

Willowbrooke Residential Home Limited

Willowbrooke Residential Home

Inspection report

1-3 Todd Lane South
Lostock Hall
Preston
Lancashire
PR5 5XD

Tel: 01772626177

Website: www.willowbrooke.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection at Willowbrooke Residential Home on 15 and 17 March 2017.

Willowbrooke Residential Home is a residential care home providing personal care for older adults. They provide care for a maximum of 19 people. The accommodation is over two floors with a passenger lift to both floors. Communal areas comprise of one lounge area, a conservatory and a dining room. There is an enclosed garden and a car park. The home is located in Lostock Hall, near Preston and is situated close to local shops and amenities. There were 19 people who lived there at the time of our inspection.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

At our last comprehensive inspection on 4 December 2015, we found the provider was not meeting three regulations. We therefore asked the provider to make improvements to safeguarding people from abuse and improper treatment, safe care and treatment and seeking people's consent. Following the inspection, we asked the provider to complete an action plan indicating how and when they would meet the relevant legal requirements. They did not send us the completed action plan.

During this inspection we reviewed what actions the provider had taken to improve the service. We saw that significant work had taken place since our last inspection to improve the safety, effectiveness and quality of the service. However, some further improvements were required in respect of medicines management and planning for people's care. Improvements made in relation to seeking people's consent and systems, governance and processes for assessing the quality of the service were not enough to ensure compliance with regulations.

We found the service continued to be in breach of two regulations under the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. The breaches were in respect of Regulation 12, safe care and treatment and Regulation 11, seeking consent. We also found a breach of Regulation 17, good governance. This included shortfalls in the effective managements of environmental risks within the service and a failure to implement systems and processes for auditing and assessing the quality of the care. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Before this inspection, we had received some concerning information in relation to poor personal care, dignity and respect, and lack of knowledge and skill to care for people living with dementia. We looked into these areas during the inspection.

Feedback from people and their relatives regarding the care quality was overwhelmingly positive. Views

from all the visiting professionals we spoke with were positive.

People who lived at Willowbrooke Residential Home told us that they felt safe and there was sufficient staff available to help them when they needed this. Visitors and people who lived at the home spoke highly of the registered manager, staff and the nominated individual. They told us that they were happy with the care and treatment.

Since the last inspection in December 2015, a new care plan system had been introduced and this had led to an improvement in the way people's care records and risks assessments were written.

There were up to date policies and procedures in use by staff however they had not always been followed.

We saw copies of satisfaction surveys that had been completed by people who lived at the home. The majority of these surveys demonstrated people thought their care and the staff who supported them were excellent.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found there were policies and procedures on safeguarding people. Staff had received up to date training in safeguarding adults; they showed awareness of signs of abuse and what actions to take if they witnessed someone being ill-treated.

Safeguarding incidents had been reported to the relevant safeguarding authority. Staff had documented the support people received after incidents. Staff had sought advice from other health and social care professionals where necessary. There were risk assessments which had been undertaken for various areas of people's needs. Plans to minimise or remove risks had been written however; these had not always been analysed for patterns and trends.

The level of staffing on the day of the inspection was sufficient to ensure that the current number of people who lived at the home had their needs met in a timely manner. Systems were in place for the recruitment of staff and to make sure the relevant checks were carried out before employment.

Staff had received regular training in the safe management of medicines. On the day of the inspection we observed that oral medicines were administered safely and in a person centred manner. Records for oral medicines and audits had been completed. However, we found people's other medicines had not been managed safely. This was because the service had not effectively managed records relating the needs of people who required topical creams and thickeners. We found records relating to medicine administration and thickeners had not been adequately completed to show whether people had received their medicines. Medicines audits had not been undertaken for topical creams.

People were protected against the risk of fire. Staff had received fire safety training and regular fire safety inspections had been undertaken. However the building fire risk assessment was not present on the premises for us to check and fire drill practices had not been undertaken to prepare staff for evacuation. We informed the local fire safety agency of this.

There was an infection control policy and the environment had been kept clean and decorated to a high standard. People's bedrooms were personalised to their tastes to reflect their choice.

The systems used in the recording of information about seeking people's consent and undertaking mental capacity assessments when the planning for their care had not improved since the last inspection. We found

care planning was not done in line with Mental Capacity Act 2005 (MCA). However, staff showed awareness of the MCA and how to support people who lacked capacity to make particular decisions. Staff had received mental capacity training.

People who lived at the home had access to healthcare professionals as required to meet their needs.

