

Regal Care (Darlaston) Limited

# The Willows 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

The Willows is a nursing home providing personal care and accommodation for up to 48 people across 2 floors. Each floor has its own communal areas. The service supports people with general nursing needs on the ground floor and people living with Dementia on the first floor. At the time of our inspection there were 38 people using the service.

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

Improvements were still being made to develop effective systems to monitor the care provided to people and to ensure people's records reflected their needs. These systems were being reviewed and amended but needed further time to be embedded to help drive improvements in the home. The registered manager demonstrated a commitment to delivering improvements and had an improvement plan in place which was updated to include the feedback we shared during and following our inspection.

Systems were in place to review incident and accidents, and action was taken to learn lessons from these. This included a recent incident where action has been taken to reduce the risks of this event happening again. Improvements were made during the inspection to increase staffing at peak times during the day to ensure people received the support they needed.

People were supported by staff who had been recruited safely received training and understood how to protect people from abuse. People received their medicines when they needed them. People had access to healthcare professionals to ensure their healthcare needs were monitored and met.

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.

People and those important to them, were involved in planning their care and were supported to provide feedback about the way the service was managed. People and their loved ones were happy with the service provided and felt able to approach staff and the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update.

The last rating for this service was requires improvement (published April 2019.) and there were breaches of regulation. 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 the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the

last 3 consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. It was also prompted in part due to concerns following an incident where a person had developed sore skin. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. The provider had taken action to mitigate the risks, and this had been effective.

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 remains requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows nursing home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified a breach in relation to the overall governance of the service. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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. 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 undertaken by 1 inspector, a specialist advisor and an Expert by Experience who undertook phone calls to 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. The specialist advisor was a nursing professional.

#### Service and service type

The Willows is a care home. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. The Willows 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

This inspection was unannounced.

Inspection activity started on 27 June 2023 and ended on 17 July 2023 when formal feedback was provided. We requested and reviewed records remotely during this period. We visited the service on 27, 29 June and 6 July 2023. Phone calls were made to relatives on 30 June by the Expert by Experience.

## 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 also used information gathered as part of the monitoring activity that took place in April 2023 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

## During the inspection

We spoke with 7 people and 13 relatives about their experience of the care provided. We also spoke with 14 staff which included permanent and agency nursing staff, care staff, team leader, activities coordinator, kitchen assistant, domestic staff, deputy manager, and the registered manager. We also spoke with 2 health care professionals.

We reviewed a range of documents and records including the care records for 10 people, multiple medicine records, and 3 staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

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.

# 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. At this inspection the rating has remained the same. 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.

Assessing risk, safety monitoring and management

- At our last inspection we found risk assessments were not always in place for some people. On this inspection we found a new electronic system had been introduced and risks for people were recorded. These covered a variety of areas including, malnutrition, skin integrity, falls, and moving and handling.
- We found some risk assessments required more person centred detail to ensure consistent care was provided. For example, the frequency when people required prescribed shampoo to be used, and further detail on how staff should respond to some people who became anxious when being supported with personal care. The registered manager took action to address this and advised us the risk assessments and care plans were under continuous review as staff became more confident using the new system.
- Discussions with both permanent and agency staff demonstrated their knowledge about the risks to people's safety. A staff member said, "We have handovers, and we discuss people at risk of falls or those who may not have drunk enough so we can monitor and support people."
- A relative told us, "The staff know [person] well and always remind them to use their walking aid."

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.
- People confirmed staff sought their consent before providing support. A person said, "The staff are good they always ask before they do anything, and if I say no thank you, they leave me then come back and ask again."
- Where needed best interest decisions were undertaken with people's loved ones to implement bed rails or sensory aids to maintain people's safety.
- Staff understood the MCA and the impact this legislation had on their role. They confirmed they had received training in this area.

### Staffing and recruitment

- We received mixed feedback from relatives and staff, when asked if there was enough staff to meet people's needs. We saw at peak times there were some occasions where people had to wait for meals due to the deployment of staff and staff change overs. We shared the feedback with the registered manager who acted and increased the staffing levels on each floor.
- The registered manager used a dependency tool which was amended and reviewed following our feedback.
- People and relatives were complementary about the staff and the care provided. One person said, "The staff are lovely so kind and caring they work very hard to make sure everyone is looked after." A relative told us, "The staff are very loving you cannot get more loving people."
- Recruitment checks were undertaken to ensure staff were suitable to work at the home. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained. 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. Where gaps in employment were found these were immediately addressed.
- The provider was actively recruiting for nurses due to vacancies in these roles. Regular agency nurses were used to try and ensure there was consistency in the clinical oversight and support provided to people.

### Learning lessons when things go wrong

- We reviewed the incident that partly prompted this inspection which was reported to us by the provider. A full internal investigation had been completed and action taken to mitigate the risk of reoccurrence. This included the introduction of 'drench caps' which can be used to wash people's hair who are nursed in bed.
- In addition, the registered manager used the electronic care planning system to raise alerts if certain daily care tasks were not completed. Daily spot checks were also being introduced.
- Systems were in place to record and learn from incidents or accidents. These were reviewed by the registered manager to see if any immediate action was needed to mitigate the risk. They were then analysed monthly by the registered manager for patterns and trends and action recorded where needed, of how risks to people were to be mitigated. For example, the implementation of sensor aids, detailed handovers, and checklists for admissions.
- Learning from incidents was shared with staff and this was confirmed by staff during our discussions. Various methods were used for this including meetings, and internal memos.

