

Willow View Care Limited

Willow View Care Home

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Willow View Care Home provides accommodation and residential care for up to 77 people, some of whom have a dementia related condition. The home is divided into two areas: Willow View and Willow Gardens. The two areas are joined by a covered walkway, and both areas comprise of two floors. At the time of our inspection, 51 people were living at the service.

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

People's medicines were not always safely managed which meant there was a risk that people did not always receive their medicines as prescribed. Information about risks to people was not always in place or was not always detailed enough. Staff had access to PPE but did not always wear their masks properly. People's needs and choices were assessed but care plans were basic and lacked detail.

Quality assurance systems were not always effective. Audits had not identified the issues we found on inspection. Records did not always accurately reflect people's needs. Sufficient improvements had not been made to the quality of the service since our previous inspection. However, there was a new registered manager in post and some action plans were in place at the time of our inspection.

The decoration of the service was not always dementia friendly. We have made a recommendation about the environment.

Information around people's capacity, consent to care, and best interest decisions were in place in some care files but not others. We have made a recommendation about recording how staff are following the principles of the MCA.

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. However, records around this needed to be improved.

The service was clean and tidy. People told us they felt safe and staff knew what to do if they had any safeguarding concerns. Staff were recruited appropriately. We received mixed feedback about staffing levels, but the registered manager was actively recruiting.

People were supported to eat and drink and people were offered a nutritious diet. The registered manager had implemented new policies and procedures around referring people to healthcare professionals in a timely manner. These new procedures need to be maintained and become embedded within the service. Staff had suitable training and support.

Staff and relatives spoke positively about the registered manager. People were more engaged with the service than they had been at the previous inspection, and a residents' committee had been set up. Staff

had regular meetings, supervisions and appraisals, and told us they could give honest feedback. The registered manager was motivated to make the required improvements.

At our last inspection we recommended that all visitors were screened for COVID-19 prior to entering the home and that staff didn't work across different floors during a COVID-19 outbreak. At this inspection we found the provider had acted on those recommendations and made improvements in those areas.

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 20 December 2021) 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 two consecutive inspections.

Why we inspected

The inspection was prompted in part by notification of a specific incident, following which a person using the service died. This incident was subject to a criminal investigation and therefore the inspection did not examine the circumstances of the incident. Following the inspection, the police confirmed they were taking no further action.

The information CQC received about the incident indicated concerns about the management of medicines and policies and procedures. This inspection examined those risks.

The inspection was also prompted in part due to concerns received about the management and prevention of falls, nutrition, daily records and staff training. A decision was made for us to inspect and examine those risks. The inspection also looked at the breaches identified at the previous inspection.

We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

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.

We found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The new registered manager has been responsive to our inspection feedback and has devised and implemented action plans to address the concerns identified and mitigate the risks to people using the service.

You can read the report from our last inspection, by selecting the 'all reports' link for Willow View Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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 and meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective 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 ●

Willow View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection prevention and control 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 two inspectors, one pharmacist specialist, 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

Willow View Care 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 View Care Home 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 new registered manager in post, who was registered with CQC on 24 February 2022.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to the inspection. 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 spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with 16 members of staff including the registered manager, two deputy managers, the operations manager, the activities co-ordinator, senior care workers, care workers, kitchen staff and domestic assistants. We reviewed a range of records. This included nine people's care records and multiple medicine records. A variety of documents relating to the management of the service, including policies and procedures, maintenance records and four staff recruitment files were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We reviewed further documents including training records, sample menus and quality assurance documents.



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.

Using medicines safely

At our last inspection the provider had failed to administer and manage medicines safely. This was a breach of regulation 12(1) 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 12.

- Medicines were not always safely managed.
- There was limited guidance for medicines prescribed on a 'when required' basis or with a variable dose. When staff gave 'when required' medicines, records were not always completed to show why they were given. This meant there was a risk people did not receive their medicines consistently or when they needed them.
- Guidance and records were not always in place to support the safe administration of topical medicines including creams and patches. Guidance was missing for where creams should be applied and there were gaps in administration records. Records for medicines applied by a patch did not show that the patches were applied or rotated in line with manufacturer's guidance to reduce the risk of side effects.
- Guidance for the safe administration of medicines given covertly, i.e. without the person's knowledge, was not completed in full.
- Medicines were not always safely stored. We were not assured that medicines stored in the fridge were safe to use because records of fridge temperatures were incomplete.
- Medicines stocks did not always reflect what was recorded on the Medicine Administration Records. Medicines for two people were not available and therefore could not be administered.