Staff had received induction, supervision and appraisals. The provider had provided staff with appropriate support, training and professional development.

We found improvements in the way care plans had been written and organised. Care records were written in a person centred manner. People who lived at the home and their relatives told us they were consulted about their care. The provider had sought people's opinions on the quality of care and treatment being provided. This was done through relatives and residents meetings and annual surveys.

People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

People were supported with meaningful daytime activities. However, there were no meaningful activities on either day of the inspection. There was an activities co-ordinator employed and the service.

The environment within the home had been adapted to make it as enabling an environment as possible for people who lived at the home.

Management systems in the home required some improvements. Internal audit and quality assurance systems were in place. However; they had not been effectively implemented to assess and improve the quality of the service and to proactively identify areas of improvement. Care files, staff files, some medicine administration records and environmental checks had not been audited.

The visions and values of the service had been shared with staff, people and their relatives. The organisation's own policies and procedures had not always been followed to guide practice.

Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and felt that they were supported by management to do their work.

There was a contingency plan to demonstrate how the provider would respond to eventualities which may have an impact on the delivery of regulated activities. However, this needed improvements.

People felt they received an excellent service and spoke highly of their staff. They told us the staff were kind, caring and respectful and that their dignity privacy and confidentiality was maintained.

We found the service had a policy on how people could raise complaints about care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not consistently safe.

People and their relatives felt they were safe. Feedback was overwhelmingly positive.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place. Environmental risk assessments were not robust.

People's medicines had not been safely managed because staff did not always sign medicines records and procedures for managing topical creams were not robust. Staff had been trained for safe administration of medicines.

Staff had been safely recruited and disciplinary measures were in place.

Requires Improvement ●

Is the service effective?

This service was not consistently effective.

People's capacity to consent to their care was not always recorded in line with the Mental Capacity Act 2005 principles.

Staff had received training supervision and appraisal.

People's health needs were met and specialist professionals were involved appropriately. People's nutritional needs had been met.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they

Good ●

supported.
People had been supported to plan for their end of life care.

Is the service responsive?

The service was responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve. Care plans reflected people's needs.

The provider had gained the views of people who used the service and their representatives.

People had been provided with appropriate meaningful day time activities and stimulation to keep them occupied.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment.

Good ●

Is the service well-led?

The service was not consistently well led.

There was a positive and team culture within the staff team. Staff, people and their relatives spoke highly of management. The provider was very committed to deliver quality care.

There were governance systems within the service. Management oversight had not been effectively provided to monitor the overall running of the service.

Systems for assessing and monitoring the quality of the service were not robust.

There were up to date policies, however these were not always followed to inform practice and meet regulations.

We found shortfalls relating to people's safety, in relation to medicines and managing risks, seeking people's consent. Systems for assessing and recording people's capacity to consent were not effectively.

Requires Improvement ●

Willowbrooke Residential 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 15 and 17 February 2017, the first day was unannounced.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we sought feedback from seven health and social care professionals who visited the service. Two professionals provided us with feedback. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us. We reviewed information from the local authority, also information that had been shared with us from other professionals. We also looked at comments and feedback provided by relatives and visitors of people who lived at Willowbrooke Residential Home on the care review website.

During the inspection, we used a number of different methods to help us understand the experiences of

people who lived in the home. We observed people's care and spent time talking with six people who lived at the home and five relatives to gather their views on their experience of the care and support provided by the service. We also spoke with four care staff, the deputy manager and the owner. We reviewed records and management systems and also undertook observations of care delivery.

We looked at care records of six people, three of which we pathway tracked. Pathway tracking is where we look in detail at how people's needs are assessed and care planned whilst they live at the home. We also looked at a variety of records relating to the management of the service. This included staff duty rosters, 12 medicine administration records, five recruitment files, the accident and incident records, policies and procedures, service certificates, minutes of residents and staff meetings, and maintenance records.

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. Comments included, "I feel very safe here, I can leave the door (bedroom) open night and day, I never feel lonely.", "Overall I am very happy, I feel safe and if anything happened there would be somebody to do something for me."

Relatives felt that their family members were safe. Comments included; "Once she's here, I can relax all the time knowing she's safe.", "I have no concerns at all, they've come to me, for example when my [family member's] eyesight was deteriorating, they (management) say we'll have a review, and every time I come in they (staff) will catch me to update me." And; "My [family member] is very settled and feels important in her new world which no longer frightens her."

A visiting professional told us; "I have no concerns and feel confident with the staff here", "They know how to protect people."

