

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 residential care home providing regulated personal care to up to 30 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 27 people using the service. The service is in a two-story house.

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

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.

The home was not staffed to the level identified by the registered manager. While people's needs were met, at times people had to wait for care. Additionally, staff were not always able to support people living with dementia when they were distressed. Furthermore, staff did not have time to support people to take part in meaningful activities.

Staff had received training in how to care for people safely. However, training records were not up to date.

People's ability to eat and drink safely were identified, and care plans reflected those needs. However fluid intake was not completely recorded.

The home was clean, however some practices did not support good infection control.

There were audits in place to monitor the quality of care provided. They had not fully identified the concerns in the home.

We raised all these issues with the registered manager. They took immediate action to resolve our concerns.

People's medicines were administered safely and risks to people were assessed using good practice guidelines. Staff were confident to raise safeguarding concerns and the registered manager worked with the local authority to investigate concerns.

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 24 August 2019).

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. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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 caring 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 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 team consisted of two inspectors.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

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 also spoke with four people living at the home to gather their views of the care provided.

We reviewed the care plans for six people living at the home and key parts of other people's care plans to validate information in the management records we reviewed. We also looked at records relating to the administration of medicines and audits on the quality and safety of the care provided.

We spoke with the registered manager, the provider and four members of the care staff.

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. The rating for this key question has remained 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.

At our last inspection the provider had failed to assess the risks to people receiving care and medicines were not always managed in line with best practice. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made in the management of medicines at this inspection, and risks had been identified and care was planned to keep people safe. The provider was no longer in breach of regulation 12

Assessing risk, safety monitoring and management

- Risks to people were identified assessed and action taken to keep people safe. For example, where people needed support to move around the home, care plans detailed the equipment and staff support needed to keep people safe. Staff used equipment safely and we saw people were confident in how they were supported.
- Plans were in place in case of an emergency. For example, people had personal evacuation plans in place in case of an emergency. This meant that emergency services would have access to information about the support people needed to move to a safe area if needed.

Using medicines safely

- Medicines were stored safely. Medicines which needed to be kept cool were stored in the refrigerator. Systems were in place to monitor stock levels and expiry dates. This ensured peoples' medicines were effective and available when needed.
- Medicines were safely administered in line with people's prescriptions. The member of staff administering medicines stayed with people to ensure they took their medicines safely and had no difficulties. They took time to ensure people were able to take their medicines in a calm and unrushed fashion.
- Accurate records were kept on the receipt and administration of medicines. This allowed the registered manager to account for all medicines and to investigate medicines errors effectively.

Staffing and recruitment

- The registered manager had calculated the number of staff needed to meet people's needs. However, we saw that the rotas were not staffed to these levels. For example, the week beginning 21 April 2021, there were 41 hours of staffing not in place.
- While people's needs were met, understaffing meant at times some staff were focused on the tasks they needed to complete, and care was not centred around individual needs. One person told us, "There isn't enough staff. You have got to wait for them to get you up in the morning and it can be early or late."
- At times people became distressed and staff were not always available to provide support and

reassurance. Their distress unsettled other people and led to an increased risk of conflict. One person said, "It is not exactly a pleasure to be here, to be isolated from family. There is lots of shouting and no one to have a conversation with."

- Staff confirmed that the provider had followed safe recruitment processes. All the staff we spoke with confirmed that they had not been allowed to start work until they had received a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a bathroom being converted into a sluice room. This had not been fully completed and the way it was being used increased the risk of infection. In addition, some equipment for cleaning had not been stored in a way to minimise the risk of infection. Some systems to manage the hygiene in the home were not effective. For example, mattress covers had not been checked since December 2021.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

The provider was working in line with government guidance regarding unrestricted visiting. They did ask that friends and relatives just phone to let them know when they would be visiting to ensure there were not too many visitors at the home at the same time.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "Yes I feel safe, it feels like home."
- People had been safeguarded from abuse. Staff were aware of how to raise concerns with the registered manager and how to escalate them to the provider if needed. Staff also knew how to raise concerns with external agencies.
- The registered manager has worked collaboratively with the local authority to investigate any concerns and to take action to keep people safe.

Learning lessons when things go wrong

- Incidents and accidents were recorded and where needed immediate action was taken to update care plans and inform staff of changes needed to keep the person safe. The registered manager reviewed accidents and incidents to identify if there were any trends and action needed. For example, if further training in areas were required.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some areas of the home were in need of updating. The carpets had some staining and discoloration in places. In addition, the floor was uneven in lots of places and might be a trip hazard for some people. There were lots of areas with damaged paintwork and the home looked tired.
- People told us they were not allowed out into the garden without supervision. One person said, "If there are enough staff we can go around the gardens. We are not allowed out without staff; people wouldn't be safe." This was because of a pond in the garden which the registered manager felt was a risk to people. No action had been taken to identify ways to keep the pond secure while supporting people to enjoy the garden independently.

