

# Thurlestone Court Limited Willow House

## Inspection report

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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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on the 3, 4 and 5 March 2015 and was unannounced.

We last inspected the service on the 29 January 2014 and found no concerns.

Willow House provides residential care without nursing to 30 older people. This could be for people living with dementia; with mental health needs and physical disabilities. There were 28 people resident in the service when we visited.

There was a registered manager in place. 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.

People were at risk as the administration of medicines was not safe. We identified issues in respect of the storage and accounting for people's medicines. We requested the registered manager and provider took immediate action as none of the records could be relied on as accurate. New records were put in place and prescriptions requested by the registered manager where people may have had too few medicines available to

# Summary of findings

meet their needs before the next ordering cycle. By the third day of inspection, people's medicines records and stock of medicines were accurate, however it was too soon to ensure this would be maintained over time.

Risk assessments took place to identify how to support people to remain safe. This was for the risk of falls, of pressure ulcers and of malnutrition. However, people's individual needs were not risk assessed or reviewed when their health or associated behaviour may place them or others at risk. When risk assessments were updated this was not always clearly linked with people's care plans.

Prior to the inspection we had concerns raised with us that people were not being safely moved by staff. We were told by the provider this had been addressed. We reviewed manual handling during this inspection and found staff did not always move people safely. Staff who were not trained to move people safely were carrying out that role. This meant people may have been at risk of injury.

People gave us mixed comments of whether they thought the staff were caring and treated them with kindness and respect. People told us they had positive experiences of how staff treated them but other people stated they did not. Everyone we spoke with said staff respected their dignity and privacy. This was especially when personal care was being given. We observed staff did not always treat people and each other with respect. The registered manager and provider stated they would follow this up with staff immediately to ensure people received a caring response.

There were sufficient staff employed to meet people's needs and staff were recruited safely. Staff understood the importance of keeping people safe from abuse. They demonstrated they knew how to identify and report concerns to management, the local authority or CQC. Staff felt any concerns would be responded to appropriately by management.

Staff underwent training to carry out their role however; they were not being supervised or appraised appropriately to ensure they were able to continue to deliver care safely. Where issues were identified with staff action was not always taken or recorded.

People were having their ability to consent to their care and treatment respected however the assessment of people's capacity was not stored in people's care records.

The registered manager told us the assessments had taken place and were stored in a filing cabinet in the main office. However, these could not be located by the registered manager.

People said they were having their health needs met and were able to access a range of health care professionals as required. However, people who could not ask for a drink were at risk of dehydration as staff were not supporting people as required. Also, staff were not clearly recording how much people had drunk when required. Concerns were not being recognised or following up with relevant healthcare professionals. This was put right by the third day of the inspection. The recording and meeting people's food intake was very clear and action was taken when this was causing a concern. People had their need for a balanced diet met and were happy about the quality of the food. People were given a choice of what to eat and when.

People had care plans in place which were personalised; however these required updating and did not always ensure all their needs were assessed. The care plans highlighted people's preferences on how they would like their care delivered.

People said staff responded quickly to their call bells. We observed however, that not all people's care needs were responded to during the inspection. For example, one person living with dementia was being left in a wheelchair without the required pressure relieving cushion for long periods. The registered manager advised this should not be the case as the person should be moved back to the easy chairs in the lounge to prevent pressure ulcers. Another person had to repeatedly ask for staff to take them to the toilet as staff did not respond when asked.

People were provided with activities and could go out on trips. People stated they were supported to follow their chosen faith.

People and their relatives told us they felt able to raise concerns or a formal complaint. Everyone and staff we spoke with identified they felt they could speak to the registered manager about any issues. The service's complaint policy was made available to everyone. People's complaints were investigated and action was taken to try and prevent this happening again for anyone

# Summary of findings

else. People were involved in feeding back about the service via a third party organisation. We could see action was taken when people raised a concern and they were happy with the outcome of their complaint.

The service had a clear system of governance and leadership in place along with quality assurance processes, however this had not identified the issues raised during the inspection.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. People's medicines were not always administered, managed and disposed of safely. None of the records could be relied on as being accurate. Action was taken during the inspection by the registered manager to ensure there was improvement.

Risk assessments were in place to support keeping people safe. Individual risk assessments were not present to support staff to know how to assist people with specific issues such as that linked to behaviour or their health.

Staff did not always demonstrate safe techniques when helping people to move.

People said they felt safe. Staff were trained and knowledgeable in how to keep people safe from abuse and harm. Staff felt confident raising concerns with management and felt any concerns would be addressed.

There were sufficient staff employed to meet people's needs. Staff were recruited safely.