At the last inspection, we found the provider's arrangements for managing medicines did not protect people against the risks associated with medicines. We also found that the risks associated with the environment had not also adequately managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people were not protected because the service had not always made safeguarding referrals in line with their policy and procedure. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we asked the provider to send us an action plan which set out the action they intended to take to improve the service. The provider did not complete this.

During this inspection we found that Willowbrooke Residential Home had made a number of improvements in medicine handling, stock management and administration and managing safeguarding concerns. However people were still not fully protected against the risks of not receiving their medicines as prescribed and systems for managing and monitoring environmental risks were not robust.

We looked at the arrangements in place for managing people's medicines. People were satisfied with the way their medicines were managed and were supported to administer their own medicines wherever possible. Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures which were readily available for reference. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medication.

As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medicines administration records for oral medicines were well presented and organised. Since our last visit, the storage of some external medicines such as creams had been moved to locked cupboards in people's bedrooms. Controlled drugs were stored in a suitable locked cupboard and access to them was restricted with appropriate checks in place.

Medicines audits (checks) were in place and we saw monthly checks carried out by the registered manager and annually by an external pharmacist. Staff who administered medicines had received suitable training to allow them to carry out their duties safely.

There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy.

However, we found shortfalls regarding systems and processes for the recording of thickening powders used to thicken fluids for people with swallowing problems. The records had not been signed to demonstrate what people had received and that the prescription directions had been followed. The records had not been checked to see whether they had been completed appropriately to show that people had received their thickeners.

We also found shortfalls in the management of records relating to topical medicines, such as creams. Records showed that medicines administration records (MAR) for topical creams had not been consistently signed to demonstrate that staff had applied the creams where required and as prescribed. This meant it was not possible to determine if the prescribed creams had been applied correctly or applied at all. We looked in four people's records and found there were gaps of up to five days where administration records for creams had not been signed. Cream charts and body maps had been introduced which showed where to apply the creams however these had not always been completed. Medicines audits had been undertaken for oral medicines however, records relating to the administration of topical creams had not been audited which meant that errors could not be identified. This did not comply with the organisation's own policy.

We spoke to the registered manager regarding these shortfalls and they immediately contacted the local pharmacist to seek guidance on managing topical cream records. They also advised they would be introducing a more robust audit system in line with the service's own policy and best practice. Medicines errors had been identified and the registered manager had taken action to address these with staff involved. However; this was not always consistent and needed to be improved.

We looked at how people were supported following significant incidents or accidents such as falls. We found accident and incident forms had been completed following incidents and medical attention was sought in a timely manner. Staff had carried out observation following falls. We however found these records had not been audited and in some instances staff had not recorded what support or advice they had sought after people had suffered unwitnessed falls that involved head injuries. We spoke to the registered manager and they assured us that these records would be overseen in future and procedures for unwitnessed head injuries would be changed immediately.

Water temperatures had been monitored and checks for legionnaire's disease were regularly undertaken. However; we identified that water in people's bedrooms had been recorded to be below safe limits during recent checks. This had not been reported to the registered manager to ensure it was corrected in a timely way. This had been a concern during our last inspection in December 2015. We spoke to the registered manager and the deputy manager and asked for this to be rectified immediately.

There were failings in governance. The provider could not always demonstrate that systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to individuals and the service had been managed. This helped to protect people's safety and rights to freedom and independence. We found individual risks had been assessed and recorded in people's care plans and management strategies had been developed to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, falls, tissue viability and malnutrition and dehydration. Records showed that risk assessments and care plans were reviewed on a monthly basis.

We looked at how risks around the premises were managed and found the premises had been maintained to a high standard. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, hoists, wheelchairs, passenger lift and assisted baths. Fire alarms had been tested regularly. Staff had received fire safety training and knew how to assist people in the event of a fire. However, fire evacuation drills were not undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire. The organisation's policy states that 'fire drills should be held at regular intervals and preferably every six months or whenever there is a substantial change in staff levels or turnover'.

The fire risk assessment and records of emergency lighting tests were not available for us to review on the day of inspection. We spoke to the owner who informed us that the risk assessment was with the handyman and was not kept at the home. We could not be assured that a building and fire risk assessment had been completed. Following the inspection we referred the service to the local fire safety service.

We found there were plans in place to respond to any emergencies that might arise and these were understood by staff. The provider had devised a continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. This needed to be improved to ensure it covered all eventualities.

