

Maria Mallaband Care Homes Limited







Willowdene Care Home

Inspection report

Lizard Lane
Stockton on Tees
TS21 3ET
Tel: 01740 623644
Website: <http://www.mmccarehomes.co.uk>

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 3 December 2015 and was unannounced. This meant the staff and the provider did not know we would be visiting. At the time of our inspection there was a new manager in post who was applying to become registered with CQC. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On 31 October 2014 and 3 November 2014 we completed an inspection at Willowdene Care Home and informed the registered provider they were in breach of a number of regulations including staffing and records and required improvements to make the service safe and responsive. Whilst completing this inspection we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider had ensured improvements were made in these areas and these had led the home to meeting the above regulations.

Summary of findings

Willowdene Care Home is a purpose built, two storey, care home located just north of Sedgefield, County Durham. The home provides care and accommodation for up to 47 people and includes a small, separate 12 bed unit for older people living with dementia type illness. It also provides nursing care. On the day of our inspection there were 44 people using the service. The home comprised of 47 bedrooms, most of which were en-suite. The home was set in its own grounds and facilities included several lounges, dining rooms, communal bathrooms and toilets, a therapy room and a hairdressing room.

People who used the service and their relatives were complimentary about the standard of care at Willowdene Care Home. Everyone we spoke with told us they were happy with the care they were receiving and described staff as very kind, respectful and caring.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Training records were up to date and staff received supervisions and appraisals were planned.

There were appropriate security measures in place to ensure the safety of the people who used the service and the provider had procedures in place for managing the maintenance of the premises.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and some areas of the home were designed for people with dementia type conditions.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met. We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Care records contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

The home had a programme of activities in place for people who used the service.

All the care records we looked at showed people's needs were assessed and reviewed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans could be written in a more person centred way.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered. People who used the service had access to healthcare services and received ongoing healthcare support.

The registered provider had a complaints policy and procedure in place and complaints were fully investigated. The registered provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Staff had completed training in safeguarding vulnerable adults and knew the different types of abuse and how to report concerns.

The provider had procedures in place for managing the maintenance of the premises.

Good



Is the service effective?

The service was effective.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and through supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people to eat and drink when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and some areas of the home were designed for people with dementia type conditions.

Good



Is the service caring?

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Good



Is the service responsive?

The service was responsive.

Care records were reflective of people's needs.

The home had a programme of activities in place for people who used the service.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Willowdene Care Home

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 was planned to check whether the provider is 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 took place on 3 December 2015 and was unannounced. This meant the staff and the registered provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for

example, inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. No concerns were raised by any of these professionals.

During our inspection we spoke with seven people who used the service and four relatives. We also spoke with the manager, an agency nurse, two care staff, the maintenance man, the administrator, a kitchen assistant and a domestic.

We looked at the personal care or treatment records of four people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as audits, surveys, notifications and policies.

We spoke with the manager about what was good about their service and any improvements they intended to make.

Is the service safe?

Our findings

At our inspection on 31 October 2014 and 3 November 2014 we identified concerns that the provider had not taken proper steps to ensure people were protected against the risks associated with providing insufficient staff on duty. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

People who used the service and their relatives told us, “Yes it’s safe and my possessions are safe, I keep them in a locked cupboard”, “Yes I feel safe and my stuff is safe. I would speak to the manager if I didn’t”, “Yes I am safe, when I came here I was 6st 13pounds I have now put on weight. I have no cares and no worries”, “Oh yes he is safe and from what I have seen I am more than happy” and “Oh yes, the front door is locked and they have a keypad control at the sign in register”.

Willowdene Care Home comprised of 47 single bedrooms, most of which were en-suite. Overall the communal bathrooms, shower rooms and toilets were clean, spacious and suitable for the people who used the service. They contained appropriate, wall mounted soap and towel dispensers. Grab rails in toilets and bathrooms were secure. All contained easy to clean flooring and tiles. We saw the home was clean and well decorated. We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

We saw the manager’s infection control audits were up to date and that staff had completed infection control training. This meant the provider had taken action to reduce the risk of infection and improve the cleanliness of the home.

Equipment was in place to meet people’s needs including hoists, pressure mattresses, shower chairs, wheelchairs, walking frames and pressure cushions. Where required we saw evidence that equipment had been serviced in accordance with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We saw

windows were fitted with restrictors to reduce the risk of falls and wardrobes in people’s bedrooms were secured to walls. Call bells were placed near to people’s beds or chairs and were responded to in a timely manner.

