

Willows Care Centre Limited

# The Willows Care Home

## Inspection report

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## 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

The Willows Care Home accommodates up to 130 people across 3 floors, including a separate unit called Lavender Unit, which is based on the same site. At the time of our inspection 114 people were using the service.

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

The manager promoted a positive person-centred culture. We received positive feedback from people using the service that demonstrated staff treated them with kindness and compassion.

Systems and processes were in place to support people's safety. People's needs, including their safety in relation to care were assessed and monitored. Timely referrals were made to health care professionals when required to promote people's safety and well-being.

Protocols and procedures were in place to ensure medicines were safely managed and administered by staff that received medicines administration training and had their competency to administer medicines assessed.

People were supported by staff that had full recruitment checks. There was sufficient staff deployed throughout the service to meet people's needs.

Staff worked consistently within the providers policy and procedure for infection prevention and control and followed current government guidance related to COVID-19.

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.

Quality monitoring was undertaken on all aspects of the service and kept under review to continually drive improvement. Opportunities were available for people and family members to share their views. Feedback received from people using the service, relatives and staff was used to drive improvement at the service.

### Rating at last inspection

The last rating for the service was Good, published on 18 June 2019.

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

### Why we inspected

We received concerns in relation to staffing. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at

the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from this concern and the overall rating remains Good.

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

# The Willows 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 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 2 inspectors, 1 specialist nurse advisor and 2 Experts 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 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. The Willows Care Home 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 not a registered manager in post. The manager had been in post for several months and had submitted an application to register.

## 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 25 people using the service and 4 relatives, about their experience of the care provided. We spoke with 18 members of staff, which included, catering staff, healthcare assistants, registered nurses, the manager, the deputy manager / clinical nurse lead, the residential unit manager, the home administrator, the regional manager who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the care plans for 8 people using the service, including medicine records and healthcare monitoring records. We also reviewed records relating to staff recruitment, training, supervision and support and records regarding the day-to-day management of the service, including quality assurance reports and key policies and procedures.

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 Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. People and family members told us they felt safe, and staff treated them well. One relative said, "[Person] is safe here, they have told me they do not want to go home as they feel safer here."
- The provider had a safeguarding policy in place which was easily accessible for people and staff. Staff had received training in safeguarding and understood how to recognise and report any concerns about abuse.
- Safeguarding referrals were made where required. The manager worked alongside the local authority to investigate any concerns.
- Safeguarding concerns received by the home featured in all staff meetings, giving staff the opportunity to discuss the concerns and reflect on lessons learned when things went wrong.
- Systems were in place to record accident and incidents and records showed they were regularly reviewed. A monthly analysis of all accidents and incidents was completed which allowed themes and trends to be identified so action could be taken to prevent reoccurrence. For example, falls management.

Assessing risk, safety monitoring and management

- Risks to people were clearly identified and assessed and staff had enough guidance to support people safely. We found people's care plans and risk assessments contained clear and effective information on pressure area care and wound care treatments. Pressure relieving mattress were set at the correct setting for people's weight. One person said, "The staff are good to me, I feel I am slowly getting better."
- Records showed staff closely monitored people's nutrition and hydration and body weight. Where it was not suitable for a person to be weighed using sit on scales a different method of measurement was used to assess weight loss, or gains (through measurement of the upper arm). Staff were observed to support people in line with the guidance in their care plans and risk assessments.
- People with swallowing difficulties had clear assessments relating to their eating and drinking needs. Staff followed the guidance from other healthcare professionals involved in their care, such as dieticians and speech and language therapists.
- Regular maintenance and safety checks were completed on equipment and the environment. People had clear and up to date personal emergency evacuation plans (PEEP) in place. PEEP's detail how to support someone safely in the event of an emergency. On the day of the inspection work was being carried out on some internal fire doors to ensure they closed effectively.

Staffing and recruitment

- Staff were safely recruited. This included Disclosure and Barring Service (DBS) checks, for all new staff prior to them starting work. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Records showed staff completed induction training and on-going refresher training. One staff member told us the training and induction they received gave them confidence to fulfil their role.

- People's level of dependency was assessed, and this was used to calculate staffing levels. The staff rotas had recently been revised to ensure staffing levels did not fall below the safe level. Staff told us the changes to the staff rota now provided consistent staff coverage, throughout the week including weekends.
- People confirmed they felt there was enough staff to meet their needs. One person said, "I have never had to wait for the staff to come." We observed staff responded quickly to the nurse calls bells and spent time with people meeting their social and emotional needs.

#### Using medicines safely

- Medicines were managed safely. Staff received medicines training and had their competency to safely administer medicines assessed. Staff effectively followed the medicines policy for receiving, storing, administering, and returning medicines.
- Staff consulted with people around their medicine and met their preferences wherever possible. One person said, "They (staff) have explained everything to me." People that were prescribed 'as required' (PRN) medicine, detailed protocols were in place to support staff in understanding when to administer this medicine, and how to monitor its effectiveness. For example, staff used a pain assessment tool to determine when to safely administer PRN pain relieving medicines. We observed staff took time to ask people if they required any pain-relieving medicines; for some people with communication difficulties, they used a communication board (white board) to help with communication.
- Some people were unable to take their medicines orally and had them administered via an enteral feeding tube, (a tube specially designed to give you nutrition (food) and fluid in a liquid form directly into the stomach). In such cases authorisation had been obtained for the medicines to be given this way and on how the medicines needed to be prepared and administered safely. We observed a nurse administer medication through a feeding tube following the procedure.
- Some people required essential medicines to be administered 'covertly' (given in a disguised format or hidden in food or drinks). In such cases staff worked with the GP and pharmacy to ensure these medicines were administered safely. Where people did not have the mental capacity to consent to receiving prescribed medicines, capacity assessments and best interest decisions were made on their behalf.
- Staff had good links with the GP and local pharmacy which helped to make sure people's medicines remained safe and effective.

