The Willows Home Limited

The Willows

Inspection report

74 Station Street
Rippingale
Bourne
Lincolnshire
PE10 0SX

Tel: 01778440773
Website: www.thewillowscarehome.co.uk

Date of inspection visit:
30 November 2016

Date of publication:
19 December 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 30 November 2016 and was unannounced.

The Willows provides personal care and accommodation for up to 30 older people and people living with dementia. On the day of our inspection there were 28 people using the service.

The Willows is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a registered manager was in place.

During our previous inspection on 15 July 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to care not always being provided or delivered to meet people's needs and the provider had not notified us of safeguarding incidents.

During this inspection we checked to see whether improvements had been made. We found improvements had been made and this breaches in regulation had been met. People received care and support that was personalised to meet their individual needs. The provider had notified us appropriately of any safeguarding incidents as required. .

Staff were aware of their responsibilities to protect people from avoidable harm. Staff had received adult safeguarding training and had available the provider's safeguarding policy and procedure.

Risks to people's individual needs and the environment had not always been assessed. Concerns were identified with risks associated to a fish pond close to a door exist. The registered manager took immediate action and completed a risk assessment. Risks associated to people's healthcare needs had not always been appropriately assessed and recorded. However, staff were aware of how to manage these risks; the issue was that of recording. The registered manager completed appropriate care plan documentation and risks assessments and forwarded these to us after the inspection.

Accidents and incidents were recorded and falls were analysed to review themes and patterns. External healthcare professionals were contacted to provide further assessment and support when concerns were identified.

Safe recruitment practices meant as far as possible only suitable staff were employed. The provider was recruiting additional staff but the deployment of staff was not consistent. The provider took immediate action and reviewed how staff were deployed. Appropriate adjustments were made to ensure people received the level of support they required to keep them safe at all times.

People received their medicines safely but some improvements were required to ensure the management of medicines followed good practice guidelines. The temperature of the medicines fridge was taken daily but not the medicines room. People's records did not include information about how they liked to take their medicines. Protocols were not in place for medicines prescribed to be taken as and when required. The systems in place to audit that medicines were administered and managed safely were infrequent. The registered manager took immediate action to make improvements and after the inspection forwarded us information to confirm what action they had taken.

Staff received an appropriate induction, training and appropriate support.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. Where people lacked mental capacity to consent to specific decisions about their care and support, appropriate assessments had been completed but improvements were required to ensure best interest decisions were made in line with this legislation. Where there were concerns about restrictions on people's freedom and liberty, the manager had appropriately applied to the supervisory body for further assessment.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. The menu showed that alternatives were available to the main meal option if required. People's independence was promoted as fully as possible.

People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service. External healthcare professionals were positive about how the service met people's individual needs.

Staff were kind, caring and respectful towards the people they supported. They had a clear understanding of people's individual needs, routines and what was important to them.

The provider enabled people who used the service and their relatives or representatives to share their experience about the service provided.

People were involved as fully as possible in their care and support. The provider's complaint policy and procedure and information about independent advocacy information was not on display for people. However, the registered manager took immediate action and forwarded us this information after our inspection to confirm this had been displayed for people.

People received limited opportunities to participate in activities, interests and hobbies of their choice. Staff provided activities daily when they could.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. Whilst the provider visited the service weekly, their checks on quality and safety and how they ensured the service was continually improving were informal. The provider assured us that they would develop formal systems and processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were systems in place that ensured staff knew what action to take to protect people from avoidable harm. Staff had received safeguarding adult training.

Risks to people and the environment had not always been assessed and planned for.

The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service. The deployment of staff was inconsistent.

People's medicines had not always been correctly stored, managed or monitored effectively.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing supervision and training to enable them to effectively meet people's individual needs.

The principles of the Mental capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Mental capacity assessments had been completed but best interest decisions not recorded.

People's healthcare needs had been assessed and planned for. The service worked well with external healthcare professionals to ensure people's healthcare needs were met effectively. People were supported to maintain a healthy and nutritious diet.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and treated people with dignity and respect and understood what was important to people.

People and their relatives were involved in decisions about their

care.

People did not have access to independent advocacy information.

Is the service responsive?

Good

The service was responsive.

People's care plans provided some personalised information but this was lacking in parts.

People received limited opportunities to participate in activities and hobbies of their choice.