We looked at the records for portable appliance testing, emergency lighting, gas safety and electrical installation. All of these were up to date. Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. This meant the provider had arrangements in place for managing the maintenance of the premises

We looked at the registered provider’s accident reporting policy and procedures, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the manager reviewed the information monthly in order to establish if there were any trends.

We saw a fire emergency plan on each floor which displayed the fire zones in the building. We saw fire drills were undertaken regularly and a fire risk assessment dated 29 September 2015 was in place. Weekly fire alarm checks were completed and checks on fire extinguishers were up to date. We looked at a copy of the registered provider’s business contingency plan dated August 2015. This provided emergency contact details and identified the support people who used the service would require in the event of an evacuation of the premises. The service had a Personal Emergency Evacuation Plan (PEEPs) in place for people who used the service. These included the person’s name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required. This meant the provider had arrangements in place for keeping people safe.

We saw a copy of the registered provider’s safeguarding adult’s policy, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. We looked at four staff files and saw that all of them had

Is the service safe?

completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. This meant that people were protected from the risk of abuse.

We saw there were ten members of staff on a day shift, which comprised of a nurse and nine care staff. The night shift comprised of a nurse and five care staff. People who used the service and their relatives had conflicting views about the staffing levels within the home, they told us, “There seem to be enough staff, they seem to be rushed off their feet though”, “Yes, there are enough staff”, “There is a lot of help, they always come”, “I do think that there is sufficient staff”, “No there are not enough staff, you ring the bell and they can’t always come” and “They are short on a night, it depends on what we want them for”. We discussed staffing levels with the manager and looked at staff rotas. The manager told us that the levels of staff provided were based on the dependency needs of residents and any staff absences were covered by existing home staff and regular agency staff. We observed plenty of staff on duty for the number of people in the home.

The manager told us that she was currently in the process of recruiting staff including a deputy manager, senior care assistants and nurses. We looked at the selection and recruitment policy and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member’s previous employer. Proof of identity was obtained from each member of staff, including copies of passport, birth certificate, driving licence and utility bill. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. We looked at the disciplinary policy and from the staff files we found the manager had disciplined staff in accordance with the policy.

The service had generic risk assessments in place, which contained detailed information on particular hazards and how to manage risks. Examples of these risk assessments included use of lifting equipment and hoists, use of profiling beds and passenger lift. We did not observe staff signatures on these documents to confirm that they had

read them. We spoke about this with the manager, who agreed to address this immediately. This meant the service had arrangements in place to protect people from harm or unsafe care.

We looked at the provider’s medicines policies which covered all key aspects of medicines management and talked with staff responsible for the administration of medicine. The service used individualised medicines supplied by a national pharmacy chain. A member of staff told us, “We have no problems with the pharmacy; if there are any discrepancies identified we are able to resolve them straight away. We can get emergency prescriptions if we need any from a local pharmacy”. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine and there was a copy of the British National Formulary, which is a pharmaceutical reference book produced by the British Medical Association and the Royal Pharmaceutical Society of Great Britain, available for staffs reference.

We looked at the medicines administration charts (MAR) for seven people and found six missing signatures. This meant we could not be assured people were given their medicines on that day. We discussed this with the manager who addressed the matter at the time of our inspection by undertaking a medicine audit and producing an action plan for any identified issues. A signature verification sheet to identify staff initials that were approved to administer medicine was available at the front of the MAR chart file. People’s photographs and allergy information was stated on MAR charts. Medicine administration was observed to be appropriate and staff demonstrated patience in encouraging people during the administration process. Appropriate arrangements were in place for the management and administration of controlled drugs (CD), which are medicines which may be at risk of misuse. Records showed that people’s medicines were reviewed regularly.

Medicines were stored appropriately. We saw that temperature checks for refrigerators and the medicines storage room were recorded regularly and were within recommended levels. A system was in place for the disposal of controlled drugs and tamper proof containers were available for other generic medicines. Staff who administered medicines were trained. Staff told us that competency assessments relating to the safe administration of medicines were carried out annually. This

Is the service safe?

meant that the provider stored, administered, managed and disposed of medicines safely. People and their relatives told us, “I get my medicine in the morning, afternoon and evening, they manage everything for me” and “I can get pain relief”.