#### 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

People were supported to receive visits from friends and family in line with current government guidance.



There were no restrictions on visitors to the home.

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 found the service worked within the principles of the MCA, appropriate legal authorisations were in place when needed to deprive a person of their liberty, and conditions relating to the authorisations were being followed.

# 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. At this inspection the rating 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.

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

- The manager was committed to driving change at the service in order to improve the lives of people living there. There was a calm and friendly atmosphere in the care home. We observed staff demonstrated kind, person centred care when interacting with people.
- People and relatives spoken with confirmed the communication with the home was effective. Each person had a named staff member assigned to them as a key worker. One relative said, "I always hear if [Person] is not well or if there is something else, I need to be informed about." Staff knew the names of people's family members, so they could have meaningful conversations with people and their relatives. One staff member told us they sometimes brought in their dog on their day off as some people really liked having a pet in the home.
- Relatives provided positive feedback on the culture within the service. One relative said, "As a family and there is great deal of us, we could not be more grateful of this place for their kindness and being here for us. They make allowances for us, one of our relatives lives far away and often visits after 8pm they (staff) offer us hot or cold drinks, even meals. It is really so touching how much they understand and want to help us in any way they can, we just ask, and it will be done." People and relatives spoken with said they would recommend the home to others. One relative said, "I would definitely recommend this home, the staff go above and beyond."
- One relative said, "The level of care and attention my relative receives who is on end-of-life care is incredible. [Person] is looked after by the most caring people I have ever known. The staff also look after us and rest of family, there are no restrictions on when and how long we can stay. The staff make endless cups of tea and coffees for us. We have become very friendly with the nursing team here, they work very hard to ensure [Person] is pain free, the staff are so kind and caring. It helps tremendously we can just come and stay; everything is organised, we don't have to worry, we have planned every step with staff, they always have time for us, always with understanding about how we feel."

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 manager understood their responsibilities under duty of candour. They apologised when things went wrong and understood their regulatory responsibilities to submit notifications to inform CQC when significant events had occurred within the service.
- The ratings from the last CQC inspection were on display within the home and on the provider website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team completed a range of monthly audits which supported oversight of key risk areas within the service. In response to the outcomes action plans were created and monitored to ensure areas identified improvements were made.
- Accidents and incidents were audited, and improvements had been made to ensure these audits helped to identify what the service could do to mitigate the risk of repeat incidents.
- The manager met with staff to discuss audit findings and the actions needed to drive continuous improvement of the service. This approach helped to ensure all staff were fully aware of their responsibilities to deliver high quality care. Audits and action plans were reviewed and signed off by the provider once completed.
- The provider and manager demonstrated a commitment to continuous learning.

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

- People and relatives said they felt the management team and staff were approachable. One relative said, "I think that this is a well-managed home because my relative does not lack for anything. I would say there is enough staff about, somebody always pops in to check if everything ok. The manager is fairly new, but they always come and ask if we need anything."
- People, their relatives and staff had opportunities to be engaged in the running of the service. For example, through regular meetings or surveys. Relatives told us they felt able to raise suggestions with the service. All the people and relatives we spoke with said they had not had any cause to raise any concerns.
- Systems were in place to seek feedback from people, relatives, and staff. A 'you said, we did' framework had been developed to show how feedback was used to make positive changes at the service.
- Staff felt supported in their roles. Many had worked at the home for several years. People and relatives confirmed they felt the staff were well trained to meet their needs. One relative said, "I think the staff are really nice here, they know what they are doing. I visit regularly and spend quite a lot of time at the home." One staff member told us the management team were supportive, they spoke about the new manager being hard working coming in early in the morning and staying late in the evenings. They spoke about how changes with the staff rotas had caused some upset with some staff but thought this was now settling down and they were seeing improvements in the quality of care provided for people using the service.
- One staff member said they had worked at the home for many years and liked working at the home. However, they said they had applied in advance to take annual leave, but it had been declined with no explanation given. We discussed the changes to the rota with the manager who confirmed they had, had to refuse some requests for annual leave to ensure the home had adequate staff coverage over the summer months. We saw within the minutes of staff meetings the manager invited staff to discuss any concerns they had with them in private.

Working in partnership with others

- The service worked collaboratively with a range of external stakeholders and agencies. This included the local authority, commissioners and health and social care professionals.
- Systems were in place to ensure effective sharing of information where appropriate. This helped to ensure people received the right care and treatment.
- One staff member said, "I enjoy working at the home, I've built good relationships over the years with outside agencies to help with the smooth running of the home, such as the acute hospital to aid with the admission and discharge of patients." Another staff member told us they worked closely with the tissue viability nurse (TVN) to ensure staff provided effective pressure area care. They said they had arranged training to be provided by the TVN for staff on pressure sore prevention and management.