### Using medicines safely

- Systems were in place for the management of medicines.
- We found some recording discrepancies such as handwritten instructions not being countersigned, some creams not dated upon opening and a body map had not been completed to indicate where cream should be applied. We also found a stock balance for supplements was not in place. These were all addressed during the inspection. We saw these areas were covered by the medication audits in place apart from the supplements. The audit was amended to include this area.
- People received their medicines when they needed them. One person said, "Yes, the staff look after my tablets and give them to me or else I would forget. I get them on time." A relative told us, "Yes, the staff are good at encouraging [person] to take their tablets as sometimes they are reluctant to. The staff keep me informed about this."
- Guidance was in place to support staff when administering 'as required' medicines to people.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and when supported by staff. One person told us, "Yes I feel safe the staff are gentle and kind and look after me." A relative told us, "[Person] is safe, the staff are very

attentive. I have peace of mind [person] is being looked after, I sleep better at night for it."

- People were supported by staff who had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I would report any concerns straight away, I would not hesitate and if needed I would report any concerns to external agencies."
- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed some wear and tear of furniture and equipment which required addressing. Action plans were in place for this.
- 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 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

- People were able to see their visitors without any restrictions.

# 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 the same. 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

At our last inspection the provider had failed to have effective governance systems in place to monitor and mitigate risks to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At our last inspection we found effective systems were not in place to ensure people's care records and risk assessments were accurate and in place. On this inspection we found although new systems had been implemented to monitor people's care records, further improvements were required.
- The new electronic care planning system was being developed to include alerts when records were not completed or were overdue to record support provided to people. This needed to be further embedded to ensure accurate person-centred records were maintained.
- The registered manager had started to complete weekly audits on a sample of daily records and monitoring charts to maintain oversight of the daily delivery of care provided to people. This included, checking pressure relief charts, oral health, and personal care tasks such as washing and combing people's hair. These needed to be further embedded to ensure effective oversight was maintained.
- The providers recruitment audit did not ensure all staff employment gaps were explored and recorded to ensure suitable people were employed. Although this was addressed during our inspection and the audit amended these changes needed to be embedded to ensure effective oversight was maintained.
- The service has been rated requires improvement overall and in this key question for the last 3 consecutive inspections. Improvements have been made since our last inspection, but these needed to be embedded and sustained to ensure people received good quality care.

Systems and processes needed to be further improved and embedded to ensure effective oversight of the service was maintained. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found systems were in place and audits completed in other areas such as medicines, equipment checks and the environment. Where shortfalls were identified, actions were taken to address these. This also

included monthly visits by the provider who completed checks as part of maintaining their oversight of the service.

- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents in accordance with their legal responsibilities.

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

- Relatives knew key staff involved in their loved one's care and knew who the management team were. One relative said, "The staff are nice very friendly they always greet me by my name even though I do not remember all theirs they are very accepting. The manager and deputy are lovely to. They all make time for you." Another relative told us, "The home is managed well, I would say the culture is open and honest and any issues they will address."
- People knew who the registered manager and deputy was, and we observed positive interactions between them. One person said, "The boss is good, she comes and checks in on me."
- The majority of the staff we spoke with felt valued in their role. A staff member told us, "I feel supported by my colleagues and management team. Everyone is approachable."
- Staff told us they enjoyed their role and working with people. A staff member said, "I enjoy working here and making a difference its nice to go home thinking I have made someone happy."

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 understood their responsibilities in relation to the duty of candour and contacted relatives and when incidents had occurred.

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

- Systems were in place to gain feedback from people, and those important to them. This included through meetings, surveys, and informal discussions. Feedback was used to develop the service. For example, an action plan was in place to improve the décor in certain areas and helped determine the provision of activities. As people liked animals, we saw a mobile farm visited the home during our inspection and people enjoyed touching the ducks, rabbits and seeing the lambs and donkey.
- Relatives shared positive feedback when we asked their views of the home. One relative said, "The home is managed well, and we are kept up to date with [person's] needs. We are happy with the care provided the staff do a good job." Another relative told us, "The staff are very approachable I cannot believe a care home exists like this, the care and quality are amazing. The staff talk to people, and they love them as if they were their own."
- Staff confirmed meetings were held and information was shared. A staff member said, "We have meetings where we discuss various topics, including improvements and lessons learnt. We also have supervision where we can discuss the home and any issues on an individual basis."

Continuous learning and improving care

- Throughout the inspection we found the registered manager to be honest, open and transparent about any issues we brought to their attention. They were receptive to our feedback and demonstrated their commitment to making any required improvements. For example, addressing employment gaps, deployment of staff, and strengthening audits in place.

Working in partnership with others

- The registered manager worked with a variety of external professionals to ensure people's healthcare needs were met. They also worked with the local authority to improve areas in the home following quality reviews undertaken.
- A healthcare professional told us, "The staff work well with us and implement any recommendations we share. They escalate any concerns quickly."
- We spoke with a visiting Fire officer who confirmed all actions from the previous fire inspection had been addressed.

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  Governance systems needed to be embedded and strengthened to ensure they were robust enough to monitor and improve the quality and safety of the service provided.