

St Dominic's Limited

The Willows Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Willows Nursing Home is a care home for up to 28 older people. At the time of our inspection 27 people were living at the service. 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

People received their medicines safely and as prescribed. There were suitable systems for checking medicines were being safely managed.

The risks people were exposed to had been assessed and planned for. People lived in a safe environment.

The environment was clean and there were systems to help prevent and control infection.

People were able to contribute their views about the service and the provider worked with others to make sure the staff followed best practice.

There were systems for managing the service including dealing with incidents, accidents, complaints, safeguarding alerts and other adverse events. There were regular audits and checks to help make sure quality was monitored and improved.

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.

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 20 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

At our last inspection we found breaches of regulations relating to safe care and treatment and good governance. We undertook this focused inspection to check they had followed their action plan and to

confirm they now met legal requirements. 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 changed from requires improvement to good. 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.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Willows Nursing 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 conducted by one inspector.

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. The Willows Nursing 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the registered manager had recently left the service. A new manager was in post and they were in the process of applying to be registered with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider, including the action plan from the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We looked at how medicines were managed. We looked at a range of records including the care records and assessments for three people, staff recruitment records and records of audits, checks and quality monitoring systems. We observed how people were cared for and supported and we met staff who included the manager and clinical lead.

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. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, we found medicines were not always safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- People received their medicines safely and as prescribed. Medicines were safely stored, recorded and administered appropriately.
- There were clear policies, procedures and protocols for managing medicines, including medicines administered 'as required' (PRN), and staff were aware of these. The staff received training to understand about safely managing medicines and their competencies, knowledge and skills were assessed by the provider.
- There were systems for auditing medicines to make sure they were safely managed and to respond to any problems.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from the risk of abuse. The staff undertook training, so they understood how to recognise and report abuse.
- The provider worked with external agencies to help make sure allegations of abuse were reported, investigated and people were protected from harm.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and developed clear plans to help mitigate these risks.
- Care plans included assessments of risks relating to people's health, mobility and their activities. These were clear and were regularly reviewed.
- The provider undertook regular checks on the health and safety of the building and equipment to make sure this was safe and that risks were identified and managed.

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.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. The provider relied on some temporary (agency) staff to help cover staffing vacancies. However, they tried to make sure they used the same familiar staff who knew the service.
- The provider was in the process of recruiting additional permanent staff. The procedures for recruiting and selecting staff included checks on their suitability, competence and knowledge. They kept records of these checks.

Preventing and controlling infection

- There were systems to help prevent and control infection. The staff were familiar with these and helped to make sure the environment and equipment were clean.
- The staff were provided with personal protective equipment (PPE) and the management team checked they were using this correctly.
- The provider monitored all infections in order to identify any concerns in practice and to help ensure people received the support they needed to get better.
- There were regular audits of infection control and cleanliness and suitable systems for managing waste and laundry.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. The staff recorded any accidents and incidents. The management team reviewed these records to make sure people had received the right support. They had regular meetings with staff to learn from these and improve practice.

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. At this inspection the rating has changed to good.

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

Continuous learning and improving care

At our last inspection, we systems and processes for monitoring and improving quality were not always effectively operated. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were systems for monitoring and improving the quality of the service and these were operated effectively. The provider made good use of technology and this helped senior managers to monitor the service and understand any areas where improvements were needed.
- There were regular audits of all areas of the service. Where problems were identified the provider took appropriate action.

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

- There was a positive culture at the service. Staff provided personalised care, which was kind, sensitive and caring. People were able to make choices about their care and support. There were regular reviews of their care to make sure this remained person-centred.
- The provider asked people using the service, staff and other stakeholders to complete satisfaction surveys about their experiences and to attend meetings to discuss the service.
- The provider supported people's diverse needs. For example, they supplied staff who spoke a range of languages, offered culturally appropriate diets and supported people to celebrate their religion and culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 left the service shortly before our inspection. However, the provider had recruited another manager who was in post. They had started the process of applying to be registered with CQC. They were an experienced care manager and had received a handover about the service from the previous

manager.

- There were appropriate policies and procedures which reflected good practice guidance and legislation. The staff had information about these.
- The management team and staff regularly met to discuss the service and they had a good overview of people's needs and how to meet regulatory requirements.
- The provider understood their responsibilities under duty of candour to be open and transparent when things went wrong.

Working in partnership with others

- The staff worked with other professionals to plan for, monitor and meet people's needs.
- The provider had worked with the local authority to implement an action plan for improvements at the service.