Systems were either not in place or robust enough to demonstrate medicines were safely and effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to demonstrate that safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12(1) 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 12.

- Information about risks to people was not always in place or was not always detailed. Guidance for staff around the management of some risks to people was limited.
- People's care plans were basic and did not always contain important information to help keep people safe. For example, care plans around the management of diabetes were not always in place for people diagnosed with this condition.
- We reviewed two care files for people diagnosed with epilepsy. Although neither person had experienced a seizure whilst living at the service, there were no care plans or risk assessments in place about this condition.
- Some risk assessments were completed but it was not always clear what action had been taken in response to identified risk. One person's bowel risk assessment confirmed they required a bowel care plan in place due to health concerns. There was no bowel care plan in place for this person.
- People with stomas and catheters were supported by staff. Guidance around the management of these was either not in place or was limited.
- Guidance for staff to help them support people who displayed behaviours which may challenge others was limited. For example, guidance told staff to try and distract a person, but there was no information as to how to successfully distract them. The new registered manager had started to produce guidance and charts for staff to consider if someone presented with behaviours which may challenge others.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These findings evidenced a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Preventing and controlling infection

From 11 November 2021 registered persons were required to make sure all care home workers and other professionals visiting the service were fully vaccinated against COVID-19 unless they had an exemption or there was an emergency. At our last inspection, we identified a breach of Regulation 12(3), but the Government has now changed the law. There is no longer a legal requirement for care home workers and other professionals visiting the service to be fully vaccinated against COVID-19.

At our last inspection we recommended the provider ensured all visitors were checked prior to entering the home and staff did not work over different floors, especially during a COVID-19 outbreak. The provider had made improvements.

- Visitors were appropriately screened for COVID-19, in line with the government guidance which was in place at the time of the inspection. Staff told us they were required to work on one floor, wherever possible, during a COVID-19 outbreak.
- Staff had access to appropriate PPE. However, we saw some members of staff wearing PPE incorrectly. The registered manager addressed this with staff following our feedback.
- The service was clean and tidy throughout.
- The provider's infection prevention and control policy was up to date.
- Visiting was not restricted and families were encouraged to visit their loved ones. Appropriate COVID-19 precautions were in place for visitors.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents were appropriately recorded, reported and investigated.
- The registered manager took action in response to safeguarding concerns. The registered manager implemented action plans which included reviewing and updating policies and procedures and organising staff training in response to concerns raised.
- People told us they felt safe. One person said, "It is a home from home and staff are like family." One relative told us "[Person] initially came for rehabilitation and then decided to stay after the six weeks, because they felt so safe."
- Staff had received training in safeguarding and knew what to do if they had any concerns. Staff were confident the registered manager would take appropriate action to address any concerns. Staff comments included, "I don't have any safeguarding concerns but, if I did, I would go straight to the manager. If nothing was done, I would go the local authority or CQC" and "[The registered manager] is fabulous. If you go to her she puts down what she is doing and she sorts things out, she doesn't brush things under the carpet."

Learning lessons when things go wrong

- Lessons had previously not always been learnt when things went wrong.
- Concerns identified at the previous inspection had not all been addressed. However, the registered manager in post at the time of our previous inspection, left shortly after that inspection. The new registered manager had started to implement positive changes. The new registered manager had an action plan in place but required more time to implement and embed changes.

Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were carried out.
- We received mixed feedback about staffing levels, but staff told us there were always enough staff on duty to keep people safe. Agency staff were used to ensure safe staffing levels and appropriate checks on agency staff were carried out. The registered manager was actively recruiting.

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 comprehensive inspection, we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans and assessments were regularly reviewed. However, relevant care plans were not always in place for important medical conditions, and care plans generally lacked detail.
- It was not always clear what action had been taken following the completion of an assessment. For example, one person was assessed as suffering from depression but there were no records about what action had been taken in response.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. These findings evidenced a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- People's needs and choices were assessed.
- Pre-admission assessments were completed, and checklists were in place for when people first moved into the service.

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

- The decoration and décor were not always dementia friendly. There was a lack of sensory items for people with dementia to interact with.
- Improvements could be made to the dementia floors to help people navigate their way around and identify different rooms.
- Although there were some contrasting colours and picture signs to help people, these did not stand out. Improvements could be made so that these are more obvious and impactful, to help enhance the lives of people living in the home.
- The service was tidy and well maintained. There was outside space for people to use, and a number of communal areas.