People were involved as fully as possible in their assessment and review of their care and support.

The provider had a complaints procedure but this was not accessible for people.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

The Willows

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 30 November 2016 and was unannounced.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.
Before the inspection, the provider completed 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 reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with four people who used the service and six relatives for their experience of the service. Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, deputy manager, the cook, a senior care worker, a team leader and one care staff.

We looked at all or parts of the care records of five people who used the service, along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes. We also checked the management of medicines.

After the inspection we contacted four health and social care professionals for their feedback about the service. We also spoke with the provider.

Requires Improvement

Is the service safe?

Our findings

People who used the service including relatives, raised no concerns about their safety. People were observed to look relaxed within the company of each other and staff. Staff were seen to respond well to people's safety needs and periods of heightened anxiety. For example, some people were living with dementia and had short term memory needs that affected their anxiety. Staff provided reassurance and took positive action when dealing with difficult situations that had the potential to cause harm or compromise safety.

Staff told us they felt people were cared for safely and showed they had a good understanding of their role and responsibility in protecting people from harm in their care. Staff were able to identify the signs of abuse and told us what action they would take if they had any concerns.

Records confirmed that staff had received appropriate safeguarding training. When concerns had been identified these had been reported to the relevant external agencies, including CQC and action had been taken to protect people and reduce further risks.

We found staff were knowledgeable about known risks people had been identified with, they told us how these were managed which reflected what was recorded in people's risk plans. We observed that staff supported people safely and used best practice guidance when providing support with mobility needs such as using a hoist for transferring people.

We saw examples where risks to people's needs had been assessed and risk plans were in place where required to inform staff of how to reduce and manage known risks. For example, risks associated with developing pressure ulcers, nutrition, general health and falls. These were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs. Where people required equipment such as pressure relieving mattresses and cushions we saw these were in place and being appropriately used.

We identified risk assessments were missing for two people with healthcare related needs. Staff were able to tell us how these risks were managed. This told us that the potential impact on people was low. We discussed this with the registered manager who took immediate action and forwarded us after our inspection amended care plans and risk assessments.

We looked at the monthly falls analysis the registered manager completed that reviewed patterns and trends of who was falling, when and where. Records showed that the registered manager appropriately involved external health care professionals for further assessment, support and advice. The last three months falls records showed that the highest reported falls happened unwitnessed in people's bedrooms. We noted that assisted technology such as sensor mats were not used. Sensor mats are often used for people assessed as being at high risk of falls. They alert staff to when a person is mobile. We discussed this with the registered manager and the provider who agreed to explore this option as a method to manage fall risks.

The provider had systems and processes in place to monitor the safety of the environment and equipment. Safety check records and certificates showed these were up to date. Regular fire drills, fire alarm testing and equipment were all checked and completed on a regular basis. We identified a fish pond close to a rear exit that was a potential risk to people's safety. We discussed this with the registered manager who told us they would complete a risk assessment immediately. They forwarded us a copy of this after our inspection.

Personal evacuation plans were in place in people's care records. This provided staff with the required information of people's support needs in the event of an emergency evacuation of the building. The provider had a business continuity plan that advised staff of the action required and how to manage an event affecting the safe running of the service. We found this lacked specific detail to effectively support staff. The registered manager said they were aware of this and they were due to review and update this information.

People who used the service and visiting relatives did not raise any significant issues or concerns about the staffing levels provided. One person said, "I don't need much help but when I ring the bell they're [staff] here quickly." However, people using the television lounge said, "The call bell can be difficult to get to." They said this was because it was at one end by a seat usually occupied by a person who was hard of hearing so another person had to get up to ring it. People said although they were checked on regularly in the lounge, call bell responses could be slow. Whilst talking to one person in their bedroom we noted that their call bell had been left out of reach on their bed. However, another person said that they "feel safe" and their call bell was answered promptly. We observed staff responded well to call bells. We informed the registered manager of people's responses and they said they would explore this further.

Two care staff raised some concerns about staffing levels for the late shift. They said staffing levels reduced in the afternoon and that due to people's high dependency needs, staff support was stretched. The registered manager told us how they assessed people's dependency needs and what the staffing levels were. They also said that they were busy recruiting additional staff and used agency staff to cover any short falls. By talking to staff and looking at the staff roster we identified that staffing levels were deployed inconsistently. For example, some late shifts had three staff on duty others had four and there was not a clear rational for this. We were concerned that three staff were insufficient to meet people's individual needs and safety. We spoke with the registered manager and provider who agreed with immediate effect to provide four staff on each late shift.

