

The Willows Home Limited

The Willows

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Willows is a care home in the village of Rippingale. It is registered to provide support to 30 older people, some of whom may be living with dementia. At the time of our inspection, 25 people lived at the service.

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

People's medicines were not always managed safely. Staff were trained in the safe administration of medicines, though we found problems with recording processes and a lack of guidance for staff. Risks to people's safety and wellbeing had not always been identified or recorded, though staff understood how to manage the risks.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about consent and recording decisions.

People's health needs were met, and staff were knowledgeable about the support people needed. However, care plans did not always reflect people's needs or provide staff with important information, including how they wanted to be cared for at the end of their life. Daily records did not show the care and treatment people had received.

Quality assurance systems were not always in place. When they were in place, they had been unable to maintain a high-quality service as they had not identified problems with medicines, risk management and care records. The registered manager had started to make improvements and implement new quality assurance systems.

Staff were kind and caring though they sometimes missed opportunities to engage people in meaningful conversations. People were encouraged to participate in activities and maintain their relationships with family and friends.

The registered manager was working to improve the service and included people and staff with this. The registered manager promoted a positive culture and staff were confident in their ability to develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines and risks, the assessing, monitoring and addressing of quality shortfalls and maintaining complete and accurate records. Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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

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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

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. 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 looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). 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 contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service, three relatives and a healthcare professional. We also spoke with the cook, two care staff and the registered 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 completed a tour of the environment to look at the home and the facilities available for people. We also looked at a range of documentation including five people's care files and medication records for six people. We looked at a selection of documentation for the management and running of the service such as recruitment, induction, supervision and staff training. We also looked at audits, and compliments and complaints.

After the inspection

We were sent further information from the registered manager which included maintenance certificates, care plans, risk assessments and consent documents.

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 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; Assessing risk, safety monitoring and management

- Medicines were not always safely managed, and processes did not ensure people's medicines were in date. One person was prescribed pain relief that could only be used for three months once opened. An opened date had not been recorded, so staff could not be sure if the medicine was still safe to use.
- Protocols were not always in place to guide staff how to administer 'as and when required' medicines, also known as PRN. One person did not have a PRN protocol in place for their anxiety medicine. This meant staff could not consistently identify when the person needed their medicine.
- Guidance was not in place to support staff with applying pain patches or memory patches to a person's body. Staff did not record where they applied patches. This meant they could be placed in the same area sooner than they were allowed; making them less effective.
- Not all risks to people's safety and wellbeing had been identified and actions needed to keep people safe were not always documented. Bed rails were used to stop one person falling out of bed, but this was not recorded in their care plan.
- Risks relating to people's healthcare needs had not been recorded. However, staff were knowledgeable about how to manage the risks, for example risks associated with diabetes.

The failure to ensure the proper and safe management of medicines and not assessing and managing risks, 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.

The registered manager acted immediately during and after the inspection. They advised us they had reviewed their medicines processes, put required protocols and guidance in place, amended their medicines recording processes, and implemented appropriate risk assessments.

- Medicines were stored appropriately, and systems were in place to ensure sufficient stock levels.
- Staff were knowledgeable about how people liked to take their medicines. We observed people being supported with their medicines in a personalised manner and this information was included in their records.
- The provider maintained the safety of the building and equipment through regular checks, servicing and maintenance. We found the gas safety certificate had expired. A new inspection had been arranged to address this.
- Fire safety checks were completed. Personal evacuation plans were in place to ensure people received the right support in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. A relative said, "[Name] is safe, they have the support here and I can sleep better at night."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.

Staffing and recruitment

- Staffing levels were sufficient to meet people needs. A staff member said, "I feel there's enough staff. There is always a team member around to help and management are available and not afraid to get their hands dirty."
- The providers recruitment processes helped ensure only suitable staff were employed.

Preventing and controlling infection

- Staff were trained in infection prevention control and wore gloves and aprons appropriately to help prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents had been responded to appropriately. The registered manager monitored and analysed accidents and incidents to learn from them.