There was a lack of robust environmental risk management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate safeguarding policy and procedure in place which included the relevant contact number for the local authority. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw from the staff training records that all staff had completed safeguarding training when they began working for the service. Established staff completed refresher training every year and safeguarding procedures were discussed regularly during individual supervision and group meetings. This helped staff to make the correct response in the event of an alert. Our records showed the registered manager was aware of her responsibilities and had reported any safeguarding concerns appropriately to the local authority. The registered manager was designated as a Safeguarding Champion. They were responsible for attending regional safeguarding meetings with the local health commissioning group and sharing good practice around safeguarding with all staff in the home.

Before the inspection we had received concerns regarding the level of care people received. We shared the concerns with other professionals at the Local Authority Safeguarding Enquiries Team. At the time of our inspection some investigations had been undertaken and part of concerns had not been substantiated. However one of the concerns raised had been partially substantiated. Recommendations had been made by the safeguarding professionals for the provider to consider. We found these recommendations had been followed.

We looked at how the provider managed staffing levels and the deployment of staff. We requested a month's staffing rotas including the week of the inspection. We found the rotas indicated there were sufficient staff available for the 19 people who lived at the home. The registered manager was on duty five days a week to oversee care and senior staff or the deputy manager were on the day shift across the week and at the weekend to help supervise staff. There were two staff on duty at night.

The registered manager told us that the staffing levels were kept under review and were flexible in response to the needs and requirements of the people who lived at the home. This monitoring of staffing against dependency would be essential when people's needs changed and more staff were needed to meet people's individual needs.

Several new staff had been appointed since we last visited the service. We looked at the records of five staff members employed at the service. We saw that all the checks and information required by law had been obtained before staff had been offered employment in the home.

The provider had a recruitment policy in place and this was followed by the registered manager and their deputy. Applicants for jobs had completed application forms and been interviewed for roles within the service. In addition to the interview, appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. The provider had a disciplinary procedure in place to respond to any poor practice. All records seen met the current regulatory requirements. This meant the provider had taken appropriate steps to ensure only suitable staff were employed to work in the home.

We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. The premises were kept clean and maintained to a high standard. No malodorous smells were present in the premises. There were policies and procedures for the management of risks associated with infections. People told us staff wore their uniforms and gloves and disposed of used gloves appropriately. Staff told us how incidents of outbreaks had been dealt with to protect people.

Is the service effective?

Our findings

People and their relatives told us they felt the staff were appropriately trained and had the necessary skills and abilities to meet their needs. Comments included; "I'm confident with the staff, no complaints on that score, staff are always very helpful." Another person told us, "Meals are very good, more interesting than in hospital, limited but reasonable choice, certainly adequate for me." And; "Food is fine; I can have special requests and feel free to ask for anything." Comments from relatives included, "The home is spotless with freshness that I didn't find anywhere else", "The rooms are kept beautiful with a team of cleaning staff." And: "I'm very confident with staff, my relative wouldn't be here if I wasn't."

At our previous inspection of Willowbrooke Residential Home in December 2015, we found the service had not taken effective action to ensure people's capacity to consent to care was taken into consideration. This was because staff had not kept records of how they had considered people's mental capacity. Staff lacked an understanding of the principles of the Mental Capacity Act, 2005 (MCA) and had not received training. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). After our last inspection we asked the provider to send us a report telling us the actions they had taken to ensure people's consent was considered. The provider did not complete this.

During this inspection we checked to see what improvements had been made to ensure compliance with regulation 11 of the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. Improvements made by the service were not sufficient to demonstrate that they had met the requirements of the regulation.

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 make 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 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff had a clear understanding of their responsibilities under this legislation. Staff said they always asked for people's consent before providing care. They had received training in assessing and working within the principles of the MCA 2005. The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection no applications had been made to the local authority for consideration as this had been deemed not necessary. This was an improvement from our inspection in December 2015.

However; we checked the care records of six people and found that the home had not formally recorded how they had considered people's mental capacity. We saw people had not signed a form to give their

consent to their care being provided in line with their care plan and where necessary staff assisting with their medicines. Forms that were supposed to be completed and signed by people to confirm that they were involved in all aspects of their care and support had not been signed. We spoke to the registered manager regarding these shortcomings and they informed us that they had started to work on this. They immediately sought support from specialists in the MCA and DoLS from Lancashire County Council. After the inspection we were informed by the registered manager that all people had been assessed and required records of their mental capacity had been completed. However; these shortcomings had been identified during our previous inspection in December 2015.