There were safe staff recruitment and selection processes in place. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

People told us that they received their medicines safely and on time. One person said, "I always get my medication on time." A relative said, "Yes, my wife takes medicines, and I have no concerns with how staff support her."

We observed the registered manager administer people's medicines. They stayed with the person to ensure they had taken their medicines safely. They were patient and reassuring and gave explanation when required.

Records confirmed staff had received appropriate medicines training including competency checks. The registered manager had reviewed the medicines policy and procedure and we found this to include best

practice guidelines. However, systems and processes were either not in place or used effectively. For example, whilst fridge temperatures were taken and these were within normal limits, the room temperature was not taken. We found that information available for staff about how people preferred to take their medicines was missing. Protocols were not in place for medicines which had been prescribed to be given only as required. This is important information for staff on the reasons the medicines should be administered and what the maximum dosage in a 24 hour period should be. We checked the audits and systems in place that monitored the management of medicines and found these had not been formally recorded since May 2016. The registered manager said they and senior staff did daily and weekly checks but acknowledged these needed to be recorded. We did a sample stock check of two people's medicines and found these did not match what should have been present.

The registered manager told us they would take immediate action to make improvements. After our inspection the registered manager forwarded information of the changes that they had implemented. This included, PRN protocols, a record of people's preferences of how they like to take their medicines and the introduction of room temperature checks.

Good

Is the service effective?

Our findings

People were supported by staff that had received relevant training and support to do their job and meet their needs. People who used the service and visiting relatives did not raise any issues or concerns about the competency of staff.

Feedback from external health and social care professionals were positive about the staff. In particular the registered manager, who were described as being very knowledgeable about people's needs.

Staff told us they had received an induction when they commenced their employment and said that the quality of the training and support was good. One staff member told us they had completed the Care Certificate. This is a recognised induction and training programme for social care staff. This member of staff also said that they received opportunities to shadow more experienced staff and had regular meetings with their line manager during their probationary period. Records viewed confirmed what we were told. This meant staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff were positive about the training opportunities they had received. They said this was a mix of on-line training and face to face. Staff also told us how they had completed or were working towards diplomas in social care and that this was encouraged and supported by the registered manager. One staff member said, "I've completed training in lots of different areas, dementia care, catheter care, end of life, nutrition and health and first aid." Another staff member said how the registered manager monitored staff's training to ensure refresher training was kept up to date.

Training certificates viewed confirmed staff had received regular training opportunities to update their skills to provide effective care. We found staff were knowledgeable about people's needs and the support required. This meant people could be assured staff knew and understood their individual needs.

Staff told us that they received opportunities to meet with the registered manager to discuss and review their work and training needs. The registered manager told us that they aimed to provide three monthly one to one meetings with staff. They acknowledged that they had struggled to provide this but said with the recent recruitment of a deputy manager, staff supervision meetings would become more frequent. The registered manager however, did say they had started a programme of competing staff yearly appraisals and staff confirmed this to be correct.

Some people were living with dementia and experienced periods of anxiety that showed in behaviours that could be challenging to support. Staff demonstrated a good understanding of people's needs and copying strategies to reduce anxieties and behaviours. Care records provided staff with important information about peoples mental health needs. It was evident from care records that the service had made referrals to external healthcare professionals such as the dementia outreach team, when additional support and guidance was required.

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. We checked whether the service was working within the principles of the MCA.

Staff showed they understood the principles of the MCA. One staff member said, "Sometimes we are having to make daily best interest decisions for people. But we offer choices and involve others such as family and professionals."

People's care records showed that where people lacked the mental capacity to make specific decisions about their care a MCA assessment had been completed. However, whilst the provider had appropriate documentation to record how best interest decisions had been concluded and who was involved the registered manager had not used these. The registered manager acknowledged this and agreed to review people's MCA assessments and best interest decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). Two people had an authorisation in place that deprived them of their liberty. Care plans provided this information for care staff. The manager told us about additional applications that had been sent to the supervisory body where there were concerns about people's freedom and liberty. This told us that people could be assured that correct action had been taken to ensure they were appropriately protected and the provider was acting lawfully.