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was not always sought in line with legislation and guidance Staff sought consent when supporting people and care plans documented consent to care which was often signed by people's families. However, care plans did not record if they had the legal right to do so.
- Where people lacked capacity to make specific decisions, care plans did not always contain appropriate capacity assessments and best interest decisions. One person's care plan did not record decisions made regarding the use of bed rails and their dietary needs.

We recommend the provider seek advice and guidance from a reputable source regarding consent and recording decisions in line with the MCA principles and legislation.

- People confirmed they were offered some choices and staff respected their decisions. Staff encouraged one person to take their medicine and respected their decision when they declined it.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

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

- Care plans did not always contain important information and did not support staff to provide effective care. However, Staff were knowledgeable about people's health needs and the support they required.

- Staff were kept informed of any changes to people's health and wellbeing through handover meetings, though records were not kept.
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice. A professional said, "If people's needs change they keep me updated, they inform me quickly."

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

- People were offered limited meal choices. Staff served people their meals but did not tell them what the food was. Alternative choices were only offered if people did not eat their meal.
- Where people needed assistance to eat, staff provided support. We observed one staff member supported two people at the same time. This meant the people were often waiting during their meal.
- People were offered regular drinks. However, we observed drinks were provided during lunch which interrupted the persons meal.
- Staff supported people to follow specialised diets and followed professional advice where required.

Staff support: induction, training, skills and experience

- Not all staff had received supervision in line with the provider's policy. However, staff told us they felt supported by the registered manager. The registered manager was in the process of reviewing the staff supervision process.
- New staff completed an induction programme and mandatory training, which ensured they had the skills and knowledge to support people safely.
- Staff were encouraged to progress in the service and training plans were appropriate to support staff development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs were assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans which supported staff to provide care in line with their personal routines.
- The environment had been adapted to promote the wellbeing of people. An indoor area had been decorated with murals, trees and benches to help replicate being outside and village life. Pictorial signage was used to help people find toilets, bathrooms and communal areas.
- People's rooms were personalised to their tastes. People were supported to put up pictures, ornaments and other items to make them feel at home.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Staff sometimes missed opportunities to engage with people as they were focused on getting jobs done. A staff member asked a person if they liked their meal. However, they were busy and walked away before the person could respond. We raised this with the registered manager
- People confirmed staff were caring and respectful. One person said, "I don't know their names, but they're always respectful and polite. I don't have any problems, they've been quite helpful." A professional told us, "Staff are always very lovely to everyone and are very caring."
- Staff respected people as individuals and were trained in equality and diversity. One said, "Everyone here is an individual and they all have different needs. Each person requires respect and dignity, no matter what."
- Care plans documented cultural and religious information and reminded staff about being respectful.

The registered manager acted during and after the inspection. They advised they would discuss with staff how to positively engage with people during their next supervision.

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

- People were not always given the opportunity to make decisions. People were given meals and drinks without being asked what they wanted.
- Staff worked with people and their families to ascertain how they liked to be cared for and this was recorded in their care plans.
- People had support from their families or advocates if they needed help with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff understood how to do this and asked people discreetly if they wanted support.
- Staff promoted people's independence through providing encouragement and appropriate support when it was needed. One person told us, "I wash and dress myself and I tidy my bed."
- Staff respected people's privacy and ensured they could meet privately with their visitors.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always have enough detail to support staff to meet people's needs. Care plans were reviewed but not always updated with current information for example pressure care. However, this had not affected people's health and wellbeing.
- Staff were knowledgeable about people's care needs, personal routines and provided support. Care plans recorded information about people's daily routine and personal histories. Though daily records did not show the care people received or that it was provided in line with their care plans.