Requires improvement



### Is the service effective?

The service was not always effective. Staff were not being appropriately supervised and appraised to monitor they were providing effective and appropriate care. Staff underwent training to enable them to carry out their role and this was updated.

People's care plans showed they were being assessed in line with the Mental Capacity Assessment 2005 and Deprivation of Liberty Safeguards. The individual assessments however could not be found to ensure they had been reviewed and were meeting people's current ability to consent to their care.

People unable to ask for drinks were at risk of dehydration. People's needs in relation to their food were met.

People could see healthcare professionals as required.

Requires improvement



### Is the service caring?

The service was not always caring. People gave us mixed comments of whether they felt staff were caring and treated them with kindness. We observed some staff did treat each other and people with kindness. Others however did not.

Staff told us they involved people in making choices about their care. This was seen, however it was not always clearly recorded.

People said they felt staff respected their dignity when personal care was being given.

Requires improvement



# Summary of findings

People said their visitors were always welcomed and visitors confirmed staff were always welcoming.

## Is the service responsive?

The service was not always responsive. People had care plans in place which were personalised however some required updating. Also, some people's needs were not fully assessed to ensure the care was appropriate and meeting their current needs.

Staff did not always respond to people's care needs or act to ensure people were receiving care that was safe and appropriate.

Activities were provided to support people remain active. People had their faith needs met.

People stated they felt comfortable raising a concern or complaint. They felt they were resolved to their satisfaction. People's complaints were investigated and the registered manager used the learning from this to make changes for everyone's care.

**Requires improvement**



## Is the service well-led?

The service was not always well-led. There was a clear system of governance and leadership in place. However, action had not always been taken to ensure concerns were addressed when these had been identified.

The registered manager and provider had a clear system of auditing the service and seeking people's views. However this had not identified the issues raised during the inspection.

**Requires improvement**



# Willow House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 3, 4 and 5 March 2015 and was unannounced.

Two inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we read the information held by CQC such as previous inspection records and notifications. Notifications are reports of significant events we require the registered manager and provider tell us about.

During the inspection we spoke with 15 people who used the service and two relatives. We read four care plans and reviewed these people's care in detail. This was to make

sure they were receiving the care as planned and it met their current needs. We also reviewed the care of three other people where we had concerns or questions about aspects of their care. Where possible we spoke with people or observed how staff cared for people.

We spoke with four staff in detail about their role but spoke to a number of staff over the three days we were at the home. We reviewed three staff member's personnel files and the training records for staff. The inspection was supported by the registered manager and the providers. We also met with their education and welfare officer. This person provided the service's training for staff. We spoke with three health professionals while at the home. This included a GP, physiotherapist and community nurse. We also spoke with the hairdresser who had been coming to the home for some years.

We reviewed the records that underpinned the running of the service kept by the registered manager and providers such as policies; quality assurance reports; staff meeting minutes and audits. Following the inspection we obtained further information from the registered manager and provider in respect of staff recruitment checks and training.

# Is the service safe?

## Our findings

People's medicines were not always managed and administered safely. Medicines administration records (MAR) to record when people's medicines were given were in place however not all were completed fully. Staff told us they administered medicines by room order. The provider's policy on the safe administration of medicine identified this was the preferred pattern to ensure each person received their medicine. However, three MARs did not have the correct room number on for that person. Some MARs also did not have a photograph of the person attached to support the safe identification of that person when administering their medicines.

One person had tablets in a small pot on a table in their room. A member of staff came into their room to administer further medicines. They waited until they took the new tablets, but when they left, the other tablets remained along with a soluble pain killer. We checked the MAR and all medicine was marked as having being given for this person. The person's records stated staff were responsible for the safe administration of their medicines. We also found some medicines remained in pre dosed packages having been signed as given to people as prescribed. For example, one person had two pills present in their pre dosed packages which were noted as having been administered. The MAR did not state the person had declined to take their medicine. Other records did not highlight this had been discussed with the prescriber. People were therefore not getting their prescribed medicines in the correct quantity or at the times they needed them.

People's MARs did not have the carried forward amount written on them; therefore it was not possible for staff to assess if people had the correct amount of medicines available to meet their needs. For example, one medicine had been given by staff; however amounts recorded indicated that the medicine was not available for it to have been administered. Another person's MAR looked like they had received above the prescribed dose. When reviewed with the registered manager, staff had not recorded the medicine correctly and the registered manager confirmed the correct dose had been given. When the stock of some medicines subject to a higher level of control was checked

it appeared some were missing. The registered manager reported this to the police in line with guidance as there were welfare concerns associated with their not being accounted for.

