letter asking about reviewing the [care] plan. They also discuss it with me when I visit."
- Staff supported people to make everyday choices about their care and support, for example about what clothes they wanted to wear and how they wanted to spend their time. This enabled people to remain as independent as possible and to continue to direct their own lives.
- The registered manager understood the Accessible Information Standard, which requires that documents be provided in accessible formats, and appropriate languages, if needed by the people living in the care home.

Respecting and promoting people's privacy, dignity and independence

- Relatives and friends could visit at any time, meaning people could maintain important relationships. A relative said, "I love that they told me I can visit anytime, even in the middle of the night."
- A relative said, "The staff are very knowledgeable. They support [person] to be as independent as possible, for example they will dress themselves and the staff will support them with washing only if they want. Some days they want the support, on other days they do not."
- A person told us that, "The nurses give me plenty of time and explain things [to me]" which promoted people's dignity and maintained their independence.
- Care workers took people out shopping which meant people stayed connected to their community.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans had been developed when they first moved in. They contained personalised information so staff could meet people's support needs. Care plans were comprehensive and covered areas such as mobility, personal care and nutritional needs.
- People, and their relatives, were encouraged to provide information about their history, their spiritual needs, preferred names and what they enjoyed doing. This information was added to people's care plans.
- People were involved in the care planning and were kept informed of any changes. A relative told us, "I get asked my opinions. [I get] a monthly invite to meet [the] manager to discuss care." People's involvement meant that care plans were person centred. A relative told us, "The care here is very person centred. Staff know about [person's] hobbies and they talk to them about them".
- Care workers and nurses were attentive to people's behaviours and what they indicated about them. A relative told us, "For a time [person] kept going to bed after lunch until we and staff worked out it was because they didn't want to be in the lounge where the TV was on". Care workers supported the person to experience other areas of the home which better matched their preferences.
- People told us they were supported to take part in activities if they chose to do so.
- People enjoyed visits by children from a local nursery. A person told us, "We do activities with the children. We sing and draw with them. It was lovely." A relative said, "The children's visits are wonderful. I see the residents get excited and join in."
- The activity co-ordinator told us about the music, craft and other activities which people participated in. This included a 'Pets As Therapy' activity where house trained dogs were brought to the home for people to interact with.
- People had access to wifi in some parts of the building and there was a communal computer available for people to use if they wish. One person told us that they used their own device to communicate with relatives via the internet. This enabled contact with family and friends to be maintained.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and displayed for people's information.
- People knew who to talk to if they had a concern or a complaint. One relative said, "If there was anything I was unhappy about I'd be perfectly comfortable talking to the registered manager about it."
- Both formal and verbal complaints had been received and had been investigated and responded to appropriately. Where necessary, action had been taken to improve the service.

End of life care and support

- The provider had accredited The Willows with the Gold Standard Framework, which promotes high quality care for people in the final stages of life.

- People's wishes for their end of life were included in their care plans. Staff told us, "we know who has a DNAR [plan] in place, it's in the care plans". DNAR means Do Not Attempt Resuscitation and is a document issued and signed by a doctor. The form is designed to be easily recognised and verifiable, allowing medical professionals to make decisions quickly.
- We saw 'Thank You' cards from relatives of people who had recently passed away that were complimentary towards the staff team for being caring and supportive at a difficult time.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and senior team provided leadership. A care worker told us, "[We are] a well-managed, fantastic team, we all get on well. [We are] well organised, we have good handovers so people have continuous care. We have designated areas of the home [to work in]."
- The registered manager and all the staff we spoke with, were committed to providing person centred, high quality care.
- The registered manager understood, and acted on, their duty of candour responsibility by contacting relatives after incidents involving family members occurred. This ensured that relatives were aware of the incident and made aware of the causes and outcome.
- The ratings from our previous inspection were displayed so that visitors could see and read our report.

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

- The registered manager had a quality assurance system in place to monitor the safety and quality of the service. This included requesting and acting upon people's and relative's feedback.
- The quality assurance system included monitoring the service against CQC's fundamental standards of care. The registered manager actioned service improvements that were identified by this quality assurance process.
- The registered manager understood their responsibility for reporting deaths, incidents and injuries that affected people using the service. Notifying the CQC of these events is important so that we are kept informed and can check that appropriate action had been taken.
- The registered manager carried out audits of care plans but these had not always identified unsigned or undated risk assessments and other documents. We discussed this with the registered manager. They told us they would in future include check that documents were signed and dated.
- Staff told us that they have regular handover sessions and an annual appraisal.
- All staff understood their roles within the care home.

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

- People and staff felt able to contribute their views on the service informally.
- We saw a newsletter to share with people, relatives and staff to keep people up to date with developments and improvement plans, especially in respect of the planned refurbishment work.

- The care home achieved an Investors in People accreditation. That is a nationally recognised standard approach and provides an assessment of the effectiveness of the care home's people management processes and staff engagement.
- People's equality and diversity characteristics are identified during the initial assessment process, and recorded in each person's care plan. This is available to guide care staff and is supported by the provider's Equality and Diversity policy.

#### Continuous learning and improving care

- The registered manager understood the importance of learning lessons, by reviewing incidents, to ensure that people received good quality care and support.
- The registered manager was linked into local and national care initiatives as a means of learning from, and contributing to, new developments in the care sector. For example, membership of the East Midlands Care Homes Association and Registered Nursing Home Association.

#### Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and hospitals, to ensure that people received joined-up care.
- The registered manager worked in partnership with people, and their relatives, through regular communication, to ensure that people's views about the care being provided were listened to.