Some people had a power of attorney in place and this was identified in their care records. This gives another person legal authority to make decisions on behalf of another person relating to either a person's finances or care and welfare decisions.

We saw examples of do not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately. This meant that staff had guidance on the best action to take or not take, should the person suffer cardiac arrest or die suddenly.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. A person who used the service said, "The food is excellent and I've been in four homes." Another person told us they were given a choice of dessert as they were diabetic.

We observed staff encouraged people to eat and drink when needed but this was not always effective. An example was a person eating yoghurt, as staff walked by they noticed the person was only taking one spoonful then stopping. Staff stopped and provided encouragement to take another spoonful but did not have time to stay to ensure the yoghurt was finished. We saw people were offered drinks throughout the day. One person who used the service said, "There's plenty of tea."

Some people required assistance and encouragement to eat their meals. We observed staff were attentive, gave people explanation of what they were eating and were unhurried in their approach. Independence was promoted by people having plate guards, shaped cutlery and two handled drinking mugs to use. We noted that whilst people were offered a choice of drinks staff did not show people what these were. Some people were living with dementia and had communication needs and may have benefited from having these choices offered differently. We observed a person who declined the dessert that was offered but an alternative option was not offered. We informed the registered manager of this who agreed to bring it to the

attention of staff.

Menus did not include a vegetarian option, we were aware that one person was a vegetarian. Alternatives such as, omelettes and baked potatoes were provided as a second option.

The cook told us how some people had specific needs with their diet and said how they catered for these needs. For example, some people had diabetes, some people needed a higher intake of calories and some people required a soft diet due to concerns about swallowing. We found food stocks were appropriate for people's individual needs and food was stored correctly. Where people had been prescribed food supplements due to concerns about their weight these were available and records confirmed people received these as prescribed.

We noted that kitchen staff had specific information about people's dietary and nutritional needs but no written information about preferences such as portion size and likes and dislikes. The cook said that staff, "Know this information."

People's food and fluid intake was monitored to ensure they received sufficient amounts and weight was recorded as a method to monitor for any changes. Where concerns had been identified referrals to external healthcare professionals such dieticians or speech and language therapists had been made for further assessment and support.

People were supported to maintain good health and had access to external healthcare services. One person told us, "If I need a doctor they [staff] arrange one quickly." Another person confirmed that the service arranged for their annual eye test.

Feedback from a visiting healthcare professional was positive about how people's healthcare needs were met.

People's care records showed their healthcare needs had been assessed and planned for and monitored for changes. People's healthcare needs were discussed in staff handover meetings and reports. There was evidence of access to a range of professionals within people's care plans including a speech and language therapist, the dementia outreach team, GP and chiropodist.

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind, caring and treated them with dignity and respect. One person told us, "'I'm well looked after here." Two relatives described staff as being, "Very helpful." Another relative said, "The staff know [name of family member] very well, they are very patient and kind towards them." An additional relative told us, "[Name of family member] is well looked after but they appear to be left in the same chair all day."

Feedback from external health and social care professionals were positive about staff. Comments included, "Staff are welcoming, friendly and organised."

The staff we spoke with showed a good awareness of people's needs, routines and preferences. We observed interactions between staff and people who used the service. People looked relaxed and at ease in the company of staff indicating positive relationships had been developed.

We saw staff interacting with people when they entered a room and chatted to them about things they were interested in. We found them to be caring in their approach and showed empathy and understanding of people's anxieties and concerns. For example, staff took time to repeat questions until they understood what the person was asking. Staff were seen to provide comfort and reassurance when people became confused and anxious. People responded positively and became calm and settled.

From the sample of care records we looked at we found information about people's needs, routines and preferences was recorded in a caring and sensitive manner. This was a good reminder to staff about the provider's expectation that dignity and respect for people was important.

People told us and our observations of staff supporting people confirmed, people were supported to express their views and be actively involved in making decisions about their care and support as fully as possible. Staff told us how they used other means of communication to respect and respond to people's needs. One staff member said, "Eye contact is really important when talking to people. Some people use gestures to express themselves and we pick up on body language." Another staff member told us, "Each person is their own person and we treat people as individuals and find out what's important to them and provide person centred care."

During our observations of the interaction of staff with people who used the service, we saw how staff involved people in discussions and how choices and independence was promoted and respected. For example, people were involved in making decisions of where they sat and offered one to one activities and interaction with staff in the afternoon.

