Culpeper Care Limited

Willow Tree Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Willow Tree Nursing Home is a residential care home providing personal and nursing care for up to 47 people. The service provides support to older people and those living with dementia across 2 floors. At the time of our inspection there were 32 people using the service.

People's experience of the service and what we found:
People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices. Overall, the provider assessed risks to ensure people were safe and staff took action to mitigate identified risks. However, we identified some areas of risk had not been assessed and some management plans required greater detail. The provider's system did not always effectively monitor the quality of care provided to drive improvements.

People were safeguarded from abuse and avoidable harm. There were enough staff to provide safe care, but some staff told us they were rushed and wanted more time to spend with people beyond providing physical care. The provider operated safe recruitment processes. People were supported to receive their medicines safely. People were able to receive visitors without restrictions in line with best practice guidance. The provider learned lessons when things had gone wrong.

There was a positive and open culture which helped achieve good outcomes for people. We received positive feedback from staff, people and their relatives about management and how the care provided had a positive impact on people's health. The provider understood their responsibilities under the duty of candour. When there were changes in people's health, they were referred to external health professionals to improve their outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, we identified a decision regarding 1 person's care that needed to be reviewed to ensure this was in their best interests and the least restrictive option. The provider confirmed this decision and the care would be reviewed to ensure the principles of the Mental Capacity Act were followed.

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 3 March 2022).

Why we inspected
The inspection was prompted in part due to concerns received about staffing, infection control, pressure care and the timely management of continence care. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Willow Tree 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well led findings below.

Willow Tree 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.

Inspection team
The inspection team consisted of 2 inspectors and a specialist nurse advisor.

Service and service type
Willow Tree Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willow Tree 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 there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information received since our last inspection and sought feedback from the local authority. 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
During the inspection we spoke with 4 people and 5 relatives for feedback on their experiences of the care provided. We spoke with 9 members of staff including the registered manager, manager, deputy manager, operational manager, a senior care worker, a nurse and care workers. We looked at 5 people's care plans and a number of medication records. We also looked at a variety of records related to the management and governance of the home including recruitment files, audits and environmental checks.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection; Assessing risk, safety monitoring and management
• People were not always protected from the risk of infection as staff were not consistently following safe infection prevention and control practices.
• Some areas of the home were not visibly clean including people's crash mats and bed bumpers. Unpleasant odours did not provide assurance that infection control standards were being consistently maintained, or actions taken to ensure the environment promoted good infection control standards.
• The provider responded to these concerns and gave assurance that plans were in place to improve the environment.
• Overall, the provider assessed risks to ensure people were safe and staff took action to mitigate identified risks. However, we identified some areas of risk had not been assessed and some risk management plans required greater detail.
• Some people expressed feelings of anxiety or distress that could cause themselves or others harm. There was limited guidance to help staff support people during periods of distress or to reduce their levels of anxiety. However, staff could explain how they supported people to stay calm and how they responded when people were agitated or distressed, such as reassurance and giving the person time to settle before offering support again,
• One person with a catheter did not have a catheter risk assessment or care plan. However, staff understood how to manage risks relating to catheters. In response to our feedback a care plan was implemented during the inspection.
• Other risks were assessed and well managed. For example, in relation to diabetes, moving and transferring people and skin damage.

Systems and processes to safeguard people from the risk of abuse and avoidable harm
• People were safeguarded from abuse and avoidable harm.
• Safeguarding concerns were reported and referred to the local authority and the CQC. Concerns were investigated and actions taken to minimise future risks to people.
• Staff understood their safeguarding responsibilities and were confident reporting concerns. One staff member told us, "I would diffuse the situation, ask them (perpetrator) to leave, make sure the resident was okay and then report it to the manager." Another staff member said, "[Manager is] very approachable and will action anything you report, but even minor concerns she's good at getting on with it. She's very approachable and wants to be involved with everything."

Staffing and recruitment
• We identified some gaps in employment history for 1 staff member.

• Relatives told us there were always staff around when they visited and enough staff to help people when they needed it. One relative said, "There are always staff around when I go. When they walk past [person's] door they always say hello." Another relative said, "Often staff are with [person], chatting and making them comfortable. They've managed to get information from them that we haven't shared about her past work, so they've obviously spent time speaking with [person] and getting to know them."
• During the inspection there were enough staff to provide safe care. Staff maintained a presence in areas of the home where people could get anxious or distressed, to ensure their safety was maintained. However, some staff told us they were rushed and wanted more time to spend with people beyond providing physical care.
• One staff member said, "It is stressful working with just 3 staff, we don't have time to do things properly or talk to the residents because we are just rushing." Another staff member said, "As far as I understand it, our levels are adequate according to the needs of our residents, but from the perspective of being on the floor, we're fairly stretched. In an ideal world we would have more time to spend with people on a social sense, rather than a purely functional."
• Staff were required to provide satisfactory references and DBS checks before being permitted to support people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider consider current guidance on ensuring records include information and risk assessments that confirm gaps in employment have been considered and take action to update their practice accordingly.

