Thurlestone Court Limited

Willow House

Inspection report

Hillside
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Willow House is a care home which provides accommodation and personal care for up to 30 people. The home provides care for older people, the majority of which are living with dementia. People who live at the home receive nursing care through the local community health teams.
There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
This inspection took place on 10 May 2016 and was unannounced. At the time of our inspection there were 19 people living in the home. People had a range of needs with some people being more independent than others. Some people had significant needs relating to their health and mobility.
We carried out a previous focused inspection of Willow House on 26 November 2015 and identified some concerns. These related to risks to people not always being identified and acted on, medicines not always being managed safely, people not always being treated with dignity and respect, records not always being accurate and systems in place to monitor the care provided not being effective. At this inspection in May 2016 we found the registered manager and the provider had worked hard to improve the service. A lot of improvements had been made and some of the issues previously identified had been rectified. However, we did identify some concerns that still needed addressing.
People were not safe from risks relating to the management of medicines. One person had one specific medicines hand written three times in their medicine administration record along with two different instructions which would have caused confusion for staff. Staff had not always recorded how many tablets people had been administered when these were variable. There was a lack of guidance in people's care plans and in the home relating to PRN (when required) medicines used to treat anxiety and agitation. This could pose risks of people receiving medicines when they did not need them or not receive them when they did.
People's records were not always accurate or up to date and were sometimes confusing. For example, staff had recorded three different weights for one person on their fluid intake records which changed the target amount of fluid they should be having. Another person had significant gaps in the recording of their regular repositioning in order to reduce the likelihood of damage to their skin. The processes and systems in place to monitor, assess and mitigate the risks to people had failed to identify the concerns we found during our inspection. Although audits and checks were in place these had not been effective in identifying issues and mitigating risks.
Where specific guidance had been sought from specialist professionals in relation to people's eating and drinking, we found this guidance had not always been followed by staff. We made a recommendation that, where specialist advice was provided this was followed in order to ensure people were receiving care which followed best practice.
Following our inspection in November 2016 the service had signed up to an initiative called Dementia Care Matters which aims to improve the care home experience for people living with dementia. The registered manager, the directors and the staff spoke with obvious enthusiasm about the changes they were implementing at the home and how these were benefitting people.

Work had gone into improving the environment at Willow House and further work was planned. The atmosphere in the home was warm and welcoming and the home was decorated in a way that felt homely. Thought had gone into the layout of the living rooms and the dining room and changes had been made to enable people to move around independently where possible.

People were being supported to take part in activities which helped them regain and retain independence skills, such as taking part in housework, making teas and coffees for people and helping fold laundry. Organised activities such as games and musical guests also took place and staff spent time sitting and chatting with people on an individual basis.

There were enough staff at Willow House to care for people in the way they needed and spend time with people at their own pace. There were safe staff recruitment procedures in place to ensure staff hired were of good character. Staff received regular training to make sure they knew how to meet people's needs and staff were supported through the use of supervisions, observations and appraisals. At the time of our inspection the supervision process revolved around staff performance and did not enable staff to discuss their views and opinions as much as needed. We raised this with one of the directors who told us the registered manager would be making changes to the supervision format once they were confident good staff practice was fully imbedded.

There were processes and checks in place to ensure people were cared for in a safe environment. There were plans in place to protect people and deal with foreseeable emergencies. Staff had received training in safeguarding people and knew how to recognise and report signs of possible abuse.

People were supported to eat and drink enough to maintain good health. People were offered a choice of meals to meet their preferences and meals looked appetising. Mealtimes were social events with staff encouraging conversations between people.

Most people who lived in Willow House had been assessed as not having the mental capacity to make certain decisions at certain times. Staff had received training in, and understood the principles of the Mental Capacity Act 2005 (MCA) and the presumption that people could make their own decisions about their care and treatment. Following our previous inspection in November 2015 the registered manager had sought training, guidance and support in relation to the MCA and the Deprivation of Liberty Safeguards (DoLS). They spoke enthusiastically about their learning and how they were applying it.