Is the service effective?

Our findings

People who lived at Willowdene Care Home received care and support from trained and supported staff. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring for them. One person told us, “I do think they are well trained”.

We looked at the training records for four members of staff and we saw that staff had received a thorough induction and we saw that the registered provider’s mandatory training was up to date. Mandatory training included moving and handling, fire safety, safeguarding, infection control, food safety, health and safety, first aid and dementia awareness. Records showed that most staff had completed either a Level 2 or 3 National Vocational Qualification in Care or a Level 2 in Health and Social Care and the Care Certificate. In addition staff had completed more specialised training; in for example, end of life, risk assessment, responding to accidents, death, dying and bereavement, COSHH, equality and diversity, person-centred support, lone working and dementia awareness.

Staff files contained a record of when training was completed and when renewals were due. We looked at the records for the nursing staff and saw that all of them held a valid professional registration with the Nursing and Midwifery Council.

We saw staff received supervisions and annual appraisals were planned for January 2016. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance in the workplace. Staff records contained evidence of discussions to support the physical and mental health needs of staff. This meant that staff were properly supported to provide care to people who used the service.

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 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. 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 the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the manager, who told us that there were DoLS in place and in the process of being applied for. She also told us that some staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and this was an area she had identified for development to further raise staffs awareness of the importance of protecting the rights of individuals who were at risk of having their liberty deprive. We found the provider was following the requirements in the DoLS. We saw consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment.

Three of the care records we looked at included a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form which means if a person’s heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the people who used the service had been involved in the decision making process.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at lunch time when required. People were supported to eat in their own bedrooms if they preferred. The people we spoke with told us that the lunch was lovely and they had thoroughly enjoyed it. We saw menus displayed in the dining rooms which detailed the meals and snacks available throughout the day. We observed staff chatting with people who used the service and offering them a choice of food and drink. The atmosphere was not rushed. Tea, coffee and biscuits were served several times during the day. We looked at records and spoke with the kitchen assistant who told us about people’s special dietary needs and preferences. For example, “(Name) likes an omelette every Friday”, “(Name) doesn’t like greens” and

Is the service effective?

“(Name) doesn’t like pork or mushy peas”. From the staff records we looked at, we saw all of them had completed training in food safety and one had completed training in nutrition and well-being.

People who used the service and their relatives told us, “The food is not bad and we get a choice. Yes, I do get enough to eat, the food is very good”, “The food is lovely. Oh yes, you get enough. It’s nice”, “I like to have porridge for breakfast and a slice of toast. Most of it is alright but I am not particularly keen on tea time. There are two choices, sandwiches or a hot meal. I have sandwiches. You can have another choice. There is enough I have done nothing but put weight on. There is a coffee room and they have biscuits in there”, “They are very nice meals, there are choices. You get enough to eat, there is more than enough”, “The food is marvellous. I am fine with the food there is plenty”, “The meals are not bad at all. There is always a choice. It’s up to you to get what you want. There is definitely enough and there’s always stuff there if you don’t like anything”, “I haven’t eaten with him but if he is eating it, it must be ok and if he doesn’t then they will change it” and “I have eaten with her and the food is fine”.

We saw people who used the service had access to healthcare services and received ongoing healthcare

support. Care records contained evidence of visits from external specialists including speech and language therapy, optician, dentist, chiropodist, tissue viability nurse, nurse practitioner, dietician, GPs, specialist mental health care, community nursing and consultant psychiatrist. People who used the service told us, “The optician comes in twice a year and the dentist has been in”, “I’ve had my eyes tested”, “The chiropodist was in yesterday and I had my feet done” and “I got support when I had to go to the eye infirmary, they sorted it”. This meant the service ensured people’s wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and some areas of the home were designed for people with dementia type conditions. We discussed the design of the home with the manager. She told us about the improvements she was planning to make for example providing visual stimulation, improving contrasting wall and fixture colours, improving signage on doors and walls and providing attractive and interesting memorabilia and artwork for people.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Willowdene Care Home. Everyone we spoke with told us they were happy with the care they had received and they described staff as very kind and compassionate. People and their relatives told us, “The staff are canny”, “Yes, it’s lovely. The nurses have been very kind, they are wonderful. They listen to me”, “I am happy and the staff are kind”, “I am happy with the care. They are kind and they listen to me”, “I am happy”, “They are very attentive” and “He receives excellent care”.

