

Regal Care (Darlaston) Limited

The Willows Nursing Home

Inspection report

Dangerfield Lane
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West Midlands
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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 nursing home that provides personal and nursing care for up to 48 older people some who maybe living with dementia. At the time of the inspection 45 people were living at the service.

People's experience of using this service:

People told us they felt safe: however, we found potential risks to people's health and welfare had not always been assessed and detailed guidance was not available for staff to refer to. Not all staff had received sufficient training to deliver effective care. Although there were sufficient numbers of staff the deployment of staff required improvement. Safe recruitment processes were in place. Staff had access to equipment and clothing that protected people from cross infection.

Although people received their medicines as prescribed; improvements were required in the storage and disposal of medicines. Systems to monitor on line medicine training required improvement.

People's needs were not always adequately assessed. Food choices were limited. Staff sought people's consent before providing care. People's health needs were met and people had access to healthcare services.

People's dignity was not always respected. People's choices and preferences were not always met because staff were often focussed on tasks. People's independence was promoted. People and their relatives knew how to complain about the service and felt confident their concerns would be addressed.

People, their relatives and staff found the management team open and approachable. Although the audits completed had not always identified the shortfalls found at the inspection; the registered manager had begun to implement new systems to assess, identify and improve the quality of service people received.

More information is in the detailed findings below.

Rating at last inspection:

Rated Requires Improvement overall (report published 19 December 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found the rating remained as required improvement.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 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. 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:

This inspection was undertaken by two inspectors, one specialist advisor who was a nurse 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 is a care home. People in care homes receive accommodation, nursing or personal care. 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 manager registered with CQC. 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:

The inspection was unannounced.

What we did:

We reviewed the information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information we require providers to send us at least annually to give information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.

During the inspection we spoke with ten people and nine relatives or visitors to ask their experience of the care provided. We spoke with eight members of care staff, the deputy and registered manager.

We sampled a range of records. This included six care records and three medicine records. We looked at recruitment and training records for two staff. We reviewed the records relating to the management of the home including checks and audits.

After the inspection the registered manager sent us their improvement plan. We reviewed this as part of the inspection process.

Is the service safe?

Our findings

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

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

- Although staff knew people's individual risks; care plans, risk assessments, and guidance were not always up to date and reflective of people's needs. For example, one person's care record stated they had Parkinson's disease. However, this had not been updated following a review of their health need; this might have an impact on the person's safety. Another person was in receipt of end of life care, we found no detailed care plan or risk assessments had been completed; the risks associated with their condition had not been adequately assessed. This put people at risk of receiving inconsistent care.
- Some people expressed themselves with behaviours which were linked to their dementia. Although staff knew how to keep people safe; we found there was no care records for staff to refer to when these situations occurred.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- Checks were completed on the environment and equipment to make sure they were safe and any issues recorded and rectified.
- People had access to equipment such as walking aids which helped them to mobilise safely around the building. We saw staff followed safe moving and handling techniques when supporting people to mobilise.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe, one person said, "I couldn't feel safer. I like it here and staff look after me."
- Although the provider had a process in place to protect people from harm or abuse and staff had received training in safeguarding; not all staff we spoke with had a good understanding of what action they might take to make sure people were protected from harm or abuse.
- Where required the registered manager had reported any concerns to the local safeguarding authority and taken appropriate action to ensure people's safety.

Staffing and recruitment

- Although people and staff told us there were adequate numbers of staff employed; we found improvements were required in the deployment of staff to ensure people's needs were met in a timely manner. For example, we observed some people had to wait for their care needs to be met whilst staff completed paperwork.
- Staff were recruited safely. Pre-employment checks were completed before staff started to work at the service, this included reference and Disclosure and Barring Service (DBS) criminal records checks. DBS helps employer's make safer recruitment decisions.

Using medicines safely

- Staff told us they completed training to ensure they administered medicines safely and as prescribed.
- We found staff competencies were checked to ensure they administered medicines safely. Staff we spoke with demonstrated they understood how and when to administer medicines to people who had specific medical needs such as Parkinson's disease and diabetes.
- Improvements were required in the safe storage and disposal of medicines. For example, medicine trolleys were not secured adequately and documentation around returned or refused drugs could not be found at the time of the inspection.
- Medicine records confirmed people received their medicines on time and as prescribed. Some people required to take their medicine 'as and when required' to support them with pain relief; this was monitored and guidance on when it should be given was in place.

Preventing and controlling infection

- The service was clean and odour free.
- Staff used personal protective equipment (PPE) such as gloves and aprons when delivering personal care.

Learning lessons when things go wrong

- Staff we spoke with were aware of the importance of reporting and recording incidents, accidents and falls. We saw these were reported appropriately and action was taken by the registered manager to ensure people were safe.
- The registered manager reviewed the information to identify any patterns or trends.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff told us they completed on-line training and assessments to keep their knowledge up to date and to check their understanding. However, we found not all staff responses were checked and known to the provider. This meant the provider could be assured staff understood the training and had the necessary skills to undertake their role. We discussed this with the registered manager who assured us they would review this as well as completing additional competency checks of staff.
- New staff completed an induction programme which included shadowing more experienced staff to get to know people's needs and preferences. New staff to care also completed the Care Certificate, which is a nationally recognised induction for staff working in care settings.
- Some staff told us they had not received a formal supervision to discuss their practice and development. However, explained they had attended staff meetings and had regular contact with the management team.