The use of prescribed creams could not always be accounted for. We saw in one person's record a body chart to indicate the precise area creams should be placed. On other records we did not find the same detail, despite creams having been prescribed. No other record demonstrated they had been administered. The registered manager stated the body charts should be available on everyone's records.

Medicines were ordered monthly, however medicines were not always accounted for or returned to the pharmacist safely. For example, we found loose tablets in the main storage cabinet and a number of medicines were observed in two crates. These were medicines for people who currently and previously had lived at the service. Records of returns were not kept by the registered manager so we could not guarantee all medicines were accounted for.

Staff did not understand the importance of administering medicines safely. Staff were not having their competency to administer medicine checked. They had received regular training. However, the staff member training them had not had recent training and had not been assessed as competent to train other staff.

In February 2015 an audit of medicine was completed by the registered manager and other senior staff in the organisation. This identified concerns similar to those we identified. Similar issues had been identified in two further audits covering the previous eight months. This had not resulted in immediate changes to ensure people were receiving their medicine safely.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised our concerns about the administration of medicines with the registered manager and the provider and requested action took place immediately to ensure people's current needs were being met. A full audit of medicine took place; new records were put in place and everyone's records checked to ensure they were accurate. By the third day of the inspection the registered manager advised each person had the correct medicine available to



## Is the service safe?

meet their needs. The medicines that required returning were accounted for and arrangements made to ensure these were collected. The registered manager put a new system in place to ensure records of returns were maintained. Staff were also reminded in staff handover about the importance of the safe administration of medicines, including recording this accurately and staying with people until they took their medicine. A new model of measuring competency of all staff was to be put in place. It was not possible to measure the effectiveness of the new measures during this inspection.

Where refrigeration was required to store people's medicines temperatures had been logged and fell within the guidelines that ensured quality of the medicines were maintained.

People had risk assessments completed in respect of the risk of falls, skin pressure areas and manual handling. These were linked to people's care records and regularly reviewed. However, the linked care record was not always updated when people's needs changed, and contained conflicting information, as instructions from previous assessments were still included in the record. For example, one person's manual handling risk assessment showed they were assessed as requiring a "walking stick", "walking frame" and "hoist only". Previous instructions had not been deleted. This could lead to the person not having their needs met appropriately.

This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not have individual risk assessments in place when there were reported concerns. For example, people had behaviour monitoring charts in place. Their care records stated they had behaviour traits that may mean they pose a risk to themselves or others. There was no risk assessment in place which monitored this or assessed whether this remained a valid concern. In respect of one person, no concerns had been recorded in the behaviour monitor chart on their file in the four months they had been at the home. When we spoke to the person they were unaware of what risk assessments were on their file. They stated: "I don't think [staff] realise when something is serious; I wonder if they think I am putting it on." They also

had two noted health conditions which could have impacted on their behaviour but this was only noted in relation to the likely risk of falls. This meant their risks were not being fully recorded or monitored.

Not fully assessing the risks in relation to people's care is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In November 2014 concerns were raised with us about how people were being moved by staff at Willow House. The staff were reported to be using the incorrect equipment for one person and this had resulted in injury. This was reviewed with the registered manager and provider at the time. We observed during this inspection four different staff using the hoist to move one person to their wheelchair from an armchair and back again. We saw staff struggled to attach the harness safely. The person demonstrated they felt unsafe by means of shouting for staff to stop, and holding onto the arm of their chair. We also noted on the second day it took 15 minutes for a sling to be correctly attached and the person moved. Even then, the sling was slightly off centre, but the person remained balanced. We spoke with the registered manager and identified one of the staff observed had yet to undertake any form of training in manual handling and was supposed to only observe experienced staff. They agreed to review this to ensure that people were moved safely by staff who were properly trained in using the equipment correctly.

This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we asked people if they felt safe they told us: "I am definitely safe and sound"; "I feel safe"; "Two staff help me to shower; I feel safe in their hands" and "Safe and sound? Oh yes, definitely".

The registered manager demonstrated they had systems in place to ensure enough staff were on duty each day to meet people's care needs. The registered manager told us family generally supported medical appointments. However, if a staff member was required, extra staff were employed to meet that need. However, one staff member stated: "We have enough staff to do the care; it's the other areas we struggle with." Staff told us they found it difficult



## Is the service safe?

to always provide activity or dedicated time with people. They advised this would be when all care needs have been met or when it was quiet, usually in the afternoon. Staff identified they had extra tasks to complete and found this difficult as they were required to deliver care at the same time. For example, the booking in of medicines was identified as one of the areas they were concerned they felt they could not do safely as they were interrupted. Staff carried pagers to respond to people's call bells. This made staff aware of when support was required. However, staff were not in the lounge areas for significant periods of times. The lounge only had one bell for people to call for support and this was placed on a wall away from where people were sat. Some people in the lounge would not be able to summon support as they were living with dementia or were unable to stand unsupported and therefore relied

on staff to identify they required help. We raised our observations with the registered manager and provider who agreed to review staffing to ensure this remained adequate.