Using medicines safely
• People were supported to receive their medicines safely.
• One person was prescribed 'as required' medicine to control symptoms of anxiety. There was limited guidance to inform staff when they should give this medicine in line with national guidance for 'as required' medicines.
• We fed this back to the registered manager and in response to our feedback, more detailed guidance for managing this medicine was implemented.

Visiting in Care Homes
• People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong
• The provider learned lessons when things had gone wrong.
• Accidents, injuries and incidents within the home were reviewed by the management team. When incidents occurred, action was taken to ensure people's safety and reduce the risk of those incidents happening again.
• In response to incidents in the home, some people needed additional monitoring to maintain their safety and the safety of others. Records showed these additional checks were carried out and people were referred to external health professionals in response to those incidents.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

• Where people's capacity to make a specific decision was questioned, assessments of their capacity had been completed. However, a mental capacity assessment had not been carried out for one person which related to a decision to restrict the type of clothing they wore. We asked the provider to review this practice and ensure that a mental capacity assessment was carried out for this decision, with the support of other professionals to ensure the principles of the Mental Capacity Act were followed.
• Where there were restrictions on people which they did not have capacity to agree to, the provider had submitted DoLS applications to ensure appropriate legal authorisations were in place.

Requires Improvement

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 remained 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; Continuous learning and improving care
• The provider's system did not always effectively monitor the quality of care provided to drive improvements.
• We reviewed a range of audits completed at regular intervals. Some audits had not been fully completed and some had not been scored correctly which meant the level of risk was not accurately reflected. This meant the audits were not always effective in identifying areas for improvement.
• Where audits had identified areas for improvement, actions had not always been taken in a timely way. For example, infection control audits since May 2023 had identified bedrooms required a deep clean and furniture was not in a good state of repair. At the time of our visit no action had been taken and the same issues were evidenced as we saw at our inspection in July 2021.
• Infection control concerns identified by commissioners were also identified during our inspection. This related to the general standards of cleanliness and equipment for people not being visibly clean. There was no evidence people were harmed as a result of infection control within the home.
• Systems to monitor people's emotional health and wellbeing required more scrutiny. Records to support people at times of distress or anxiety were not detailed enough to demonstrate people received the most appropriate care at such times.
• There had been a number of management changes at the home within the last 12 months and the current registered manager was only in post short term. Arrangements had been made for a replacement registered manager to take over and they were already working at the service.

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 and open culture which helped achieve good outcomes for people. Feedback from staff and relatives confirmed this.
• One staff member said, "I do like the place and I do feel positive that we're on the up - the leadership at the top is better, without good leadership you'll be floundering." Another staff member said, "The management are good. We now have a new one who is very supportive and asking if we need her to do anything. She is very approachable."
• One relative said, "[It is] well run from what I can see. Always a manager available to speak to. Because it's quite small it feels more personable." Another relative said, "[There is] always a manager around. New

manager is lovely. I feel I can approach them – they're lovely to speak to. Never felt I couldn't approach them."
• Staff felt communication between staff was good with information being shared effectively.
• We received positive feedback from people and their relatives about the care provided. One person said, "It is very good, they are very good to me." A relative told us, "Care staff are very, very caring and loving. [Person] tells the staff [person] loves them, gives them cuddles, they put [person] at ease, calm them down. They're all so kind and caring."
• Relatives of some people told us how the quality of the food had impacted positively on their loved ones' health. One relative said, "[Person] is grossly underweight but is putting on weight now. It's second to none – I can't believe it. I cannot, cannot fault the food."
• Another relative explained how their loved one moved to the home and wasn't eating or drinking. They said, "The home managed to get [person] eating the way they present the food. They started by giving [person] a cake which [person] ate and I couldn't believe it. That's what got [person] eating."

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 provider understood their responsibilities under the duty of candour.
• When adverse events or incidents occurred at the home, people's relatives were kept informed and CQC were notified.
• We received positive comments from relatives about transparency. One relative said, "There was an incident [at the home]. They informed me, called me in [and reported it]." Another relative said, "They contact us and keep us informed of any issues – very transparent, don't hide anything. Our preconceived ideas were quickly dispelled. They're very kind."

Working in partnership with others
• The provider worked in partnership with others.
• When there were changes in people's health they were referred to external health professionals to improve their outcomes.