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

- Assessment of people's needs were not always detailed nor were people's expected outcomes clearly identified or reviewed. For example, some people's needs were evaluated using tools to assess people's nutritional needs and skin integrity. However, some people's information was not reflective of their individual needs.

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 MCA. The application procedure for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
- We found there was a process in place to ensure authorisations to restrict a person's freedom were obtained from the authorising authority and reviewed when necessary.
- Staff we spoke with knew the people who were subject to a DoLS, however lacked understanding about how the Act impacted on the decision-making process or how people should be supported in their best interest. However, we saw staff supported people to have as much choice as possible and people moved

around the service freely.

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

- People were not always offered a choice of meals. For example, on particular days of the week roast lunches were the only choice of meal available to people. We also found the food menu was not updated regularly and was repetitive so people's food choices were limited.
- Food was prepared according to people's needs. For example, some people required their food to be softened and we saw this was provided.
- We observed the lunchtime meal and saw people were not able to choose where they wanted to eat their meal and staff were not always readily available to support and prompt people to eat in a timely manner because they were supporting other people with their care needs.
- People told us they could get regular drinks to ensure they remained hydrated.

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

- The service did not have appropriate pictorial signage or memory prompts to support people living with dementia. The registered manager told us plans were in place to make the environment more suitable for people living with dementia. We saw work was in progress to create an indoor garden area.
- People and staff thought some areas of the home required decoration and updating. We saw the carpet in communal areas were wrinkled; this increased the risk of people falling.
- People were able to choose where they spent their time whether alone or with others. We saw there were communal areas for people to sit and a patio garden was available in warmer weather.

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

- People's health was monitored by staff and when required people were referred to relevant health care professionals. For example, one person had been referred to Speech and Language Therapy (SALT) team and their advice was recorded and followed by staff.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We saw people's dignity was not always respected; staff had to be prompted to support people with their personal care needs while staff completed their paperwork.
- We observed people's bedroom doors were often left open and we and other visitors could observe people partially clothed or sitting in their night attire. This on some occasions may lead to someone's dignity being compromised.
- People could spend time in their own room if they wished and were encouraged by staff to do as much as possible for themselves to preserve their independence.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives were positive about the staff and said they were kind and caring. One person commented, "(Staff) treat you as they would like to be treated." However, despite people's positive comments about the staff, we identified areas of practice which were not consistently caring. For example, staff not engaging with people in a timely manner when people became anxious or confused.
- People were encouraged to maintain relationships with relatives and friends that were important to them. Visitors were welcomed at the service.

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

- People told us although they were involved in decisions about their daily care, such as how they spent their time, when they got up and the clothes they wore. They commented at times staff were often busy and task orientated which meant they did not always feel listened to and their choices respected.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

End of life care and support

- At the time of the inspection one person was in receipt of end of life care. Care records we looked at did not contain details about people's end of life wishes. This meant people's wishes, values and beliefs might not be respected at the end of their life. The registered manager acknowledged this was an area they needed to consider as part of their development of the care records.
- Where required staff worked with other health care professionals such as GPs to make sure people were comfortable at the end of their life.

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

- People told us they did not always get their needs met in the way they preferred or in a way that was responsive to their needs. They told us that due to staff always appearing busy and task focused they were not always asked about their preferences or how they would like their care to be delivered.
- Although staff were knowledgeable about people's needs; we found care records were not all up to date or reflective of people's care and health needs. The registered manager had recognised this and work was in progress at the time of the inspection.
- The service employed an activities co-ordinator, however; people told us activities could be improved. We observed staff did not always take the opportunity to engage with people and did not always know about people's interests, hobbies and preferences.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and felt confident if they did make a complaint it would be dealt with appropriately by the registered manager. One person said, "I have no complaints at all."
- The provider had a complaints process in place and any complaints received investigated.
- The provider had kept a record of compliments received from relatives or visitors to the service.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager was implementing a quality audit system to identify any shortfalls in the quality of the service and had produced an action plan to improve the quality of the service provided to people. However, recent audits of care records were not always effective as checks completed had not identified care records were not always accurate. For example, concerns identified with incomplete and inaccurate risk assessments were not followed up. There was a risk that if robust records were not in place, this could impact on people's health, safety and well-being.
- Systems were not used effectively to monitor staff training. For example, outcomes of on-line training assessments were not known to the registered manager. The registered manager addressed this during the inspection.
- The failure to have effective governance systems and processes in place to monitor and mitigate risks to people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager understood the legal requirements within the law to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager told us they attended a number of local meetings to keep up to date with good practice guidance.

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

- The registered manager was open and honest about the challenges they faced within the service and how they were going to manage these.
- There was an 'open culture' within the service; staff spoke positively about the new registered manager and said they felt supported in their role.

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

- People and their relatives had the opportunity to present their views about the quality of service provided. For example, resident and relative meetings.
- The management team were contactable if people or relatives needed to talk with them.
- Staff had regular meetings with the management team and individual supervision sessions were being implemented.

Continuous learning and improving care

- The registered manager had developed an action plan to improve the quality of care provided.

Working in partnership with others

- The service worked in partnership with other professionals for people's benefit. For example, GP and community nurses.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective governance systems and processes were not in place to monitor the quality of care people received.