End of life care and support

- People's wishes and preferences regarding the end of their life had not been discussed or recorded, which meant people may not be cared for as they wished.
- Staff recognised the importance of good end of life care and told us they liaised with healthcare professionals to ensure people had the right medicines and equipment in place to help maintain their comfort and dignity.
- Staff had received a compliment regarding the support they provided to a person at the end of their life. A relative commented, "Just to say, after the sad death of [Name] and [Name], a very big thank you for the care you all gave to them. You all did a brilliant job."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their hobbies and interests. These included reading, knitting, card games, board games, walking stick hockey and playing with a ball. One person smiled and laughed as they played with a ball with a staff member and continued to talk about the activity afterwards.
- Staff encouraged people to participate in activities but respected their decision if they chose not to.
- People were supported to maintain their relationships with families and friends and could have visitors when they chose. One person was regularly phoned by their relative and staff ensured the phone was available for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered and recorded, which helped staff to provide information

in a way each person could understand.

Improving care quality in response to complaints or concerns

- People were complimentary of the service and were confident any concerns would be addressed. A relative told us, "We're very pleased with the home. [Name] seems quite content here. I come any time and [Name] has never been in a mess, they are always clean and tidy."
- The provider had a complaints policy and procedure which staff understood. Staff resolved any issues where possible or passed on concerns to the registered manager.
- Since the last inspection, no complaints had been received and the registered manager kept a log of compliments received.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found the governance systems in place had failed to pick up a number of issues we identified during our inspection in relation to medicines, risk management, consent and appropriate guidance for staff to ensure people's care needs are met. As a result, the provider and registered manager were unable to effectively monitor and address quality shortfalls.
- Audits of care plans and daily records were not completed. The registered manager was unable to assess and monitor the accuracy of information or ensure complete and accurate records for each person.
- Medication audits were not robust enough to identify problems. They had failed to find recording issues and the lack of guidance and protocols for staff to follow.

The lack of established and effective quality assurance systems, assessing and monitoring risks meant people were at risk of harm and receiving a poor-quality service. The failure to maintain accurate and detailed records regarding people's care and treatment meant there was a potential risk of people not receiving appropriate support as staff did not have appropriate guidance. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Since April 2019 a new registered manager had been employed. Audits of medicines, health and safety and the environment were in place. However, the registered manager had identified issues with the quality assurance system and was reviewing the process. A new quality assurance system was being implemented and needed time to become established.
- The registered manager understood the regulatory requirements and reported information appropriately.

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

- Staff felt supported and were positive about the registered manager and the culture they promoted. A staff member said, "We all pull together, it's nice for everyone to get on and there's great team work."
- Staff were encouraged to take pride in the service. The registered manager told us, "If staff have more involvement and responsibility, then they have more pride in what they do."
- People, staff and professionals were included in the development of the service. The registered manager sent out questionnaires to help identify how the service could be improved and had received positive

responses about the service.

- Meetings were held to ensure staff were kept informed and they were able to suggest ideas. A staff member said, "I like [Registered manager's name] as they have new and fresh ideas and I feel they would act upon our ideas."

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 monitored the way staff worked and addressed issues in supervision and team meetings.
- The registered manager understood their legal obligation to let people know when things went wrong and had processes in place to respond appropriately.

Continuous learning and improving care

- Accidents and incidents were monitored to look for patterns and trends in order to learn from them and improve care. The registered manager monitored people's health needs and professional visits to review what was working well and if any improvements were needed.

Working in partnership with others

- The registered manager and staff worked closely with relevant professionals. One said, "Staff meet me at the door, they answer very quickly, are polite and take me straight to [Registered manager's name], who is there most of the time. They are always obliging."
- The registered manager had organised an activity session with a local toddler group and had contacted other community organisations to help integrate the service into the local community.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always identified, assessed and action taken to mitigate the risks was not always documented. Regulation 12 (2)(b).</p> <p>Medicines were not always managed in line with best practice, which meant people were at risk of receiving their medicines incorrectly. Regulation 12 (2)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to monitor and improve the quality of the service were not established and effectively operated, which meant people were at risk of receiving a poor service. Regulation 17 (1) and (2)(a)(b).</p> <p>Records relating to the care and treatment people received did not accurately reflect the care people required or what they received which placed people at risk of not receiving appropriate support. Regulation 17 (2)(c).</p>