THE WOODBERRY PARTNERSHIP

INSPECTION REPORT

THE WILLOWS

CQC RATING GUIDE: '**GOOD**'

Privately Commissioned Inspection for

The Willows

Conducted by:

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Date of Inspection:

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Executive Summary

As part of The Willows' quality assurance programme, additional privately commissioned inspection visits have been commissioned from outside care professionals. This is to ensure the organisation makes use of an external eye, acting as a 'critical friend', to further improve and enhance the quality of leadership and the quality of care at the home. An introduction to the author is available at the end of the report.

This is the report from a day spent at The Willows. The Willows is a residential care home for older people, including people living with dementia, located in a village called Rippingale, near Bourne in Lincolnshire. This was my first visit to the home for five years. The home was led by a young and focused registered manager, supported by an experienced deputy manager and by the owner.

The findings of this inspection were positive and reassuring. The home was obviously much improved from my last visit, with staff at all levels more settled and more confident in their roles. There was a palpable kind and caring culture present across the staff group. Residents were complimentary about the care they received and visitors were fulsome in their praise, with one describing the care as 'phenomenal.' Staffing levels were comfortable and staff spoke appreciatively about their roles and the support they received from the management team. Personal care was outwardly of a good standard.

The environment was clean and well presented, with no unpleasant odours noted. The lunchtime experience was well managed. Care planning was of a good standard and medication systems were safe and accurate. Regulatory compliance and governance systems were wide-ranging. The hard work of the management team had been recognised externally, with the manager, the owner and one of the senior care staff all nominated for awards at the Lincolnshire Care Awards in 2025. The manager described a positive relationship with the local authority.

The inspection revealed some areas for correction and consolidation. The most important was the need for a home-wide project to clarify everyone's wishes and expectations in relation to baths and showers, as the records for some residents did not show any baths or showers having taken place for a number of weeks. There were other recommendations including greater accuracy in the recording of emollient cream applications, call bell ropes needing to reach the floor, the need for more

fulsome life histories and a greater number of care plans requiring a full audit each month. None of these matters were indicative of significant concern, but attention to each of them will solidify the rating still further. Recommendations are made throughout the report and are presented in an action plan towards the end.

The home was a very pleasant, welcoming and friendly place to visit. The management team and all the staff responded well to the inspection process and were open to constructive criticism. The team were ready for their next CQC inspection and deserved the opportunity to improve their current rating.

CQC Rating Guide

This is a ratings guide for this service on the basis of what was seen, heard, witnessed and experienced on the day of inspection. It is for guide purposes only. The methodology used for conducting the inspection and preparing the rating is discussed in more detail in a separate section at the end of the report:

	Inadequate	Requires Improvement	Good	Outstanding
Safe			**X**	
Effective			**X**	
Caring			**X**	
Responsive			**X**	
Well-Led			**X**	

Overall: Good

This was a well-deserved ‘Good’ guide rating. However, attention to each of the recommended actions will solidify the rating still further, especially the project to clarify everyone's wishes in relation to baths and showers.

CQC Key Question – Safe

The following CQC quality statements apply to this key question:

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Staffing Levels

The home is registered for a maximum of 30 older people, some of whom were living with dementia. There were 20 people in residence on the day of my visit. The home was laid out over two floors, although not formally divided into different units.

Staffing levels across the home were as follows:

(am) 1 senior care assistant and 4 care assistants
(pm) 1 senior care assistant and 2-3 care assistants
(nights) 1 senior care assistant and 1 care assistant, with one person who lived in the village ‘on-call.’

Ancillary Staff

In addition to the care staff there were two domestic staff, one laundry assistant and one chef on duty each day. There was a maintenance manager and an activity coordinator. Hairdressing and chiropody services were contracted externally.

The staff team was led by the manager with the support of an experienced deputy manager and administrative support from the owner. This was a good level of ancillary staff for a home of this size.

The management team were happy with the staffing levels and believed that a good quality service could and should be provided with the resources available. The manager also undertook a regular dependency monitoring exercise as one way of ensuring the staffing was sufficient. No staff raised any concerns about staffing levels and those that commented said there were sufficient staff on duty.

From my observations during the day there were plenty of staff available to care for the current resident group. There were many examples of staff having the time to speak with people, listen to them and engage with them in addition to completing personal care tasks.

Staff Vacancies

The home was staffed by a loyal staff team, many of whom had worked at the home for a long time. The manager explained that the home was fully staffed and no recruitment was ongoing.