People were supported by kind and caring staff. Comments from people included "The staff are lovely", "They're all as good as gold", "You couldn't fault them" and "Oh yes they talk to me nicely". The registered manager told us about staff's caring attitudes and gave us examples of the staff going above and beyond for people. They told us about staff staying on after their shifts to help decorate the home, in order to make it more homely for people, create music compilations people would like or altering and fixing people's clothes for them.

People's needs had been assessed prior to them moving into the home. Each person had a care plan which had been developed by staff with their and their relatives' input. These care plans contained information about each person's needs and how staff should meet these. Staff knew people well and understood their personalities, sense of humour, likes and dislikes. Staff spoke confidently about people's individual care needs and how they met these.

The home had a complaints procedure displayed along with contact numbers for people to call if they were unhappy. Staff encouraged people to share their views. Staff, relatives and healthcare professionals told us

they had confidence in the registered manager and felt they would listen and act appropriately if a complaint was made. The service was open and encouraged staff and people to share their views.

Work was being undertaken to improve the quality of care people were receiving at Willow House. Where ideas had been suggested, concerns had been raised or feedback had been given, action had been taken.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to people not always being protected from harm and people's records not always being accurate or up to date. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There was a lack of clear guidance relating to 'when required' medicines.

People's medicine records contained confusing information.

The risk of people suffering abuse was minimised as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good

The service was effective.

Where specific guidance had been provided by healthcare professionals this was not always followed.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Where a person lacked capacity to make an informed decision, staff acted in their best interests.

Where necessary the registered manager had made Deprivation of Liberty Safeguard applications in line with legislation.

People were supported to have enough to eat and drink.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff knew people well, their personalities, sense of humour,

histories and preferences.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Is the service responsive?

Good

The service was responsive

Staff were responsive to people's individual needs and gave them support at the time they needed it.

The home was developing a new ethos which was more person lead ensured care was person centred.

People benefitted from meaningful activities which reflected their interests and their personalities.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records were not accurate and kept up to date.

The processes in place to assess and monitor the safety of the service were not effective and had not identified the issues we found at this inspection.

The registered manager and the directors were keen to improve and were open to change.

There were processes in place to seek people's views, listen to them and act on them in order to improve.

People, relatives, staff and healthcare professionals spoke highly of the registered manager and had confidence in them.

Willow House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 10 May 2016 and was unannounced. The inspection was carried out by two adult social care inspectors. This inspection was carried out in order to follow up on a previous warning notice, some previous breaches of regulation and to conduct a comprehensive inspection of the service. Prior to our inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

We spoke with three people who lived in Willow House and because a large number of people were unable to share their experiences with us, we conducted a short observational framework for inspection (SOFI). This framework consists of observations of life at the home in order to help us understand the experiences of people when they are not able to communicate with us. We looked around the home, spent time with people in the lounges and dining room and observed how staff interacted with people throughout the day. We spent time with people over the breakfast and lunchtime meals. We spoke with the registered manager, four members of staff, one senior manager and two directors for the service. We spoke with two visiting healthcare professionals and looked at the way in which medicines were managed.

We looked in detail at the care provided to six people, including looking at their care files and other records. We looked at the recruitment and training files for three staff members and other records relating to the operation of the home, such as risk assessments, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in November 2015 we had identified the provider was not meeting the regulations and was not keeping people safe. The concerns related to risks to people's health not being identified and acted upon, and the management of medicines. We issued a warning notice to the service which required them to take action to ensure they were meeting the regulations by the end of January 2016. Following our inspection the provider put in place a number of measures to improve these areas. They introduced regular audits of people's care plans, food and fluid charts, new training and new auditing systems for the management of medicines. During this inspection in May 2016 we found the provider had made a significant number of improvements but were still failing to ensure people were safe.