We concluded that the provider had failed to demonstrate that staff obtained consent lawfully. Therefore this is a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

We looked at how people who lived in the home were supported with eating and drinking. All of the care plans we looked at contained information on specific dietary needs, preferences and any intolerances. People who lived at the home had an individual nutritional assessment and records were made of people's weight in order to monitor for changes or fluctuations which may require medical advice. There was also information on people's dietary needs such as diabetic diets and soft meals. People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "There is always a bowl of fruit on the trolley (that goes around the home), tea, coffee, biscuits, sometimes cake and Horlicks at night. They will do you a piece of toast if you wanted." Refreshments and snacks were observed being offered throughout the day. These consisted of a mixture of hot and cold drinks and a variety of biscuits and fruits.

Weekly menus were planned and rotated periodically and were flexible to allow people to have choice. Records we saw showed that any suggestions for change of menu were taken into consideration. We noted information about the meals was displayed and information on people with special dietary needs had been shared with kitchen staff. We observed the lunchtime period and observed staff supported people appropriately to eat their meals. Staff ensured people had drinks and these were topped up when required. Staff engaged people in conversation and the atmosphere was cheerful and good humoured.

We looked at how the provider trained and supported their staff. We found all staff completed induction and training when they commenced work in the home. This included an initial orientation induction, training in the organisation's policies and procedures, training required for the role and where appropriate the Diploma in Health and Social Care. New staff were also given copies of pertinent policies and procedures, for instance the whistleblowing and safeguarding vulnerable adults procedures.

There was an ongoing programme of training available for all staff, which included safeguarding vulnerable adults, moving people, safe handling of medicines, health and safety, Mental Capacity Act 2005; person centred planning and dementia awareness. We looked at the staff training records and noted staff completed their training in a timely manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to people. All staff spoken with told us their training was beneficial and relevant to their role.

Staff spoken with told us they were provided with one to one and group supervisions with the registered manager. We saw records of supervision during the inspection and noted a variety of topics had been discussed. The registered manager explained staff were offered up to three supervisions per year and an annual appraisal of their work performance in line with the provider's policy and procedures. We noted staff were invited to attend meetings and told us they could make suggestions as they wished. We saw detailed minutes of the staff meetings during the inspection and noted a broad range of topics had been discussed.

Staff felt that meetings could be provided more frequently. We informed the registered manager and they informed us they would consider this.

Staff told us they felt that the team at the home worked well together. One staff member told us, "We have a strong team here."

People were supported to maintain good health and had access to health care support. Where there were concerns, people were referred to appropriate health professionals. We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such as the district nursing team, physiotherapists, occupational therapists and speech and language therapists. We noted a nurse clinician visited the home on a weekly basis to provide a proactive health clinic. The professional told us; "Yes I run a proactive health clinic weekly in the care home. This enables residents and staff to identify anyone who may be feeling unwell so intervention can be timely and try and avoid a hospital admission."

People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. This helped staff to recognise any signs of deteriorating health. Staff had been provided with guidance on people's conditions and how these conditions affected people and how staff were to support people. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at the premises and people's bedrooms and found they were clean, warm, well presented. People had personalised their bedrooms with their own possessions. One person told us; "I have my own chair from home, dresser and pictures, they always say it's your home, do what you want." The provider had adapted the premises and environment to ensure it was suitable for people who lived at the service.

Is the service caring?

Our findings

People told us the staff treated them with respect and kindness and were complimentary of the support they received. Comments included, "The staff are always very helpful", And; "The staff are patient and kind."; "I am involved all the way through with my care plan and reviews."

One relative commented; "They have a hairdresser visiting every Wednesday which is so important to ladies who value their dignity. However more importantly, every member of staff really cares about the precious people they are tasked to look after." And, "The staff are extremely caring, patient and take a personal interest in the individuals they are caring for."

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the two days of our inspection and noted they were offered refreshments.

We found Willowbrooke Residential Home had a friendly and welcoming atmosphere. We observed staff engaging with people in a warm and friendly manner. We also received positive comments about the caring nature of staff from healthcare professionals. One healthcare professional told us, "The staff in the home are very caring and responsive to the needs of those residents in their care." Another professional told us; "Before working with this service I would not think of putting my mum in a care home but I will not think twice if they are coming here."

People told us they chose where to spend their time, where to see their visitors and how they wanted their care to be provided. A visitors' lounge was provided to ensure people could spend time with their visitors privately. People told us and we saw from the records, that people were able to follow their own beliefs. We saw one person had decorated their own bedroom to suit their own belief and support was available for them to attend church in the community regularly.