Agency staffing had not been used for a long time.

Staff Recruitment Information

I looked at the recruitment information for some staff recently recruited to the home. The files were stored securely, were well put together and contained almost all of the information required by regulation and other information indicative of good and safe recruitment practice. Information seen included:

- Recent photographs
- Suitable ID
- Application forms with employment histories (see below)
- Medical information to ensure people are fit to work
- Contracts
- Suitable references
- Job descriptions
- Interview notes
- Training information
- DBS information

In one case (Staff Member 1) there was a gap in the employment history given between 2013 and 2024. CQC has confirmed that full employment histories are required, right back to the time of first employment, together with a written explanation of any gaps.

See Recommended Action 1.

Open Safeguarding Cases
The manager advised that there were no 'live' safeguarding cases. This meant there may have been some historical ones that had not been officially closed, but there was no further action expected. There were no complaints or whistleblowing issues that were under investigation.

Medication Management
The medication trolleys were kept in the medical room when they were not in use. The medication systems were explained in detail by the deputy manager and were tightly and safely managed.

Good practice included:

- Keys were kept by the senior member of staff in charge.
- The trolleys were tidy and well organised.
- Medication was delivered partly in blister packs and partly in original packaging.
- Storage facilities for controlled drugs were in place and a random stock check indicated correct stock levels.
- The staff wore 'Do Not Disturb' tabards when administering medication.
- Clear medication profile sheets were in place for each person, with photographs.
- Sample signature lists were in place.
- Medicines were received into the home correctly and double-signed.
- Hand-written MAR charts were checked and countersigned by a second staff member.
- PRN protocols were well written and regularly reviewed.
- There were no signature gaps on any of the MAR charts looked at.

There was one issue that was identified for improvement. There was one example of a PRN medicine being given but there was no accompanying explanatory note on the back of the MAR chart. Where PRN medicine is given and also where directly prescribed medicine is refused, staff should write explanatory notes on the back of the MAR charts.

See Recommended Action 2.

Premises Safety & Management
The home was clean and well-presented. No unpleasant odours were noted. Sluice rooms were locked at all times when not in use, as were all COSHH cupboards. Domestic staff worked safely with their cleaning trolleys. While the home was just about warm enough on the morning of the inspection, we discussed the need to ensure that windows and doors were kept reliably closed when the weather dropped cooler, so that residents did not become cold.

Throughout the home there were examples in communal bathrooms and toilets where call bell ropes had been either tied up or were too short and did not reach the floor. This meant that these call bells would not be accessible to anyone who had fallen onto the floor.

See Recommended Action 3.

Laundry Room
Not assessed at this inspection.

Kitchen
At the last environmental health inspection the kitchen received a score of 5 – 'Very Good,' which is the highest score available.

Kitchen practices were not assessed further at this visit.

CQC Key Question – Effective

The following CQC quality statements apply to this key question:

- Assessing Needs
- Delivering evidence-based care and treatment
- How staff teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Supervision & Appraisals

The manager advised that 25 staff were employed at the home. Supervision and appraisals had taken place. Minutes were kept on personnel files and were signed by both parties.

There were plenty of supervisions marked on a monitoring matrix. Some of them were group supervisions and others were spot-checks of practice. It is good to do these, but they should not be instead of one-to-one supervision sessions. 14 of the staff had only received one personal supervision session in 2026. It was suggested that a minimum number of personal supervision sessions should be promised (perhaps two). The manager said that a round of appraisals would take place by the end of the calendar year.

See Recommended Action 4.

Staff Feedback - Morale

Staff spoken with indicated they were well supported and were happy with their working conditions. No staff raised any concerns. Several people spoken with had worked at the home for many years.

Comments included:

“I’ve worked here a long time. Everything feels pretty good at the moment.”
“I’m very happy here. We have enough staff. The management are good and I’m supported well to do my job.”
“I love it here. It’s great.”

Mandatory Training
The training matrices in place indicated that the team received a good level of training. Key courses included dementia awareness, moving and handling, first aid, autism, learning disabilities, food hygiene, personal care, safeguarding, fire safety, health and safety, infection control, equality and diversity, COSHH, pressure ulcer care, privacy and dignity and mental capacity.

From a presentational perspective it would be beneficial if there were a percentage compliance figure next to each course and an overall percentage compliance. These figures could then be monitored and compared month to month.

See Recommended Action 5.