During our previous inspection we found medicines had not been managed safely. During this inspection we found action had been taken to review medicine management, conduct medicine audits and provide extra training and support to staff. However, we identified some concerns relating to the recording and management of medicines. Some people's medicine administration records (MAR) did not make it possible to tell how many tablets people had taken. Where people's prescriptions allowed for a varying number of tablets to be given, staff had not recorded how many tablets two people had taken each day. This meant it was not possible for staff to check what dosage of medicine these people had been taking.

Some people's MAR sheets were confusing, for example, one person had been prescribed a specific medicine. On their MAR for the month prior to our inspection this medicine had been hand written three times. The handwritten instructions stated the person should take between half a tablet and one tablet at night. One entry stated this should be taken as required and the other two entries stated this should be taken at night. This made it confusing for staff to know when this person should be administered this medicine. The different entries were stopped and started at different times and staff could not tell us why. Staff were giving this person this medicine every night but did not clearly understand the reasons for this.

Where medicine had been prescribed to be administered 'when required' there were not always clear guidelines as to when the medicines should be administered. For example, two people were prescribed medicines to be taken when they became distressed. There was no indication in these people's care plans about how staff would recognise when these people were beginning to become distressed, or if alternative interventions should be used before the medicines were given. There were also no guidelines for staff to follow relating to how many tablets these people should take as these were variable. We asked two staff how they knew how many tablets to give people and they told us they did not have any specific guidelines but would always "just start with the lower dose". Staff should have clear guidance about when to give a medicine, how much to give, and what other interventions to use to help manage the person's distress.

This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection we found that risks to people's health had not been identified or acted upon. During this inspection we found action had been taken to monitor people at risk, refer them to healthcare professionals and take action to reduce any risks. For example, one person displayed behaviours which could pose a risk to themselves or others. These incidents had been identified by staff and recorded in the person's daily notes. These had then been discussed with the registered manager and the person's behaviours had been monitored though the use of behaviour charts. This person had also been referred to their GP for their medicines to be reviewed and to the mental health team for a review. This had ensured this person's needs were fully explored in order for appropriate care and support to be offered.

Risks to each person's health, safety and wellbeing had been individually assessed and risk assessments had been drawn up. These risk assessments covered a range of issues including falls, moving and handling, nutrition, skin integrity and behaviours which could pose a risk to people. These risk assessments were personalised and contained detailed information about the level of risk and how staff should respond in order to minimise this risk. For example, one person had been assessed as being at high risk of falls. Staff had drawn up a risk assessment and an action plan which covered what staff should do to minimise the risks to this person. The registered manager installed a pressure mat in the person's bedroom to alert staff to come and assist them if they wanted to walk and had referred the person to their GP in order to ensure they were prescribed the right medicines.

Most people living at Willow House required support to take their medicines safely. People's medicines were stored within two locked medicine trolleys and a locked medicine cupboard. Where medicines required storing at a specific temperature this was maintained and checked daily. People were brought their tablets along with a drink of their choice and were told what these were and what they were for. There was a photograph of each person on the front of their medicine administration record (MAR) as well as information about any allergies they may have. Medicine audits were regularly completed.

Most people who lived in Willow House were unable to communicate with us, however, where people did make comments to us about the home these were all positive. People we spoke with, relatives, healthcare professionals and staff told us they felt people were well cared for and safe at Willow House. When we asked people if they felt safe people responded "Oh yes". One relative said "It is safe, comfortable and [relative] is being looked after". One healthcare professional said "I think people are safe and happy". Staff said "I think people are safe and well cared for".

People were protected by staff who knew how to recognise signs of possible abuse. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us they felt confident the registered manager would listen to their concerns and respond to these appropriately. Staff told us they understood the home's whistleblowing policy and process and knew how to escalate concerns outside the home. Healthcare professionals told us they had confidence the registered manager would act appropriately if any concerns were raised to them. One healthcare professional said "[The registered manager] would listen and take action".