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. One person commented, "I can spend as much time as I want in my room." People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocked on bedroom doors before entering and ensured doors were closed when people were receiving personal care.

We spoke with some people in their bedrooms and saw these had been made personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. One staff member told us; "I would not talk to people about their health or medication in front of others, it's their business." One professional said, "I have observed privacy offered when people have visitors."

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves while

walking. Staff were always available in case people needed assistance. For example we saw one person walking with staff following them closely behind with a wheelchair in case they needed to sit down. One person said, "We can do whatever we want." Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to be self-caring and independent."

We observed that people were encouraged to express their views and opinions during daily conversations. Residents meetings were held; this provided the opportunity for people to make suggestions, be consulted and make shared decisions. Records kept of meetings showed various matters had been raised and discussed with people. We saw copies of satisfaction surveys that had been completed by the people. These surveys demonstrated people thought their care and the staff who supported them were excellent. We saw evidence where people had suggested changes to their menu and this was taken into consideration.

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints procedure and other useful information.

There was a statement of purpose of Willowbrooke Residential Home. This provided people with brief information about the services and facilities available, including; the staffing arrangements, the aims of the service and the complaints procedure. The aims of the service made reference to involving people with all aspects of daily living, maintaining people's rights to privacy, dignity, choice, independence and fulfilment.

The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people who lived at the home. They had been trained in providing care with dignity and respect. Staff were aware of the need to treat people as equals and recognised people's human rights. One relative commented; "In the main, the staff are caring and compassionate but also encouraging and respectful"

We found evidence of end of life care plans in people's records. Staff had been provided with training on how to care for people towards the end of their life. This meant that people could be assured they would receive end of life care in line with their wishes.

Is the service responsive?

Our findings

People made positive comments about the way staff responded to their needs and preferences. One person told us, "Carers help me as much as I want or as little as I want." Another person told us, "Good afternoons, we had china tea party and we had garden party that was packed inside and outside, absolutely lovely and I won a cup for singing.", "We have dominoes and bingo, it's nice to join in, craft afternoons, cards, decorations that kind of thing. We had one or two trips out, Brockholes Nature Reserve, and Blackpool illuminations."

Relatives felt that staff were approachable and had a good understanding of people's individual needs. One relative said, "We can say from our personal experience that the home is well managed, the staff are friendly and dedicated to achieving the highest standards of caring for elderly people, and they provide almost daily activities to keep the residents engaged and entertained." And; "We are so pleased with Willowbrooke, it really is quite a special place. It is beautifully decorated, spotlessly clean and always smells fresh, the atmosphere does not have the staleness of so many care homes we looked at." Another relative said; "The home is kept spotlessly clean and always smells pleasant. It is also beautifully decorated. Mum enjoys the food there; they seem to have a good chef. All these things are important for us and the residents."

One professional told us; "The staff in the home are very caring and responsive to the needs of those residents in their care. The documentation and communication is excellent and this care home in particular is one I would recommend."

We reviewed how the service aimed to provide personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager and deputy manager described the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and others, such as their families, social workers and health care professionals. Where possible people were encouraged to visit, to see the facilities available and meet with other people and staff. This would help people to become familiar with the service before making a decision to move in. Some people had experienced the service by staying on a short term basis. During the inspection we saw one person who had come to spend a day at the home to familiarise themselves.

There was a significant improvement in people's care plans since our last inspection. We looked at six people's care plans. The care plans were organised, detailed and clearly written. They also included people's personal preferences, life histories, and aspirations. Care staff told us they had full access to this information. All people had a new style care plan, which was supported by a series of risk assessments. The plans were split into sections according to people's needs and were easy to follow and read.

All files contained a one page profile and details about people's life history and their likes and dislikes. The profile set out what was important to each person and how they could best be supported. We saw evidence to indicate the care plans had been reviewed and updated on a monthly basis or in line with changing needs.

There were ongoing discussions about people's needs and well-being; this included regular staff 'handover' meetings. We noted two of the reviews we checked needed more detail and the registered manager informed us they would ensure this happened.

People confirmed they had been involved in the development of their care plan and we noted some people had signed their reviews to indicate their participation and agreement. A relative also confirmed they had been consulted about their family member's care. The relative said, "If there are any issues arising with [relative], Willowbrooke are always quick to either contact me or my cousin who lives in Preston and accompanies [relative] if she needs to go to hospital."