People we saw were well presented and looked comfortable. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity, for example encouraging them to engage in conversation or asking people if they wanted help when they passed them in the lounges or in their bedrooms. People and their relatives told us, “They ask every time they are to do something”, “I ask for support and they always get you what you need” and “The staff are fabulous. He is looked after so well”.

We observed staff interacting with people in a caring manner and supporting people to maintain their independence. We saw staff knocked before entering people’s rooms and closing bedroom doors before delivering personal care. People who used the service and their relatives told us, “They don’t just come into your room”, “Well as far as I know he has independence but he is progressing. I have never had a concern to raise” and “On the whole she receives good care and she is treated with dignity and respect. She is encouraged to keep independent and she is more settled now”. This meant that staff treated people with dignity and respect.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We observed two members of staff aiding a resident to move safely from their chair to their wheelchair in a lounge. Throughout the

transfer from chair to wheelchair the staff helped, unhurriedly, the person to stand and move slowly into a sitting position. Staff constantly reassured the person, until they were seated and comfortable. We also saw a person supported, by a member of staff, to walk from their bedroom to the lounge. The member of staff linked their arm through the person’s arm and encouraged them to walk slowly to the lounge.

We saw the bedrooms were individualised, some with people’s own furniture and personal possessions. The service provided a small “quiet” lounge on the first floor of the premises where visitors and relatives could meet with people who used the service. We asked people and their relatives whether the home welcomed visitors at anytime of the day. They told us, “Yes my family and friends can visit whenever” and “Oh yes, the family can visit”.

A member of staff was available at all times throughout the day in most areas of the home. Staff focussed on the people’s needs. Relatives told us, “In my opinion he is very happy with where he is” and “If there are any issues at all they ring me straight away”. A member of staff told us she felt proud of helping people and that working in the home, “Makes everything worthwhile”.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. A person who used the service told us, “I could have been involved with my care plan if I wanted to and sometimes it’s read out to me”. This meant people had the opportunity to be involved in their care planning.

People were provided with information about the service in a ‘resident guide’ and information on local services was prominently displayed on notice boards throughout the home including, for example, advocacy, dentists, safeguarding, palliative care and healthcare services. We also saw a copy of the registered provider’s newsletter in the reception area. This provided information on the organisation including new homes, events and service developments.

Is the service responsive?

Our findings

At our inspection on 31 October 2014 and 3 November 2014 we identified concerns that the provider had not taken proper steps to ensure people were protected against the risks associated with care records that were inconsistent and not always up to date. This was in breach of Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had ensured improvements were made in this area and these had led the home to meeting the above regulation.

The service was responsive. We looked at care records for four people who used the service. All residents had their needs assessed and there was evidence of review, updating and evaluation although the care plans could be more person centred.

The home used a standardised framework for care planning. This was evidenced across a range of care plans including environmental safety, depression, personal hygiene, elimination, nutrition, pain management, moving and handling, mobility, sleep, physical health care (such as hypertension), medicine, communication, skin integrity, social activity, catheter care and end of life care. Some care plans examined included a document called 'Me and my life' and this document provided insight into the person's personal history.

Each care plan had a risk assessment in place. For example assessments were in place for falls, choking, infection, skin integrity, nutrition, oral hygiene, mobilisation, seeking assistance, use of a hot water bottle and bed rail use. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

All of the care plans we looked at contained a person's photograph and all recorded their allergy status. We saw staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered for example the staff used the, malnutrition universal screening tool (MUST) which is a five-step screening tool to identify if adults were malnourished or at risk of malnutrition. They also used the Cornell scale for

depression which assesses signs and symptoms of major depression in people with dementia. Body maps were used where they had been deemed necessary to record physical injury.

The service employed an activities co-ordinator. We saw the daily activities plan on the notice board. Activities within the home included baking, quiz, board games, hairdressing, pamper, 1:1's, flower arranging, arts and crafts, word search, painting, sing a long, crosswords and painting.

On the day of our visit we observed several people sitting in a lounge watching television, some people in another lounge listening to music and one resident happily helping to put Christmas cards in envelopes. We saw photographs of people participating in activities for example, the annual Summer Fete, Halloween Party and Pony Therapy. We saw planned events for December 2015 were displayed throughout the home and these included an Elvis Christmas Show on 7 December, Holy Communion on 8 December, Christmas Fayre, singer, mulled wine and mince pies on 9 December, Christmas Party, buffet tea and singer on 15 December, school choir on 17 December and a singer on 22 December. There were also cards available in the entrance advertising a social event called 'Hello 2016' to be held on 20 January 2016 for residents, relatives and friends to enjoy a get together with cakes and refreshments.