Mental Capacity - DoLS
On 2nd June 2026 it was announced that the Cheshire West ruling made in 2014 had been overturned by the Supreme Court. This will probably mean, in time, that far fewer DoLS applications will be required as the criteria for submitting them will be very different. This ruling was discussed with the management team.

Eight DoLS applications had been approved prior to 2nd June. CQC notifications had been submitted as required. The manager was aware of the need to submit CQC notifications for any refusals of DoLS applications that were likely to start coming through given the recent change.

Eating and Drinking
I witnessed the lunchtime experience in the main dining room, which was a positive, sociable experience and was appropriately managed by the staff. Good practice included:

- Tables were nicely laid.
- Staff were wearing appropriate protective equipment.
- Napkins and clothing protectors were available when people needed them.
- There were plenty of staff available to assist.
- One-to-one support was given individually and from a seated position.
- Choices of drinks were given.

- Choice of meals had been given earlier in the day. Staff introduced the food when serving it.
- Dessert courses were served at the correct time.
- Staff were attentive and quickly helped people who required assistance.

The background music playing was a contemporary radio station that the residents had little interest in. The music was interspersed with a variety of advertisements. It would be preferable for the music to be old-style and of the residents' choice, or classical music. It would be good practice to speak to the residents to establish what background music they would like.

See Recommended Action 6.

Premises Presentation
Entrance and Reception Area
The home had a bright and welcoming entrance and reception area. The manager's office was easily accessible close to the main reception. Information such as the home's registration certificate, the latest CQC rating, the employer's liability information and the complaints policy were displayed prominently.

Design and Adaptation
The home was adapted for people who have mobility restrictions. Four of the bedrooms had ensuite toilet facilities. The other bedrooms had wash hand basins. Assisted toilets were available throughout the home, as was an assisted bath and an assisted shower. The shower was temporarily out of order, but a plumber had been called to assess the situation.

Communal Rooms
There were a variety of different lounges and dining rooms in the home, including a TV room and a conservatory. There were comfortable chairs and a table in a corridor outside some of the ground floor bedrooms.

A snack and hydration station was available on the ground floor. Objects of reference (such as soft toys) were in use with some people living with dementia and were providing comfort.

Bedrooms
The bedrooms were nicely personalised with people's own belongings and photographs of their families. This enabled them to feel settled at the home.

Bedrooms 1 and 5 were in a very narrow corridor and were only suitable for people who were fully ambulant.

Garden
The secure gardens around the home were well kept and presented. The fishpond had been filled in, which made the garden more accessible for people to walk around in.

CQC Key Question – Caring

The following CQC quality statements apply to this key question:

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Residents

There was a warm, attentive, cheerful and caring relationship between the staff and the residents that was evident all day. All interactions were friendly. There was a calm and relaxed atmosphere throughout all sections of the home and a sense of general satisfaction on behalf of everyone.

Feedback from residents was positive and grateful about their experiences of living at the home. Quotes included:

"It's a nice place to be. Absolutely lovely. I was amazed I could get here."
"The food is absolutely wonderful. People come here and sing songs and it's lovely."
"I've been here a while and I'm happy and settled. I enjoyed having my hair done this morning. It was a nice surprise."
"I'm in quite a bit of pain, but the staff are always helpful and they do what they can."
"I feel well looked after."
"The food is nice."
"I haven't been here long, but I've been well cared for so far. I'm comfortable."

Some of the people were unable to communicate verbally in a meaningful way due to their dementia care needs, but they had a good sense of wellbeing. Personal care was outwardly of a good standard (although see the next section for a discussion on bath and shower records). People were supported to be clean and wearing properly fitting clothing.

Visitors

Visiting was able to take place unrestricted. Visitors to the home were very positive in their feedback. Comments included:

"The care is phenomenal here. Astronomically good. The staff are so caring that it makes me emotional. They are so positive. [My relative] knew the home and he wanted to come here when he wasn't well."
"I've been coming here a long time. I get a good feeling about how the residents are looked after. Lots of the staff are very nice."

The carehome.co.uk website rated the home as 9.4 out of 10 from 33 reviews, which was indicative of consistently high satisfaction levels from people who used that website for feedback. Recent reviews were written in very positive terms.

Privacy and Dignity
People were treated with dignity and respect throughout the day. Staff were observed to knock on doors prior to entering people's bedrooms. This indicated a respect for people's personal space. Continence products were stored discreetly. Call bells were left within reach of people spending time in their bedrooms and were answered quickly. Staff were alert to when people might need support.