Information about independent advocacy support was not available. This meant should people have required additional support or advice, they did not have access to this information. The registered manager told us that they would provide this information. After our inspection the registered forwarded us information they had sourced and confirmed this had been made it available for people.

People told us how staff respected their privacy and dignity and gave examples such as staff knocking on their doors before entering. We observed staff treated people with dignity and respect. Staff used the person's preferred name which we saw corresponded to their care records and were sensitive and discreet when providing any type of assistance. There were a number of communal areas for people to use that provided privacy and space.

Staff we spoke with told us how they valued people's privacy, dignity and respect. "One staff member said, whilst we support people we respect their privacy and ensure their dignity is maintained. I treat people as I would want to be treated." Another staff member told us, "We knock on doors before entering and are sensitive when providing personal care ensuring people are covered to protect their dignity."

The importance of confidentiality was understood and respected by staff and confidential information was stored safely. Relatives told us there were no restrictions about visiting their family member and that staff provided a welcoming, warm and friendly greeting.

Good

Is the service responsive?

Our findings

During our previous inspection on 15 July 2015 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people's needs had been responded to.

After our inspection the provider forwarded us an action plan which advised how they would make the required improvements.

During this inspection we checked to see whether these improvements had been made. We found there had been improvements. Where concerns had been identified with people's needs, the registered manager had taken action in a timely manner. This included making referrals to external healthcare professionals and involving people and their relatives and representatives in discussions and decisions.

The registered manager and deputy manager described the pre-assessment process they had in place for all new referrals. This involved visiting the person and their relative or representative to assess the person's individual needs. This is important to ensure the service can meet the person's needs before moving to the service or if additional staff training or resources are required. We saw examples of completed pre-assessments as described to us.

A relative confirmed that they had been fully involved in their relative's assessment and development of their care plan. They said they had meetings with the registered manager and the person's external social care professional. They went on to say that the registered manager was "Really helpful" during this time and that staff were supportive. This relative said that they had requested that their family member be assisted to walk in order to improve their mobility and that this had been done. This told us that the service was responsive and provided a personalised service.

After the completion of pre-assessments care plans were then developed to advise staff what people's needs were, and what was required of them to meet these needs. Staff told us that they felt they had sufficient information to know how to meet people's individual needs but acknowledged information about people's personal history was lacking.

The registered manager agreed that care plans required reviewing to ensure all information important to people were recorded and available for staff. They said that with the recent appointment of the deputy manager they would review people's care records as a matter of priority.

People who used the service and relatives told us that activities and stimulation was limited. One person told us, "I get a bit bored." A relative said there was a, "lack of mental stimulation."

The service did not have an activity coordinator but staff said that they provided daily activities in an afternoon. Staff also told us that a visiting hairdresser attended weekly and that three external entertainers visited monthly and provided singing and exercise opportunities. A staff member said, "We try and provide

activities when we have spare time, particularly in the afternoons."

We looked at people's care records and whilst we could see they lacked detail in places such as people's interests and hobbies, they did include important information about people's diverse needs. This included people's religious and spiritual needs. Staff told us that a visiting religious group attended the service on a regular basis to support people with their religious faith. Also included in care records were specific details about people's preference to wearing glasses, hearing aids and personal wishes about their hair care.

We observed in the morning staff did not provide activities and people sat around sleeping whilst a CD player provided background music. In the afternoon staff were seen to sit with people talking with them, some people were encouraged to participate in table top activities and one member of staff provided nail care to some people. We found staff were attentive and responsive to people's needs and were organised in their work.

The environment went some way of providing memorabilia to support people to reminisce about pastimes. For example, memory boxes were in one of the lounges. These covered different topics such as the seaside. A staff member said that they were planning to develop personal memory boxes with people. The registered manager showed us a collection of books and said the library visited monthly. A large number of people were living with dementia and had mobility needs and relied on staff to support them to move around. We did not see any person offered the opportunity to explore the environment. Signage to support people living with dementia to orientate around the service independently such as photographs on people's bedrooms were not used, Signs for toilets and bathrooms were not used routinely.