There were enough staff at Willow House to care for people in the way they needed. People, relatives and healthcare professionals spoke highly of the staff. Opinions about staffing numbers varied with one healthcare professional telling us there were always plenty of staff and another telling us staff were sometimes rushed and overstretched. Some staff told us the home could benefit from some extra staff whereas others told us staffing levels were good. During the day there were four members of care staff working and two staff waking at night. In addition to these numbers, during the day there was the registered manager, a member of maintenance staff, a cook, a cleaner and a member of staff who helped people with teas and coffees. During our inspection we saw there were sufficient members of staff assisting people to

meet their needs. Staff did not seem rushed and remained calm and attentive to people. Staff were able to assist people with daily tasks and take time to chat with people and take part in activities. The registered manager told us about the systems they used to ensure staffing numbers matched the needs of the people who lived in the home and how these had recently been altered to meet recent changes in needs.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. When staff started work they were closely monitored during their induction and probation period to make sure they were suitable and had the right attitudes.

Where accidents and incidents had occurred, the registered manager had recorded and reviewed these in order to ensure the risks to people were minimised. The registered manager undertook regular accident and incident audits in order to identify any potential patterns and trends.

The premises and equipment were maintained to ensure people were kept safe. For example, the stair lift, main lift, hoists, stand aids and wheelchairs were regularly serviced and inspected to ensure they were safe to use. There were infection control measures in place to protect people and the home was clean and hygienic. Staff regularly undertook fire safety checks and there were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire.

Good

Is the service effective?

Our findings

Previous concerns identified during our inspection in November 2015 related to a lack of action being taken when people had lost weight or were at risk of dehydration. During this inspection we found people who required support with eating and drinking were being closely monitored and action was being taken to seek professional guidance where necessary.

However, we found this advice was not always being followed in order to ensure people were supported safely. For example, one person had been referred to the speech and language therapist (SALT) in relation to their reduced appetite, weight loss and drinking difficulties. In January 2016 this person had been reviewed by a speech and language therapist who had recommended this person continue to eat a soft diet and use a thickener in their drinks to help prevent choking. This person had not been assessed by SALT in relation to their swallowing abilities in relation to food but the SALT assessor informed us they had recommended this person continue to follow a soft diet started by staff as they felt this was appropriate. In the weeks prior to our inspection this person had been given foods such as toast, biscuits and crisps. These foods do not meet the requirements of a soft diet and contradict the SALT recommendation. Following our inspection we spoke with the SALT team who informed us they would be conducting a follow up assessment of this person to ensure they were not at risk of choking.

We recommend that where specialist advice and guidance is provided, this be complied with in order to ensure people are receiving care which follows best practice.

Following our inspection in November 2016 the service had signed up to an initiative called Dementia Care Matters which aims to improve the care home experience for people living with dementia. The registered manager, the directors and the staff spoke with obvious enthusiasm about the changes they were implementing at the home and how these were benefitting people. The changes being made related to the ways staff worked, the ethos of the home, the environment of the home and the activities and stimulation available for people. Work had gone into improving the environment for people, in that objects had been placed around the home within easy reach of people so they could pick items up and interact with them whenever they pleased. Tea and coffee making facilities had been set up in the dining room for people who were able to help themselves. Staff told us this had had a significant impact on people's wellbeing and mood as they had regained some important independence. Some people had been gaining confidence and purpose by making hot drinks for those who were less mobile and were enjoying this. People had been involved in rearranging the furniture in the living rooms by organising cushion placements. The living rooms had been rearranged in order to encourage people to move around more. There were plans in place to improve the environment further in order to enhance the experiences for people and increase their independence. Staff spoke enthusiastically about the plans in place to rearrange and redecorate the living rooms.

Most people who lived in Willow House were living with dementia and this may affect their ability to make decisions and be able to give consent. We therefore checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 Act 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.

