

# The Willows Residential Care Home Limited

# The Willows

## Inspection report

38-39 Westminster Road  
Coventry  
West Midlands  
CV1 3GB

Tel: 02476016154

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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

The Willows is a residential care home that provides accommodation with personal care for up to a maximum of 32 older people, including people living with dementia. Accommodation is provided in 1 adapted building. During our inspection visit, 25 people lived at the home.

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

Governance systems, management and provider oversight had improved from the previous inspection but there continued to be further improvements required. The provider had introduced systems to help improve monitoring of the service. A number of improvements had been made as a result of these checks. However, the provider had not identified some of the concerns we found. This demonstrated the providers systems continued to require improvement.

People told us they felt safe, but there were occasions when people were placed at risk of unsafe care. Some of these risks were associated with inaccurate and unclear records for medicines and fire risks. Some care plans lacked the information that staff needed to provide personalised and safe care. 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 prevention and control of infection was managed safely. There were enough staff to support people's needs and recruitment checks had been managed safely in line with the providers policy.

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 16 March 2023) 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. This service has been rated requires improvement for the last 3 consecutive inspections.

This service had been in Special Measures since 16 February 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. 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 Requires Improvement. This is based on the findings at this inspection.

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.

You can see what action we have asked the provider to take at the end of this report.

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

#### Enforcement

We have identified a continued breach in relation to the management of the home.

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

## 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

This inspection was undertaken by 2 inspectors and an Expert by Experience. 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

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.

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.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority who work with the service. We used the information the provider had sent us within their monthly condition's reports. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with 5 people who used the service and 1 relative about their experience of the care provided. Due to people living with dementia, most people were unable to talk with us in detail about the care they received, or the quality of the service provided. Therefore, we used other methods to understand what it was like for people to live at The Willows. This included observing how staff supported people to help us understand people's experiences.

We spoke with 6 members of staff including care staff, the cook, deputy manager, and registered manager. We reviewed a range of records, including 4 people's care records, and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records related to the management of the service, including policies and procedures. We looked at a variety of records the provider had shared with us in relation to quality assurance and risk management.

# 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 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks were assessed, and monitoring systems had improved following the last inspection, however, there continued to be some areas of risk that needed improvement.
- People's personal emergency evacuation plans in the fire 'grab bag' were not fully up to date to support fire emergency services. Some staff did not know where the grab bag was located. Action was taken on the day of visit to update the plans.
- Staff had a good awareness of people's nutritional needs and how to support them. However, records did not always show swift action was taken when people had consumed minimal fluids, to prevent the risk of dehydration.
- Staff did not always complete records at the time meals were provided which meant there was a risk of inaccurate records relating to people's intake of food and fluids. We found this to be the case with one person we observed.
- Processes to support safe medicine practice had improved. However, further improvements were needed. This included actions to ensure the accurate recording of temperature monitoring and clear records in relation to the management of covert medicines.
- People told us they received their medicines and stocks of medicines were accurate in accordance with records. Protocols were in place to support staff who needed to administer medicines prescribed 'as required' For example, pain relief medicines. One person told us, "They give me pain killers whenever I need them for my arthritis."

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.

Learning lessons when things go wrong

- The provider had learned lessons when things had gone wrong such as those that had been identified from accidents and incidents at the home.

Staffing and recruitment

- Staff had been recruited safely and there were sufficient numbers of staff available to support people's needs. One staff member told us, "Now there are more staff we have more time with the residents. We are not rushed."
- Those people who were able to share their experience were positive in their comments of the home. One person said, "It's very good. It's very friendly. There's always someone around and I'm not wanting for anything."
- Staff were subject to a number of recruitment checks when they were employed including references and Disclosure and Barring (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there were enough of them to support people's needs and confirmed they completed regular training. New staff had worked alongside experienced staff to ensure they supported people safely.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse were in place and people told us they felt safe living at the home. We saw staff were attentive to people's needs and were supportive when people became anxious.
- Staff were aware of how to identify potential abuse and described how they kept people safe. Staff told us, "I did safeguarding training when I started. I learnt about things like financial and physical abuse and why I am responsible for reporting anything," and, "I believe the residents are safe. It's our job to keep them safe."

