

The Willows (Codsall) Limited

The Willows Care Home

Inspection report

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Date of inspection visit:
09 January 2024

Date of publication:
23 January 2024

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Willows Care Home is a residential care home providing accommodation and personal care to up to 28 older people, some of whom were living with dementia. At the time of our inspection there were 23 people using the service.

People's experience of the service and what we found:

People were safeguarded from the risk of abuse and action was taken to mitigate the risk of harm to people following incidents and accidents. Systems were in place supported continuous learning. People's risk assessments were followed to keep people safe.

Medication was stored and administered safely and the environment was clean and hygienic. There were sufficient numbers of suitably trained staff who had been employed using safe recruitment processes.

Quality monitoring systems in place were effective in ensuring the home was well maintained, although we found some areas of minor concern that the audits had not identified. Immediate action was taken to implement the improvements.

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

The last rating for this service was Good and the report published on 19 March 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 Care 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 a CQC Operations manager.

Service and service type

The Willows 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. The Willows is a care home without 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 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 spoke with 3 people who used the service and 1 visiting health professional about their experience of the care provided. We spoke with 2 members of staff and the registered manager.

We reviewed a range of records. This included 3 people's care plans, a range of medicine administration records (MAR) and 3 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems. We spent time observing the care that people received within the home.

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 remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- When there had been incidents of potential or actual abuse the registered manager took the appropriate action to safeguard people. Safeguarding referrals were made to the local authority for further investigation.
- Staff we spoke with knew what to do if they suspected someone had been abused. One staff member told us, 'I would speak to the registered manager or CQC. But I know the manager would act on anything quickly'.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had individual risk assessments dependent on their individual needs. A health professional told us, 'Staff contact me if people's needs change and we will update their risk assessment accordingly'.
- We saw people who had been risk assessed as requiring a soft diet due to choking risks were supported to have their appropriate consistency meals with individual staff support when necessary.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- People and staff, we spoke with told us there were enough staff to meet people's needs safely. One person told us, 'If I ring my bell, staff come really quickly. Once I had a fall and couldn't reach the bell and I banged the floor with my hands, staff came in seconds'.
- We observed people's care during a mealtime and saw there were sufficient staff to support people to eat and drink dependent on their needs.
- Staff recruitment files we looked at demonstrated that new staff had been recruited safely using the appropriate procedures.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored and administered safely. We observed a trained member of staff administer people's prescribed medicines in a safe way.
- There was a new electronic system in place, which meant all records were now electronically stored. The registered manager told us that PRN medicine (as required medicines) protocols and body maps for medicine patches were in the process of being updated in paper form as the electronic system did not have the facility to store the information. We were sent copies of these after the inspection.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and hygienic.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- We observed visitors coming and going throughout our inspection.

The provider learned lessons when things had gone wrong.

- Changes to people's care plans and the environment were made when things had gone wrong.
- Records showed that action was taken to reduce the risk of further occurrences when for example, people had fallen.
- The provider and registered manager was responsive to our feedback on the day of the inspection.

Is consent to care and treatment always sought in line with legislation 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 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)

- The provider was working in line with the Mental Capacity Act.

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 Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people.
- We were told that people often were accompanied out into the local community. One person told us, 'I often go for a coffee and a cake in a local bar'.
- We observed people freely moving around the home, some joining in activities and others choosing not to. There were different areas within the home for people to sit and enjoy each other's company.
- The home had been decorated in a homely, modern fashion which created a warm, welcoming environment for people.

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 had acted appropriately when things had gone wrong, and they recognised their responsibilities under the duty of candour.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- There was a registered manager, deputy manager and senior care staff. One senior staff told us, 'There is always a senior on duty, they are trained to administer medicines, and they are here during the night too'.
- Staff and the visiting professional we spoke with, spoke highly of the registered manager and deputy and said they were supportive and responsive.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People who used the service were routinely asked their views on the service they received.
- There were, regular resident's meetings, obtaining people's view on the service. When changes were made to the service, for example, when CCTV was installed in the communal areas, people's view were obtained

and respected.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- The provider maintained the home well; however, we saw that although window restrictors had been fitted on all the larger windows, the smaller envelope windows required restrictors fitting. Although the risk was lower from these windows, there was a risk if a person had the intent, that they could access the windows and fall from height. Window restrictors were fitted to all the applicable windows the following day. This demonstrated the provider was responsive to learning and improving care.

Working in partnership with others

- The provider worked in partnership with others.
- On the day of the inspection, we met a visiting district nurse who regularly attended the service.
- There was evidence of other professionals and relatives being involved in people's care to ensure a holistic, open culture was maintained.