Following our previous inspection in November 2015 the registered manager had sought training, guidance and support in relation to the MCA and the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called DoLS. The registered manager told us they had sought this additional support and now had a clear understanding in these areas.

People were supported with day to day decision making by staff who had a clear understanding of the principles of the MCA. Staff respected people's rights to make decisions as far as they possibly could. Staff told us how they involved people in their care and supported them to make choices. We saw this taking place during our inspection. We saw and heard people being asked for their choices and being given options in ways they could understand. For example, people were shown different food options to help them make a decision about the one they would like.

When people had been assessed as lacking the capacity to make a certain decision at a certain time, appropriate processes were followed. People's relatives had been consulted and best interest decision making processes had been followed. For example, one person required a specific reclining chair in order to protect them from falling. The registered manager had identified that the use of this chair restricted this person's freedom of movement and a best interest meeting had therefore taken place. A best interest decision had then been taken with the involvement of healthcare professionals, staff and the person's relatives.

The registered manager was knowledgeable about DoLS and had made relevant applications to the local authority. If a person is under continuous supervision, is not free to leave on their own and does not have the mental capacity to consent to these arrangements, they are being deprived of their liberty. An application must be made to the local authority for legal authorisation. Due to the home having locked doors, as well as some restrictive equipment for people, such as sensor mats and bed rails, the registered manager had made DoLS applications for all the people who did not have mental capacity. The majority of these were awaiting authorisation.

Staff were knowledgeable about people's care needs and benefited from training and support which helped them meet the needs of each person. Staff received regular training to make sure they knew how to meet people's needs. Staff training was on a rolling programme, with some training being in house and other training being sourced externally. Staff had undertaken training in such topics as fire safety, moving and handling, food hygiene, infection prevention and control, nutrition and hydration, dementia awareness and prevention of pressure ulcers.

New staff had been supported to undertake the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Following our previous inspections, the registered manager had implemented a new supervision system which was aimed at reviewing staff practice and performance. Staff told us this new format did not provide them with opportunities to discuss any issues they may have or any further training they may want. We saw

that supervisions consisted of staff observations and testing staff knowledge. We raised this with one of the directors who told us the registered manager was focusing on improving staff performance and would be making changes to the supervision format once they were confident good practice was fully imbedded. Staff had opportunities to discuss issues and their opinions outside of the supervision process.

People were supported to eat and drink enough to maintain good health. During our inspection we observed the breakfast and lunchtime meals. People got up when they wanted in the mornings and could either have their breakfast in their bedroom or in the dining area. We saw people were eating a variety of different meals for breakfast at different times. We heard one person being asked what they wanted to eat. They replied they wanted a cooked breakfast so the cook made them a plate of eggs and bacon to meet their preference.

Staff knew people's food preferences and these were used to plan weekly menus. The day's menu was displayed within the home and each person was told the options and asked what meal they would prefer. On the day of our inspection people had the choice of chicken kiev with vegetables or a vegetable stir fry. People were offered alternatives if they did not like the meals on offer. The food looked appetising and people told us they enjoyed the meal. Comments included "It's very good, I've got no complaints", "It's very nice", "The food is tasty", "It's well cooked" and "There's plenty of choice". Snacks and drinks were available throughout the day. There were hot drink making facilities and jugs of fruit juices available for people to help themselves to and where people were less able, staff provided people with drinks throughout the day.

Meals were served either in the dining room, in the lounge or in people's rooms, depending on their preferences. The dining room was pleasant and welcoming. The lunchtime experience was sociable with people and staff chatting and laughing amongst themselves. Some staff members ate their lunch alongside people in order to make it a sociable and relaxing time. People had specific plates, bowls and cutlery depending on their needs and meals were presented in ways which met people's individual needs. For example, one person required their food to be served in a puree consistency. This person's meal had been served in a bowl in order to help them eat independently and each item of the meal had been pureed individually in order to make the meal look and taste appetising.