People who used the service and their relatives told us, "There are things on the television and we go shopping on the minibus", "I would like to go to a show. We have been to the beach on a minibus", "They have a red mat with letters of the alphabet on and you throw a bean bag onto it and you might have to say a girl's name or something like that", "Occasionally they have a minibus and have gone to places like Dalton Park or Seaham", "They have bingo. I make tiles and decorate them with a needle and twine. They have holes punched in so I follow the holes", "If there is a singer in he enjoys that. He sometimes joins in if there is a singer, he enjoys that very much" and "She likes to have a glass of wine on a night and she is supported to have that, she enjoys it". This meant people had access to activities that were important and relevant to them.

All the people we spoke with told us they could make choices about how they wanted to receive the care they needed at Willowdene Care Home. People were encouraged and supported to maintain their relationships

Is the service responsive?

with their friends and relatives. People told us, “I go shopping with my friends” and “Now and again I go to see my family”. This meant people were protected from social isolation.

We saw a copy of the complaints policy on display in the reception area. The people and their relatives we spoke with were aware of the complaints process. They told us, “Yes I would know how to raise a complaint and I would feel comfortable to do so”, “I would definitely feel

comfortable in complaining”, “I know how to complain and I would feel comfortable, I tell them what I think”, “Up to now I have no concerns whatsoever”, “There was a concern raised but my sister dealt with it and it was sorted” and “He is happy, I have no concerns at all and they are marvellous”. We saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Is the service well-led?

Our findings

At the time of our inspection there was a new manager in post who was applying to become registered with CQC. A registered manager is a person who has registered with CQC to manage the service. The manager had been in post since 27 July 2015. The CQC registration certificate and rating inspection report was prominently displayed in the home's entrance.

The manager told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time. She told us about her longer-term improvement plans and demonstrated a commitment to address these matters. For example, developing person centred care plans, recruiting staff and refurbishing the entrance and ground floor dining area.

The manager told us that morale was very low when she arrived and she believed it had improved to a level where it was "Six or seven out of ten". The staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the registered manager or to report concerns. A member of staff told us, "Morale is nine out of ten, before the manager came I would have said two. The manager has made a big difference, she is a lovely lady. You know you can talk to her and she will treat what you have to say in confidence".

We looked at what the manager did to check the quality of the service. Audits were undertaken for health and safety, care plans, infection control, kitchen and dining experience. Most of these were up to date and included action plans for any identified issues. The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 20 March 2015 and had received a certificate from NHS Durham and Darlington in recognition for focusing on undernutrition.

We looked at what the manager did to seek people's views about the service. We saw resident and relatives meetings were held. We saw records of a resident meeting held on 8 October 2015. Seven residents and two staff attended.

Discussion items included the colour theme for the dining room, food, staffing and laundry. People who used the service told us, "I can talk to the manager", "We have a meeting every month", "We go upstairs and we have discussions" and "We did have a meeting when the new manager came. They are also going to have a Christmas meeting, like a tea, when all the family and friends can come in".

We saw the result of a 'resident opinion survey results' from 2014 on a notice board displayed in the entrance to the home. The survey asked questions base on four themes; staff and care, home comforts, choice and having a say and quality of life. Responses were positive.

Staff meetings were held regularly. We saw a record of a staff meeting dated 1 December 2015. Discussion items included DoLS applications, duty of candour, health and safety, infection control, refurbishment 2016, the importance of completing e-learning training, action plans, housekeeping issues, mobile phone policy, staff attitudes and teamwork. Twelve staff attended. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition policy referred to the National Institute for Health and Care Excellence and the Department of Health guidelines and the equality and diversity policy referred to the Equality Act 2010. The registered manager told us, "Policies are discussed during staff induction to ensure staff understand and apply them in practice". We observed staff signatures on these documents to confirm that staff had read them.

On the day of our visit we saw there was a problem with the lock on the cupboard used to secure people's care files. We discussed this matter with the manager who addressed it at the time of our inspection. Records were maintained and used in accordance with the Data Protection Act.