Daily reports provided evidence to show people had received care and support in line with their care plan. We noted the records were detailed and people's needs were described in respectful and sensitive terms. We also noted charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour.

People had access to various activities and told us there were things to do to occupy their time. The provider had employed an activities coordinator and we noted a schedule of activities was posted on the wall in each area of the home. Forthcoming events were advertised well in advance to allow families to plan. The activities included trips out, armchair exercises, quizzes and one to one activities.

People told us they enjoyed the activities. One person said; "We do exercises, the lady (Activity Coordinator) is really good, everything is safe, we can play for a couple of hours, we all like her, she makes it sound so easy, you don't feel a fool doing it, the exercises are good." And; "We went out for a meal at Christmas, Walton Fox, anyone could go. Plus we have tea afternoons and a singer." On the two days of the inspection, we observed there were no activities. The registered manager explained she had asked people and people did not want activities when the activity coordinator was on leave. There was a minibus which was used to transport people to various trips of their choice.

We reviewed how the service responded to complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. People had been fully informed on how to make any complaints and were given detailed information on how or who to contact. The procedure was on display on the notice board and in the statement of purpose. People we spoke with confirmed they knew how to make a complaint. We saw a significant number of compliments which were sent by people to the service and also left by people on the provider's website. We saw people had made positive and complimentary comments about the service. Comments included; "If I had a complaint I would tell [Name removed and her deputy]. I feel comfortable talking to them and feel confident they would take on a complaint."

Is the service well-led?

Our findings

The home had a registered manager in post as required by their registration with the Care Quality Commission (CQC). We received overwhelmingly positive feedback from people and their relatives regarding management and the provider. Comments from people included; "[name removed (owner), if he's in, will come and ask me if everything's alright.", "In our opinion, the owners and staff at Willowbrooke should be commended for the high standards they achieve and the welcoming, friendly and caring environment they create, and be taken as an exemplar for other institutions." Another relative said, "The home is run by a family who employ a professional manager on a day to day basis. Having said that the family members are very involved and are often there making sure all is kept up to standard."

We also received overwhelmingly positive feedback from staff. Comments included: "Management are open, honest and approachable", "They are supportive, I can tell them anything and I know it will be kept confidential", "They do listen to you and take action", And: "They take into consideration your views and if you need training you get it."

Staff told us there was a positive culture within the service and everyone got along well. They informed us they felt supported to do their job and were equipped with skills and knowledge as required.

Our observations were that the provider was committed to provide a high standard of care. This was demonstrated by the investment in time and resources on the premises. They had maintained high standards of hygiene and adaptations within the home and were willing to take further action to improve the service. They acknowledged that improvements were required to ensure the service achieved compliance and standards that can be sustained and evidenced going forward.

At our inspection in December 2015 we recommended that the service considered improved systems for quality assurance including completion of comprehensive audits for key areas of health and social care provision at the service. We looked to see if improvements had been made. We found formal audits had been done for oral medicines and an external pharmacist had completed an annual audit however we found shortfalls in a number of areas. These included topical medicines records, care files, health and safety checks, staff recruitment files and accident and incident forms. Audits of these areas had not been completed which meant that we found concerns that the provider had not identified before the inspection.

Following the inspection in December 2015 where we found three breaches of regulations we asked the provider to complete an action plan indicating how and when they would meet the relevant legal requirements. They did not send us the completed action plan. This meant that they had not complied with a regulatory requirement from the Care Quality Commission. During this inspection we identified repeat breaches of regulations relating to medicine management and seeking consent. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

A wide range of up to date policies and procedures were in place at the service. These were meant to

provide staff with clear information about current legislation and good practice guidelines. However we found the policies and procedures had not been followed to inform practice and ensure compliance with regulations and best practice.

There were systems in place to record accident and incidents. However the provider had not formally analysed the information which meant that trends and patterns could not be identified and acted on in a timely way. Staff and people who lived at the home had completed satisfaction surveys. However, the provider had not formally responded to the findings and feedback received. We spoke to the registered manager and they informed us that they have always responded to individual events however they will now formalise this and do a whole service analysis and share outcomes with people and staff.

Support arrangements for the registered manager had been provided. This included visits by the nominated individual to the service, their involvement with all major decisions and their regular contact availability. However our findings during the inspection were that these arrangements were informal. This meant that processes were lacking in effectively demonstrating that the provider had structured oversight of the service. Although they visited and supported, the shortfalls we found demonstrated that the provider's involvement in the quality assurance processes and oversight of the registered manager was not robust. We spoke to the owner and the registered manager about this and they informed us that after the inspection they would appoint a company to provide oversight of the service on behalf of the provider.