Confidentiality
Care plans were stored electronically and were password protected.

CQC Key Question – Responsive

The following CQC quality statements apply to this key question:

- Person-centred care
- Care provision, integration and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

Care Plans

The care planning system being used was Person Centred Software (PCS), a respected and widely-used electronic care planning system. Care plans were written following detailed assessments of people and contained plenty of person-centred information. All of the care plans I read were appropriately well-drafted and informative and were written in positive and respectful terms.

Care plans had been reviewed on a monthly basis, as prompted by the computer software. Established scoring systems were used to ensure that risks to people were identified and managed effectively. The system produced a list of required risk assessments that were completed for all. These included people's risk of developing pressure ulcers, risk of becoming malnourished (Waterlow & MUST) and moving and handling risk assessments. These risk assessments had also been regularly reviewed.

There was insufficient life history information in the care plans to make the care plans read well overall. Additional information about people's lives, prominently sited, would make the care plans much more person-centred and give staff some useful prompts for a variety of relevant conversational topics.

See Recommended Action 7.

Consent to Care and Treatment

Mental capacity assessments (MCAs) and best interest decision making documents had been prepared where there was a doubt about the person's capacity to consent. These were well written. In one case there were documents available for residing at the home, signing consent forms and use of bed rails.

Daily Care Records
Some of the daily records were kept diligently by staff. Food and fluid charts indicated that people received their required nutrition and hydration. Repositioning records were properly completed. Other records required some thought and attention.

There were very few records of any baths or showers recorded over the past four weeks. For example, Residents 1 and 2 had not had any baths and showers recorded over the past four weeks and there were no instructions in the care plans as to the people's requirements or preferences. Resident 3's care plan stated, *"I like to be offered a shower although I may refuse."* It was not clear how often or when showers should be offered and there were no records of any offers or refusals over the past four weeks.

The management team undertook to complete a project to review everyone's expectations and care plan instructions in this important area.

See Recommended Action 8.

Staff had often signed that they had applied emollient creams by clicking a tile on the PCS system. However, application instructions were not specific, merely stating *"cream"* in most cases. The application directions should be updated to state what specific cream, where the cream should be applied and how often. The PCS system can be updated to prompt regular cream application as a 'must do' task so then signatures are not missed.

See Recommended Action 9.

Activities Arrangements
The activity coordinator came into the home in the afternoon and was interacting well with the residents.

Activities were not assessed in detail at this inspection.

CQC Key Question – Well Led

The following CQC quality statements apply to this key question:

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Workforce equality, diversity and inclusion
- Governance, management and sustainability
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability – sustainable development

Registered Manager

The manager, Priya Nahil, was registered as manager with CQC.

Current CQC Rating

The home was rated 'Requires Improvement' from an inspection in 2022. This was now ancient history and the team were keen to improve the rating at the next inspection.

Management Audits & Governance

An internal auditing system was in place and was explained by the manager. Paper files were clearly labelled and were stored in the manager's office. The auditing system covered a wide range of key areas. The required frequency of audits was clearly marked on the audit plan. Actions identified through the audits were placed on a central home action plan. Governance work included:

- Dependency monitoring linked to staffing
- First impressions audit
- Care plan management audits (see below)
- Health and safety audit
- PPE audit
- Kitchen audit
- Medication audits
- Resident wellbeing audit (to include falls analysis, emergency hospital admissions, infections, GP involvement and pressure ulcers)
- Home domestics audit

- Meals and nutrition audit
- Infection control audit
- Resident of the day audit (everyone reviewed on a monthly basis)
- Hoisting equipment inspections
- Wheelchair safety checks
- Weekly bed rail checks
- Tap flushing and cleaning
- Water temperature checks (to prevent legionella)
- Portable electrical appliance testing

Weight monitoring was done by senior staff and will have been considered for each person as part of the resident of the day process. However, there was not the formal written management analysis (including for trends) that would be expected for this key clinical area.

The manager said the management team normally audited one care plan in detail each month, in addition to the general monthly reviews of all. It was recommended that this be increased to two care plans to ensure a minimum of 10%, which is the figure it is customary across the industry to work towards.

See Recommended Actions 10 & 11.

Provider Visits
The owner provided regular support and guidance to the management team. They presented as a cohesive management team who had good values and were pulling in the same direction.