People saw healthcare professionals promptly if they needed to do so. Care files contained records of referrals to a range of healthcare professionals including GPs, community nurses, occupational therapists, mental health assessors, speech and language therapists and chiropodists. The outcomes of these were documented and any changes to people's care needs and plans were transferred to their care plans. Healthcare professionals told us they were contacted by staff appropriately and said "Medicines queries come in quickly", "If they have an issue they will come and ask" and "They call when needed".

Good

Is the service caring?

Our findings

At our previous inspection on 26 November 2015 we identified concerns in relation to people not always being spoken to with kindness and respect. During this inspection we found the provider had made a number of improvements in this area and were now meeting this regulation.

People, relatives and healthcare professionals spoke highly of the staff and their caring attitudes. Comments from people included "The staff are lovely", "They're all as good as gold", "You couldn't fault them" and "Oh yes they talk to me nicely". The relative we spoke with told us staff attitudes had improved since our previous inspection and said "More often now they will speak to [relative] directly, they know [relative] well". Healthcare professional comments included "They all seem to be kind and caring" and "They are very sweet and nurturing with people".

The atmosphere in the home was warm and welcoming and we saw and heard pleasant conversations, laughter and warmth between people and staff. The home was decorated in a way that felt homely. There was a large notice board which was covered in beautiful pictures of people smiling and enjoying themselves.

Staff told us they enjoyed working at the home and felt people were well cared for. They told us they cared about people's wellbeing and making sure they were happy. Staff said "I am here for these people" and "Everyone is well cared for, they are like family".

We observed staff being caring, respectful and kind towards people. Staff spent time getting down to people's level in order to speak with them. We saw the registered manager interacting with one person in a way which made the person laugh and smile, the person said to the registered manager "You're perfect". People smiled at staff and looked comfortable in their presence.

The registered manager told us about staff's caring attitudes and gave us examples of the staff going above and beyond for people. They told us about staff staying on after their shifts to help decorate the home, in order to make it more homely for people, create music compilations people would like or altering and fixing people's clothes for them. The registered manager spoke highly of the staff at the home and praised their personalities and kindness. For example, the registered manager said "[Staff member] cares about the residents in an almost family manner", "[Staff member] has made a concerted effort to get to know our residents as people and can always be found on her break sitting with a resident going through their photo albums or provoking memories in them and having a trip down memory lane" and "[Staff member] has spent a lot of time finding out what is important to the residents in the home. She knows that several of our ladies don't feel themselves unless their nails are painted. [Staff member] will ensure she takes the time to make sure they have their nails done weekly".

Some recent thank you cards had been displayed on a notice board and these contained praise from families regarding the care and support their relatives received. For example, 'Your staff treated my [relative] with kindness and compassion', 'You look after my [relative] wonderfully' and 'I can't thank you and the staff

enough for everything you did'.

People's privacy and dignity were respected at all times. For example, staff knocked on people's doors and waited for a response before entering. People received personal care in private and staff discussed people's needs with them discreetly. We heard staff asking people about their personal care needs in hushed voices with them in order to ensure other people did not overhear.

People and their relatives were consulted and involved in decisions about their care. People's likes, dislikes, preferences and histories were included in their care plans. Staff had worked with people to create documents entitled 'good days and bad days'. This document contained information about each person that staff could use to improve their happiness and wellbeing. It included information about their routines and preferences, what staff should encourage and what they should avoid, in order to ensure the person had the best day possible. People's relatives were included in the planning of people's care, people's care reviews and were kept informed of any changes.

The registered manager and staff at the home were committed to providing people with the best possible end of life care. They worked closely with healthcare services to achieve this and had sought training for staff. We saw thank you cards from relatives of people who had been supported by staff at the home in the last days of their lives. Relatives commented at the kindness and attention staff had displayed towards their loved one. The registered manager told us their staff cared deeply for people and because of this, staff would come in on their days off on occasion to spend time with people who were at the end of their lives.

