Hampshire County Council

Willow Court Nursing Home

Inspection report

Charlton Road
Andover
Hampshire
SP10 3JY

Tel: 01264325620

Date of inspection visit:
30 August 2022

Date of publication:
03 October 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Willow Court Nursing Home is a residential care home providing personal and nursing care to up to 66 people. The service provides support to adults, some of whom were living with dementia. At the time of our inspection there were 59 people using the service, 12 were permanent residents and 47 were receiving short term services.
The care home accommodates 66 people in single rooms over two floors. The premises are purpose built and rooms and communal areas are spacious and bright.

People's experience of using this service and what we found
People were supported by well trained staff and relatives believed their family members to be safe. Risks were assessed and actions taken to reduce them and ensure people remained safe.
The premises were well maintained and all necessary checks and services took place.
Recruitment was safe and there were sufficient staff deployed with a planned increase shortly.
Medicines were safely managed and we were assured the provider has a high standard of infection prevention and control and was following current guidelines.
The previous registered manager had recently passed away and the service was being overseen by an acting manager who had previously been a deputy manager. There was an open-door approach to management and staff could approach the management team to address concerns.
The provider had an open and honest approach to care delivery and reported accidents and incidents and informed those involved as necessary.
The provider had forged good ongoing relationships with health and social care professionals.
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

Rating at last inspection
The last rating for this service was good. (Published 14 September 2018).

Why we inspected
The inspection was prompted in part due to concerns received about skin integrity. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.
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.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow Court 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?

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.

Willow Court 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.

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 was carried out by one inspector. An Expert by Experience supported the inspection by phoning relatives. 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
Willow Court 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 Court 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 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 not a registered manager in post.

Notice of inspection
This 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.
We reviewed the information we already held about the service including notifications. A notification is information about significant events sent by the provider to CQC. We used all this information to plan our inspection.

During the inspection
We looked at six staff recruitment records and four care records. We reviewed a selection of medicine administration records and documents relating to the health and safety of the premises.
We spoke with eight staff including a deputy manager, a general assistant, a health care assistant and the clinical and care leads for the provider. We spoke with two people using the service.
We spoke with 12 relatives following our inspection. These conversations were carried out by phone by an Exert by Experience.

Good

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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• A relative told us, "Yes she is safe, because she has 24-hour care." A second relative said, "Well 100% safe."
• Staff received safeguarding training and participated in regular updates. Safeguarding alerts to the local authority were made in a timely way and the provider informed Care Quality Commission, CQC, as required.

Assessing risk, safety monitoring and management
• The provider completed all necessary health and safety checks of the premises and equipment. We saw comprehensive records showing regular checks and services of systems such as the fire alarm and hoisting equipment.
• Risks were assessed of the premises, equipment and people and actions taken to minimise residual risks. For example, when we inspected there was a fault with the phone in the lift to use in emergencies. The provider was aware and taking actions to repair the phone line and in the interim, staff were using mobile phones and walkie-talkies when using the lift to use should there be a problem.
• Before we inspected we noted a high number of pressure wounds had been notified to CQC. This caused us to be concerned that practice around skin integrity was not effective. We reviewed skin integrity records and care plans and found the majority of pressure injuries had been caused in the community or hospital prior to admission and the provider had achieved good rates of healing.
• We discussed what should be notified with the provider and agreed that deep tissue injuries found on admission should be shared as these would invariably develop into grade three or four wounds before healing commenced.
• We saw very good practice around skin integrity and plans were in place to develop links with tissue viability nurses further so they would assess and plan for peoples care when still in hospital, prior to their admission to Willow Court so appropriate care could commence sooner.
• Relatives had no concerns about risks and safety in the service.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

• We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment
• Staff were safely recruited and most requirements of Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.
• We found there were some minimal gaps in people's employment histories. The provider agreed to follow up with these staff members and obtain additional information. They showed us a check list recently put into place to ensure that future recruitment was done currently with nothing omitted.
All staff had been checked by DBS. 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 saw sufficient staff deployed to meet the needs of people using the service. Staff did not appear to be unduly rushed and people received care and medicines when needed. A relative told us, "Yes she takes medication and it is delivered at the prescribed times and I have seen it happening too."
• The provider had put forward a case to increase staffing from the current level of one care assistant to five people to one care assistant to four people. This was in response to the change of use at Willow Court Nursing Home. They now mostly provide a short-term service to people discharged from hospital and had found that dealing with some of their ongoing health conditions, including pressure wounds, were taking a significant amount of time and to address this, additional hours were being sought.