Staff told us about a person who had a habit of playing with locks on the external doors which had resulted in fire alarms being set off. To help alleviate this, the registered manager researched solutions and had provided boards that had a number of different style locks attached to them. These were located by the entrance doors and provided a distraction to the person. We saw this person interacted with these locks as they walked by.

People who used the service and relatives told us they had no reason to complain about the service and that they found the registered manager was very approachable. A relative said, "'I feel listened to and respected." People told us that they felt confident to raise any complaints or concern if required.

People who used the service and relatives told us that they would complain to the registered manager if necessary but said they were happy with the service provided.

Staff were clear about their responsibility in responding to any concerns. The registered manager showed us the complaints policy and procedure and said they had not received any complaints since our last inspection.

We noted that the complaints policy and procedure was not available for people who used the service, relatives or visitors. The registered manager took action to address this and after our inspection forwarded us confirmation of the information they had made available for people.

Good

Is the service well-led?

Our findings

During our previous inspection on 15 July 2015 we identified a breach of Regulation 18 (Registration) Regulations 2009 Notification of other incidents. This was because the registered manager had not notified us of safeguarding incidents.

After our inspection the provider forwarded us an action plan which advised how they would make the required improvements.

During this inspection we checked to see whether these improvements had been made. We found there had been improvements. We found that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.

The service had an open, inclusive and caring culture where people's individual needs were known and understood. People who used the service, visiting relatives, including external healthcare professionals were positive about how the service met people's individual needs. One relative said how the registered manager and staff had helped their family member to settle in quickly. Comments included, "Lovely staff especially the manager." Another relative said, "I'm listened to and respected."

The registered manager told us that they were always available for people's relatives to discuss their family member's care. They described having an "open door policy." Relatives confirmed this to be the case. Staff said that the registered manager was visible daily and always approachable. We observed the registered manager interacting with people who used the service. Through their interaction and communication with people, it was clear they understood the needs of people in their care.

All the people we spoke with including relatives were consistent with their opinions of The Willows. They considered the service to be a safe and caring place. Comments included from people, "I'm very well looked after here, it's very good they're [staff] all very helpful."

External health and social care professionals were positive about how the service met people's needs. They felt the registered manager provided an effective service where staff were very caring and supportive towards people.

Comments received from staff about the leadership skills of the registered manager were on the whole positive. Four out of five staff described the registered manage as being very approachable, supportive, caring and knowledgeable about people's needs. Staff said that they felt included in discussions and decisions about how the service developed.

Staff told us that there were staff meetings where they could raise any concerns or issues. They said that

they felt involved in the development of the service. We saw from staff meeting records that the manager discussed areas of quality and improvement and issues relating to people's needs who used the service. Meeting records showed that the registered manager consulted and involved staff in decisions, gave opportunities for staff to raise any issues and thanked staff for their work. This told us that the registered manager was open and transparent in their approach.

The provider had a clear vision and set of values for the service that underpinned how care and support was provided. We observed staff promoted these values in their day to day work. One staff member told us, "We try and keep the service as homely as possible. I treat people in a manner I would want my family to be cared for."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

As part of the provider's internal quality assurance procedures, people who used the service, relatives, visiting professionals and staff were asked to complete an annual questionnaire about their experience of the service. The last quality assurance survey was completed between January and February 2016. Feedback was positive from people who used the service, relatives and external professionals. Staff identified an issue about communication and being informed about people's changing needs. As a result of this the registered manager developed a care planning meeting for staff. We saw records of these meetings. This told us that people including visitors and staff, received opportunities to share their experience about the service and feedback was used to further develop the service.

The registered manager arranged meetings for people who used the service. There were no notices showing dates or outcomes of these meeting. One person said they had suggested a music and movement session at a meeting about three weeks earlier but had heard nothing since.
We saw from meeting records they were used to share information, and to give people an opportunity to share their views and suggestions about how the service could develop. We saw recent meeting records where people had been asked about menus, people's experiencer about the care provided, activities and a discussion was had about fire safety and the role of keyworkers. A keyworker is a member of staff that has additional responsibility for a named person.

The provider had systems in place to monitor the quality of the service. This included daily, weekly and monthly audits and checks completed by the registered manager. For example, checks included the management of medicines, care records and accidents and incidents. Action plans were developed from these audits where any shortfalls were identified. The provider visited the service once a week and whilst they did their own checks these were informal. The provider told us that they would in future record what audits and checks they completed to enable them to effective monitor the service better.