Good

Is the service responsive?

Our findings

People's care was responsive to their needs. People who lived at Willow House had a variety of needs and required varying levels of support. People's needs had been assessed prior to them moving into the home. Each person had a care plan which had been developed by staff with their and their relatives' input. These care plans contained information about each person's needs and how staff should meet these. For example, one person needed support with their moving and handling because of their reduced mobility. This person's care plan contained clear and detailed instructions for staff around what support the person needed, what equipment staff needed to use and how they should interact with this person during any transfers. During our inspection we observed staff using the specific equipment and communication methods detailed in this person's care plan when assisting them to transfer to a chair.

Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had lost a significant amount of weight a few months prior to our inspection. This person's weight and food intake had been closely monitored by staff following this weight loss. After several months this person had increased their weight and were consistently eating well. Their care plan was reviewed and staff were directed to no longer monitor this person's food intake as closely as they were no longer at risk.

People were encouraged to retain and increase their independence. Each person's care plan specified what people could do for themselves and how staff should support them. For example, one person regularly required help with eating their food but on occasion they liked to eat without help from staff. This person's care plan directed staff to respect the person's wishes and to support them to eat on their own whenever they wanted to. During our inspection we saw this person had been encouraged to eat their lunchtime meal on their own and they told us they had enjoyed their food.

People were cared for in a person centred way which highlighted their individualities. Staff knew people well and understood their personalities, sense of humour, likes and dislikes. One relative said "They know [relative] well". Healthcare professionals said "They all seem to be kind and nurturing with people", "[the registered manager] is very good at knowing people" and "I feel they know people really well". Since introducing Dementia Care Matters, the registered manager had worked towards making the ethos of the home more person led and ensured the pace at the home was relaxed and met people's individual needs. Staff had stopped wearing uniforms and had each decorated a brightly coloured apron that people could identify and interact with. There were plans in place to redecorate people's bedrooms in a way which met their individual personalities and priorities. For example, one person was very fond of their family photographs and the colour blue. Staff were planning on painting this person's bedroom blue and creating a large family tree decoration on the wall facing the bed which would showcase all their favourite family photographs. One member of staff telling us about these plans said "Her family is everything. It's making it her room, just hers".

The home had a complaints procedure displayed within the hallway, along with contact numbers for people to call if they were unhappy. Staff told us they encouraged people to share their views and were supported to make complaints if necessary. No official complaints had been received by the home since the manager

had become registered several months prior to our inspection. Relatives told us they felt comfortable raising any concerns they had with the registered manager. They also told us they were confident the registered manager would listen to them and respond to any concerns appropriately. One relative said "I know how to make a complaint and I feel comfortable making one" and "I know who the manager is and can go to her".

People had access to a range of activities that met their social care needs. Each person's care plan contained details about people's interest and the activities they enjoyed. A specific tool had been used by staff to understand what stimulated people and what type of activities they may enjoy. Following some training around dementia, staff had involved people in more activities around the home, such as folding clothes and doing the washing up. One person had gained a lot of enjoyment out of cleaning a car in the home car park on a sunny day and then having a beer. These activities gave people back some sense of independence and purpose to their day. Organised activity also took place and on the day of our inspection a musician came to the home to entertain people. People were encouraged to come to the living room to listen to the musician and were supported to sing along and dance with staff. People also received personal time with staff talking with them or reading newspapers. People who stayed in their rooms were regularly visited by staff for a chat in order to avoid them feeling isolated. Healthcare professionals commented on the improvements in activities since introducing Dementia Care Matters. They said "I've noticed a heck of a difference since they've started it. The other day I came and they were out in the garden playing scrabble and having a cup of tea and cake".

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in November 2015 we identified a continued breach in the regulation relating to people's records not always containing up to date and accurate information. At this inspection we found sufficient improvements had not been made to ensure records for people were kept accurate and up to date. We also found systems in place to ensure quality and safety of care had not been effective in identifying issues.