The provider failed to maintain good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

The registered manager and the deputy manager were visible and active within the home. They regularly worked alongside staff and had a detailed knowledge of people's needs, preferences and backgrounds. They were observed to interact warmly and professionally with people, relatives and staff. People were relaxed in their company and it was clear they had built a rapport with them. The registered manager operated an 'open door' policy which meant people and members of staff were welcome to go into the office to speak with her at any time. Staff told us they felt confident in the management of the home. The staff members spoken with said communication with the registered manager was good and they felt supported to carry out their roles in caring for people.

Management were committed to their own learning and development to achieve high standards. For example we noted the registered manager had written on their PIR "The Manager and Deputy Manager have made good steps in gaining information and knowledge to be able to work to provide a high standard of care and service. CQC An Inspector Calls 1 day workshop, Safeguarding Champions Workshop, Hydration tool kit for Care Homes, St Catherine's Hospice End of Life training completed by the Managers."

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication was described by staff as being "excellent", with regular staff meetings, handover every day, group supervisions, a communication book and notice board. We looked at the minutes of a recent staff meeting. Topics discussed included reminders for staff to ensure people were offered their medicines; bedrooms kept clean and signing medicines administration records appropriately.

People were actively encouraged to be involved in the running of the home. We saw residents meetings were held and minutes of recent meetings showed a range of issues had been discussed. People commented on the quality of the service, food and their environment. We saw changes that were made following suggestions by people. There was a regular newsletter which provided people with up to date information on events in the home.

We saw evidence to demonstrate that the management and leadership at the home worked in partnership with other agencies to improve the quality of the care they provided. For example we noted the registered manager had written on their PIR, "The Manager and Deputy Manager attend regular Managers meetings in the local area. People who attend these meetings are GP surgeries, Nurse clinicians, prescription clerks, care home managers and Deputy Managers. These meetings are very informative and cover a wide range of useful topics that play a part in the running of a care home."

We checked to see if the provider was meeting CQC registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had fulfilled their regulatory responsibilities. Incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, CQC had been notified. Maintenance checks were being done regularly by staff and records kept. We discussed the need to ensure documents relating to the running of the home were kept on site and in an organised and secure manner and in a way that they were accessible to staff who deliver care.

The service had a contingency plan to show how they would deal with unplanned events that affect the delivery of regulated services. This required improvements to ensure it covered all eventualities.

We spoke with the nominated individual and the registered manager during and after the inspection. Both were responsive to any issues raised and proposed courses of action to make necessary improvements. Following the inspection we asked the provider to send us information on how they intended to address the concerns we found. They responded with a plan of how they intend to resolve the concerns we found.

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 The provider had failed to ensure medicine management systems were effective to ensure people receive their medication safely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that legal consent for care and treatment was obtained from people who used the service.-Regulation 11 HSCA RA Regulations 2014 Need for consent

The enforcement action we took:

Regulation 17 HSCA (RA) Regulations 2014 Good governance

A warning notice was served under Regulation 11, (1) (2), Need for consent

The provider did not ensure care and treatment was provided with the consent of the relevant people by ensuring people's capacity was assessed where there was evidence they may lack capacity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to protect service users and others against the risks of inappropriate or unsafe care because they did not have effective systems to regularly assess and monitor the quality of services provided and identify, assess and manage risks relating to the health, welfare and safety of service users. There was a lack of management oversight, as there was no evidence to demonstrate the registered manager had reviewed or audited the record. There was no formal analysis of the reported incidents to identify trends which could be used as an aid to learning and delivering a quality service. We found that the provider was not able to provide adequate oversight, governance and supervision to staff and oversee the general running of the service, including ensuring the

service was meeting regulatory requirements.

There was a failure to continually evaluate and seek to improve governance and auditing systems at the service.

There was a failure to send to the Commission, a written action plan within 28 days setting out how the service planned to meet regulations that had been breached during the inspection in December 2015.

The enforcement action we took:

Regulation 17 HSCA (RA) Regulations 2014 Good governance

A warning notice was served under Regulation 17 (2) (a) (b) (c) (e) (3)

We found that the provider was not able to provide adequate oversight, governance and supervision to staff and oversee the general running of the service, including ensuring the service was meeting regulatory requirements.

The provider was not able to provide adequate oversight, governance and supervision to staff and oversee the general running of the service.