We recommend the provider consider best practice guidance to help create a more dementia friendly environment.

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.

- Appropriate legal authorisations were in place where it was necessary to deprive a person of their liberty. These authorisations were recorded and reviewed when required.
- Records around assessing people's capacity and consent to their care were inconsistent. In some care plans these records were completed and in place. In others, they were missing or limited.
- Similarly, decisions made in people's best interests where they lacked capacity were recorded in some care plans but not others.

We recommend the provider considers best practice guidance, and reviews and strengthens their documentation relating to the MCA to ensure that records evidence how staff are following the principles of the MCA.

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

- People were supported to eat and drink, and people were offered a nutritious diet. One relative told us, "The cook will bend over backwards for [person]. [Person] is fussy and doesn't always like what's on the menu. The kitchen will do specific requests for [person], and they're definitely getting enough."
- Concerns had previously been made about the management of people's food and fluid intake. In response to those concerns, the registered manager had implemented new policies and procedures, and engaged staff in refresher training.
- As a result of the changes implemented by the registered manager, there were clearer procedures for staff to follow if someone were to lose weight. Those changes need to be maintained and become embedded in the service.

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

- Concerns had previously been raised about the timeliness of referrals to healthcare professionals. The registered manager had responded to these concerns by updating policies and procedures and implementing robust documentation in areas such as falls monitoring. Again, those changes needed to be maintained and become embedded in the service.
- Relatives told us medical attention was sought when necessary. One relative told us, "They contact the doctor who comes in and changes [person's] medication if necessary."

Staff support: induction, training, skills and experience

- Staff had suitable training and support. One relative told us, "[The staff] are all really good and from what I've seen they know what they're doing."
- New members of staff completed an induction and received support until they were competent. One staff

member told us, "They have been really good and told me not to do anything if I am not completely confident. There is always someone there to ask."

- Staff completed training in key areas and staff told us they had enough training. Staff comments included, "We complete mandatory training and we also have regular refresher updates" and "We do all the training and we have competency assessments."

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.

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 effectively oversee the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Quality assurance systems were not always effective.
- Audits had not identified the issues we found on inspection. Care plan reviews had been carried out, but they had not highlighted the gaps and omissions we found.
- Records did not always accurately reflect people's current needs. Daily records were not always fully completed, such as fluid output charts for people who had catheters. Care files were, at times, difficult to navigate. It was therefore not always easy to find important information quickly.
- Many issues identified at the previous inspection remained as they had not been adequately addressed. Sufficient improvements had not been made to the quality of the service.

Systems were either not in place or not robust enough to oversee the quality of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff and relatives told us the service was well-led. One relative told us, "Things seem to run quite smoothly". Staff comments included, "The new manager is a god-send, she has been brilliant. She is very easy to speak to" and "I really like the new manager; she listens to you. She has acted on my feedback and made improvements."
- People were more engaged and involved with the service than at our previous inspection. There was a new activities co-ordinator who had introduced a good variety of person-centred activities. Some of the activities empowered people by giving them roles and responsibilities, so they had a purpose and felt part of

the home. The activities co-ordinator also did one-to-one activities with people who could not join in the group activities and tried to spend quality time with as many people as possible.

- A residents' committee had been set up, which was chaired by people who used the service. The committee held meetings and discussed what was really important to people.
- Staff had regular meetings, supervisions and appraisals. One staff member told us, "I have just had my appraisal and I was really encouraged to give honest feedback."

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 regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. Notifications were submitted appropriately and in a timely manner.
- The registered manager was open and honest and was motivated to make the required improvements. Actions plans were already in place at the time of our inspection. More time was needed for the registered manager to gain full oversight of the service, implement changes and embed them within the service.

Continuous learning and improving care; working in partnership with others

- Improvements in care had not always been made since our previous inspection. However, there was a new registered manager in post and actions plans were in place.
- Concerns had been raised previously about a lack of timely referrals to health professionals. The registered manager had investigated these concerns and implemented new policies and procedures in response, to ensure staff worked more efficiently and effectively with others. These changes needed to be sustained and embedded in the service.
- The registered manager worked well with CQC throughout the inspection process and was responsive to feedback.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not correctly assessed and risk assessments did not always contain sufficient information to mitigate risk. Medicines were not safely managed. Regulation 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes in place to monitor the quality and safety of the service were not effective. Care records were not accurate, complete or up to date. Regulation 17(1)(2)(a)(b)(c)(f)