Following our previous inspection in November 2015, new auditing systems had been put into place in order to improve the quality of the recording at the home. We found records had greatly improved but some issues still remained.

We found some records to be inaccurate and confusing. Some people's care plans contained contradicting information about how staff should deliver their care and some documents contained contradicting information. For example, one person's weight had been recorded differently on three occasions on their fluid charts. Their weight had been recorded as 35kg, 45kg and 40kg. These differences in weight instructed staff to encourage different fluid target amounts for this person which may not have been correct. This person's records showed they had been drinking enough to maintain good health but the differences in fluid targets could have been confusing for staff or for healthcare professionals reviewing this person's care. Other recording issues included emergency evacuation plans not being up to date, for example, a number of plans were still available for several people who had passed away. Records were therefore not up to date or accurate.

We also found gaps in the recording of people's repositioning charts and we found people's care plans and risk assessments to be inaccurate and at times confusing.

The systems in place for monitoring the quality and safety of care people received were not effective. Although there were audits and checks in place to review records, people's care plans and risk assessments we found these had not identified the concerns we found during this inspection. The registered manager and senior management conducted a number of audits and spot checks regularly. The registered manager completed monthly house spot checks which looked at records, environment and medicines. Senior management also carried out audits of the home and had been carrying out daily audits which looked at medicines and people's care plans. Although these audits had been carried out, they had failed to identify and act on the issues we identified in relation to the medicine records being confusing, that records were not always accurate and that people's care plans were sometimes confusing. There were processes in place to audit and review people's risk assessments, however these processes had failed to identify when risk assessments were not effective and contained incorrect information.

Environmental checks and audits were regularly carried out, for instance, equipment such as wheelchairs and hoists were regularly inspected, rooms were checked monthly, legionella checks were carried out monthly and there were monthly fire alarm, emergency lights, fire doors and evacuation route checks. However, these checks had not identified that the emergency evacuation folder contained emergency

evacuation plans for a number of people who had passed away. Therefore no action had been taken to rectify this and mitigate risks.

This was a breach of Regulation 17 (1)(2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our previous inspection in November 2015 the registered manager had received support from senior managers and the local authority quality team. The registered manager had welcomed this extra support and guidance and spoke enthusiastically about how much they had learned. People, relatives, staff and healthcare professionals spoke highly of the registered manager. Comments included "I think [the registered manager] is doing a good job", "[the registered manager] is very good" and "[the registered manager] has been the best manager of the lot".

The atmosphere at the home was one of change and improvement. The registered manager, staff and the directors spoke of the new direction the home was taking with regards to person centred, dementia friendly care, in a positive and excited way. There was a culture of openness and desire to improve which encouraged people to share their views and ideas. Staff said "They want to get things right and are truly on board". Staff told us they were encouraged to be creative and share their views. They told us they felt listened to and that their ideas were taken seriously. Staff said "They do encourage me to share ideas. They listen to our ideas". We were told that one staff member's idea had been listened to and was being organised. This was a new activity people could take part in involving ribbons. Staff were encouraged to share their views during team meetings and action had been taken to implement some of these views. For example, during the most recent team meeting staff had expressed their wish for more intensive diabetes training. The registered manager had raised this with the training manager for the service and was arranging for the diabetic specialist nurse to come to the home to deliver some training.

People's views were sought in relation to the quality of the service they were receiving. People and relatives were asked for their views in the form of surveys. The results from these surveys were analysed and any actions resulting from them were taken. For example, one relative had commented on the lack of variety in the vegetarian meals on offer at the home. Following this the registered manager had met with the cook and new dishes and selections had been added to the menu.

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 Medicines were not managed safely. Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were not accurate, complete and contemporaneous records in respect of each service user and there were ineffective systems in place to monitor and assess the quality and safety of services provided. Regulation 17 (1)(2)(b)(c).