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

- People's ability to maintain a healthy weight was monitored. Where concerns were identified people's food and fluid intake was recorded. However, we saw the recording was incomplete and was not in line with best practice. We raised this as a concern with the registered manager. They contacted us after the inspection to tell us they had made changes to the monitoring so that it was now in line with best practice and had discussed with staff the need for accurate recording.
- People told us the food was good, However, they said they were not offered a choice of food for each meal. One person told us, "The food is pretty good, I have what they cook." Another person said, "The food is not too bad. We get what they cook. If you don't like it, you can say but I'm not fussy."
- Staff took time and ensured that people were able to eat as much as possible to help them maintain a healthy weight. Over lunch a member of staff supported people to eat, the staff engaged with them and spent time talking to them. One person living with dementia was initially reluctant to eat, however with encouragement and support they ate all their lunch including a dessert.
- People's ability to eat and drink safely was monitored. When any concerns were identified the registered manager referred them to healthcare professionals for assessment, advice and support. Where needed people were provided with a modified diet such as food that was able to be mashed with a fork. This ensured people's risk of choking was reduced.

Staff support: induction, training, skills and experience

- Systems to manage staff training had not been kept up to date and therefore it was not possible for the registered manager to tell us what training was outstanding. Following the inspection, the registered manager told us they had reviewed the systems and had now a clear idea of staff training needs.
- Staff told us they completed training when they first started to work in the home. They were positive about

the training they received and felt that it supported them to provide safe care to people. Staff told us they had completed mandatory training but were unsure of what training needed refreshing and when.

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

- People received an assessment of their needs so that safe care could be planned. Where people had long term conditions the registered manager identified best practice guidance in supporting people with their specific conditions and ensured that this information was available to staff in people's care plans.
- Care plans showed that the registered manager had ensured recognised good practice tools had been used when completing the assessments. For example, people's risk of developing pressure areas had been assessed using the Waterlow tool.
- The provider had policies and procedures in place to ensure that up to date guidance and legislation was available to staff.

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

- Records showed that people had been supported to access healthcare whenever needed.

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 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 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 whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity, staff understood that decisions needed to be made in people's best interest. Best interest decisions had been made for some people and health and social care professionals and people's relatives had been included in the decision-making process.
- Where people may lack the capacity to live at the home the registered manager had submitted applications for them to be assessed under the Deprivation of liberty safeguards. No one with a DoLS in place had any conditions relating to their DoLS.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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

- The registered manager and staff were kind and caring. People told us that the staff were good, one person said, "None of the staff are unkind or inpatient." Another person said, "They are very kind."
- However, people felt that the care was not personalised to their individual needs as staff did not have time to spend with them and the environment did not support their well-being. One person said, "There is lots of noise going on in the background and it is distressing."

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

- People did not always feel they were offered choices about their care. For example, people were not offered choices at lunch time.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were not always respectful of their privacy. In addition, their privacy was not protected from other people who lived at the home. One person told us, "No [staff do not knock on the door. I also get some visitors (other people who live at the home) at odd times, once or twice a night. Someone [staff] comes in and takes them away."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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 mostly reflected people's needs, However, where people were living with dementia and were distressed, care plans did not always provide staff with clear guidance to enable them to support people to remain calm and settled.
- Staff told us care plans supported them to care for people. If people's needs changed staff felt confident in raising the need to update the care plans with the registered manager.
- Systems were in place to ensure that any changes in people's needs were shared with staff. The registered manager attended the daily handover when information was passed between shifts. This allowed them to identify any concerns or action that was needed to keep people safe.

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

- Activities to support people's needs were lacking. One person told us, "No activities as far as I am aware."
- There was no dedicated activities coordinator and activities were provided by care staff in between their other duties if they had time. When people were distressed there was no action taken to see if engaging them in activities would help them to settle and become calm.
- When visitors were not allowed in the home due to a recent COVID19 outbreak, people were supported to maintain social contact with friends and relatives.

Improving care quality in response to complaints or concerns

- People living at the home and their relatives told us that they were happy to raise concerns.
- Records showed the registered manager had investigated complaints and responded to people appropriately.

End of life care and support

- People's wishes for the end of their life had been recorded in their care plans. For example, if people wanted to stay at the home instead of being admitted to hospital.
- Staff were knowledgeable about supporting people at the end of their lives and the healthcare professionals who would be able to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted who needed glasses to read. These needs were shared appropriately with other health and social care professionals.

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. The rating for this key question 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.

At our last inspection the provider had failed to have systems in place which effectively managed the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- There were audits in the home, and they had identified some areas for improvement. For example, they had identified areas of the home were in need of decoration. In addition, the audits had also been effective in monitoring the incidents in the home.
- However, the audits did fall short in identifying some of the concerns we found. This meant the registered manager had not always been able to drive the improvements in care needed. For example, ensuring people living with dementia were supported when distressed. Following the inspection, the registered manager wrote and told us about the actions they had taken to resolve the issues identified.
- The registered manager had taken action to comply with the regulatory requirements. They had notified us about events which happened in the home.

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

- We were advised there had been no incidents which were reportable under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- People spoke favourably of the management of the service, they told us members of the management team were approachable, and answered any queries raised with them. One person told us the manager was, "Easy to talk to and helpful."
- People's views and that of family members were sought through questionnaires. The information was

collated, and action taken to improve the quality of care people received.

Staff told us they felt able to raise concerns with the registered manager and were confident that concerns would be dealt with.

Continuous learning and improving care; Working in partnership with others

- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured that this learning was shared with staff and used to improve the quality of care provided.
- The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.