Preventing and controlling infection

- 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

- Suitable arrangements were in place to enable visitors to the home. Telephone communication had also been used for people to keep in touch with relatives when visiting had not been possible.

- People and visitors had access to a private visitors' room on the ground floor if they did not wish to meet people in their rooms.

# 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 inadequate. At this inspection the rating has changed to 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider's quality monitoring systems and processes were not effective and did not support continuous improvement. This was a breach of regulation 17 (Good governance) 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.

- Action had been taken following the last inspection to improve quality monitoring systems and provider oversight of the service. However, there continued to be areas needing improvement to ensure the quality of the service was maintained, risks were effectively managed, and people experienced person centred care consistently.
- Some medicine audits had not identified areas needing improvement. This included unclear records related to covert medicines and inaccurate temperature records. This meant there was a risk these medicines may not be managed safely.
- Staff were unclear on contingency plans to follow if the home needed to be evacuated. The fire procedure stated the lead was the office administrator but there was no office administrator in post. These issues were addressed during our visit.
- Systems for checking temporary staff profiles failed to recognise there was insufficient detail within these for the registered manager to assure themselves staff were suitable to work with people.
- The providers policies and procedures were not always fit for purpose. For example, the medicines procedure did not include information about the safe management of prescribed topical creams that contained flammable ingredients.
- The provider monitored the electronic care records but where repeated issues were identified such as those related to a persons reduced fluid intake; these were not always effectively managed consistently. Also meal consumption was not always entered at the time given presenting a risk of inaccurate entries. The provider has since taken action to help address these issues.
- Not all people experienced person centred care consistently. One person told us, "I just sit in a chair all day. No one talks to each other and there's nothing to do. I've not been out. I'm a bit fed up in here. There's no one to talk to – no togetherness. A staff member told us, "Everyone can improve. For me I would like to

see more activities and more stimulation.... We do some activities."

- One person who had periods of anxiety had a care plan that stated staff were to provide them with emotional support. Whilst we saw some positive interactions with staff, checks of their care plan showed no definition as to what 'emotional support' was and this had not been identified during quality checks.

Although the provider had introduced some new systems and processes to improve governance of the service, not enough improvement had been made at this inspection and the provider remains in breach of Regulation 17.

- Systems and processes to manage fire risks had improved. A review of the providers fire risk assessment had been completed and all fire doors replaced to make the home's environment fire safe.
- Staff spoke positively about the culture of the service and were able to tell us about people's needs and how they supported them. Staff felt the quality of the service had improved.
- Staff told us, "The manager and deputy are very supportive. You can go and ask about anything" and "The manager comes on the floor to see what's happening. They watch what we are doing to make sure we do things right."

Continuous learning and improving care

- A range of audit checks had been implemented following the last inspection to help identify areas needing improvement and any areas of learning required. There continued to be areas of improvement needed and the provider has since advised of actions taken to address these.
- Accidents and incident records were monitored but improvements were needed to implement an accident and incident analysis that identified patterns and trends to help prevent re-occurrence.
- Staff had meetings with their manager to help with their learning and development. One staff member told us, "I had a supervision, and more are being planned so in the future they will be more regular. It's good to talk about how you are doing and ask questions."
- Relatives felt at ease to raise concerns to enable improvements in their family members care to be made as appropriate.

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 the need to be open and honest when things went wrong and had set up monitoring systems to help identify when this happened. This had helped them to improve their oversight of the service.

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

- People and their family members had some involvement in decisions relating to people's care to ensure their needs, including any disabilities or religious needs, were fully considered and met. Staff knew people well.
- Staff felt involved in decisions about the service and stated communication between them and management was good. One staff member told us, "We have started to have a meeting. That helps everyone (staff) know what's happening and we can talk. I think the manager listens." Another staff member told us, "We are a good unit. We sit together to plan, to discuss and work as a team. Things can change hour by hour and we have to communicate to keep on top of things."

Working in partnership with others

- Management and the staff team worked closely with health and social care professionals involved in

people's care to help ensure people's needs were safely and effectively met.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to fully assess, monitor and improve the quality and safety of the service provided continued to need improvement. Regulation 17 (1)

**The enforcement action we took:**

Continuation of variation of conditions on the providers registration.