Management and Leadership Observations
The management team presented as a committed and hardworking group of people. The registered manager was young and focused and the deputy manager was experienced in management roles. The owner also provided support and guidance. They complemented each other well.

The home was obviously much improved from my last visit five years previously. Staff at all levels were more settled and more confident in their roles. The manager,

the owner and one of the senior care staff had been nominated for awards in 2025 at the Lincolnshire Care Awards.

The team were ready for their next CQC inspection and deserved the opportunity to improve their current rating.

Required and Recommended Actions

The following list consists of matters picked up during the inspection process that would be either in breach of regulation, arguably in breach of regulation, issues that CQC inspectors commonly criticise if not seen as correctly implemented and general good practice suggestions.

The regulations in question are the HSCA 2008 (Regulated Activities) Regulations 2014, The Care Quality Commission Registration Regulations 2009 and The Mental Capacity Act 2005. There are other regulations that can be relevant, but these ones cover the vast majority of issues to consider.

1	Please ensure that Staff Member 1 has provided a full employment history, right back to the time of first employment, together with a written explanation of any gaps.
2	Please ensure staff write the reason for refusal of medicines and the reason for administering PRN medicines on the back of the MAR chart on each occasion.
3	Please ensure that call bell ropes extend all of the way to the floor so they are accessible to someone who has fallen.
4	Please state the minimum number of one-on-one supervision sessions that will take place each year (we discussed two along with an appraisal) and make sure this minimum is delivered.
5	Please establish a percentage compliance figure for each training course and an overall training compliance figure for the home.
6	Please discuss the background music choice over lunch with the residents, leading to playing music that is more in line with their choices.

7	Please ensure that life histories are gathered and written up prominently in care plans.
8	Please review bath and shower expectations and requirements for all residents, ensuring they get the support they need and that care plans accurately reflect their requirements.
9	Please clarify and record the specific emollient creams to be applied in the application directions on PCS, along with where to apply the creams and how often.
10	Please conduct a monthly management audit of people's recorded weights, including a trend analysis, and a report of actions taken when people have lost weight.
11	Please consider a management audit of a minimum of 10% of the care plans each month. This would mean two full care plans rather than one.

Inspection Methodology

The inspection took place over one full day on site at the home. Evidence was obtained in the following forms:

- Observations of care and staff interactions with residents.
- Observations of general living and activities.
- Discussions with people who lived at the home.
- Discussions with staff who worked at the home, including management staff.
- Inspection of the internal and external environment.
- Inspection of live contemporaneous care records.
- Inspection of live contemporaneous management records.
- Inspection of medication management systems.

The main inspection focus was against compliance with the following regulations:

- HSCA 2008 (Regulated Activities) Regulations 2014.
- The Care Quality Commission Registration Regulations 2009.
- The Mental Capacity Act 2005.

Full account is also taken of the following key guidance, although this list is not designed to be exhaustive:

- CQC's recently published Single Assessment Framework (SAF) and its associated Quality Statements.
- The recently retired Key Lines of Enquiry (KLOEs), as these were always a good technical guide for what appropriate quality care looks like.
- NICE guidelines on decision making and mental capacity.
- NICE guidelines on medication management.
- A whole variety of CQC's clarification documents from over the years.
- RIDDOR guidance on reporting injuries and dangerous occurrences.

The ratings awarded for each key question are professional judgements based on over 25 years' experience of inspecting and rating care services. I believe the most meaningful rating is a 'description,' not a 'score.' It is a 'narrative judgement,' not a 'numerical calculation.' This inspection does not attempt to mimic CQC's current complex scoring system.

Introduction to Author

Simon Cavadino
Simon has worked in the provision, management and regulation of social care and healthcare services for over 25 years. He currently works with a range of different care provider organisations, offering advice on the Health and Social Care Act (2008) and its accompanying regulations. He is able to undertake detailed compliance advice work and/or senior-level management advice and coaching. Simon trades under the banner of The Woodberry Partnership.

During his career Simon has worked as an inspector for the Commission for Social Care Inspection (CSCI) and for the Care Quality Commission (CQC). He has undertaken detailed inspection, registration and enforcement work during his two spells working for the national regulator.

Simon has also worked for care provider organisations in both the private and voluntary sectors, achieving high quality services wherever he has worked. His most notable career achievement was as Director of Operations for a private sector provider, where he commissioned, built, opened and ran 25 sought-after care services for adults with a learning disability over a period of 8 years.

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