Using medicines safely
• Medicines were safely managed. Medicines storage was clean and temperatures of the room and fridge were monitored daily. A regular cleaning schedule was in place for the medicines trolleys which were both very clean.
• We looked at medicine administration records, MAR's. These were completed correctly and checked at the end of shifts to ensure all medicines had been administered and signed for.
• Staff administering medicines were trained and checked for competency before being allowed to support people with medicines. Staff were knowledgeable about people's medicines and conditions and ensured medicines were given on time and as directed.
• Protocols were in place for 'as required' or 'PRN' medicines. These indicated how and when to use the medicines and a note following administration detailed the effects of the medicines.

Preventing and controlling infection
• We saw clear cleaning schedules and staff rotas and allocations showing the premises were cleaned regularly and thoroughly. The provider had introduced high frequency touch point cleaning during the pandemic and this had been adopted by the general assistants and now formed part of their day-to-day duties.
• Staff received training on infection prevention and control as part of their mandatory training and this was updated every three years. In addition they had been trained in Covid-19 and donning and doffing of personal protective equipment, PPE as part of the pandemic response.
• We were assured that the provider was preventing visitors from catching and spreading infections.
• We were assured that the provider was supporting people living at the service to minimise the spread of infection.
• 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 responding effectively to risks and signs of infection.
• We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

• 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.

Visiting in care homes
• The provider was enabling visiting at Willow Court Nursing Home according to current government guidance. Relatives were able to visit people in their rooms which was particularly important due to the short-term nature of most admissions. People benefitted from family support when settling in and getting used to their new routines.

Learning lessons when things go wrong
• Accidents, incidents and near misses were recorded and analysed to look for patterns and ways of minimising reoccurrences.
• Learning was shared with staff through meetings and handovers.

Good

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. The rating for this key question 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not currently have a registered manager. The previous registered manager had sadly passed away some weeks before we inspected. One of the deputy managers who had worked alongside the late registered manager was acting up as manager and leading the service.
- The provider had supported staff through the difficult time and the acting manager was familiar with the service and able to continue to develop the service with the support of the care home lead and the clinical lead for the provider.
- Regular audits were completed of aspects of the service and any shortcomings identified were dealt with promptly. Notifications to CQC were made as required.
- Staff were enabled to progress within their roles. One staff member had commenced in post doing mostly hands on work and had developed to supporting their line manager with developing monitoring systems and forms and would hopefully complete additional training and formalise this arrangement.
- Staff we spoke with were confident in their roles and spoke positively of the support they received in the workplace.

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 and were aware that should something go wrong they should be open and honest about it.
- For example, should a person acquire a pressure wound within the service, a root cause analysis exercise would take place and learning would be taken from this and shared with the team. Additionally an apology would be issued to the person and relatives regardless of the cause of the wound. It should be noted however that the provider had successfully supported people with many pressure wounds back to health with support from the tissue viability team and most wounds were acquired in hospital or the community.

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

- The provider had changed the way in which they communicated with relatives since the main focus of the service was short term services. Relatives meetings were no longer held. Instead, people and their relatives were updated individually as mostly they would be at Willow Court for less than a month.
- Staff participated in regular meetings and there was an open-door approach to management and the

acting manager and deputy managers were available to the staff team.
• People equality characteristic were reflected both in care plans and in the care they received. Care was person centred and delivered as people preferred.

Working in partnership with others
• The provider had excellent links with their local health trust who had block booked over 50 beds in the service. These beds were for short term services, STS, an up to 28-day provision of residential and nursing care to people discharged from hospital who needed time to recover before returning home or, following assessment, being admitted to residential or nursing care.
• The service had shown a reduction in admissions to nursing care with many people being discharged either to their own homes or residential care. While receiving STS, people were supported with their health needs and assessed by staff at Willow Court Nursing Home, care managers and other health and social care professionals such as physiotherapists. This meant they left Willow Court with an appropriate package of care.