Staff were recruited through a formal process with all the necessary checks in place before they started work to help ensure they were suitable to meet people's needs safely. The registered manager ensured new staff underwent a formal probationary period and were closely supervised or linked with a more senior member of staff to ensure their continued suitability.

Staff were trained in safeguarding vulnerable adults and demonstrated they understood how to identify situations where people may be at risk of abuse. All staff felt they could raise concerns with the registered manager and they would be taken seriously. Staff said they would whistle blow outside the service if this was required.

# Is the service effective?

## Our findings

Staff were not being appropriately supervised and appraised to enable them to deliver care safely to people. In staff personnel files there was a supervision contract. This stated: “We will meet at least six times a year”. In the quality audit dated February 2015, it stated staff should undertake supervision at least four times a year or every three months. However, in the minutes of a recent staff meeting it stated staff would have supervision twice a year or every six months. The registered manager clarified staff received supervision every six months with informal or extra supervision taking place as required. Records showed no staff had undertaken an annual appraisal to review their work, training or personal development. The registered manager confirmed no appraisal had been completed in the time they managed the service. This meant no appraisals had taken place since November 2013. The quality audit in February 2015 identified: “There is not a formal disciplinary process at the moment but some areas of performance are being discussed through supervision and training”. When we reviewed supervision records, we saw there had been significant issues in relation to some staff behaviour. The senior management meeting in February 2015 identified some staff had been disciplined for not being available to support their shift. All these issues had been raised with the staff concerned; however we could not establish from speaking to the registered manager what support, training or supervision was in place to monitor this.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training. The provider had a list of mandatory training such as infection control, manual handling, fire safety, safeguarding, equality and diversity, first aid and food hygiene. Staff attended a training course to understand how to ensure people’s right to consent to their care and treatment was upheld. The registered manager had a system of monitoring staff training took place and when it was due to be renewed. However not all training was up to date or had been made available to all staff. For example, records showed equality and diversity had not been completed by any staff. Also, records of manual

handling training showed five staff required this training to have been updated in February 2015. The registered manager confirmed moving and handling training was booked to take place on the 24 March 2015 and all staff were due to have updated fire awareness training on the 19 March 2015. The registered manager stated other training was listed and they would address the gaps in training with the company’s training officer. Minutes of a senior management meeting held in February 2015 showed the service was prepared for the changes in training that will affect all providers from the 1 April 2015. Systems were being developed so all staff will be supported to complete the new care certificate.

New staff undertook a period of induction. One new staff member confirmed they had completed induction training and there was “always lots of training available”. They also told us and records confirmed they had completed management of medicines training. The quality audit completed in February 2015 stated the provider was trialling a new induction programme. The registered manager confirmed staff underwent a probationary period which had recently been extended from three to six months as it was felt a longer time was required to ensure new staff’s ongoing suitability for their role.

People with capacity told us staff sought their consent prior to delivering care and respected if they did not want that support at that time. People added that staff would then come back later. In relation to people who did not have the ability to consent to their care, we saw in people’s care plans mention of their being assessed in line with the Mental Capacity Act 2005 (MCA) and best interest meetings taking place. Care plans clearly instructed staff on the limits of their making decisions on behalf of people who lacked capacity. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Where others had people acting on their behalf, as with lasting power of attorney (LPA), this was also clearly recorded. The registered manager was clear on what decisions the LPA could make; either in respect of property and finance or health and welfare or both. Six people had Deprivation of Liberty Safeguards (DoLS) assessments in place which had been agreed by the correct authority.

## Is the service effective?

DoLS provide the legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager stated one had lapsed as the person had left the service four days before.

Assessments of people's capacity were not being held on people's files and when we asked the registered manager they could not find them. This meant they were also not available to review and ensure they reflected people's current ability to consent for their care.

Not ensuring the relevant assessments were kept securely and located promptly is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were at risk of dehydration. On the first day of the inspection, two people who required staff to support them to drink were not being given appropriate support from staff. For example, one person's care plan stated: "Requires prompting with their fluid intake and staff must ensure that their fluid intake is maintained". The person was in their bed when we first saw them. They told us they were thirsty so we request staff attend to support them to have a drink. The records of their fluid intake were poorly maintained. Whole days and hours were unaccounted for and information was missing that would alert staff if the person was not taking on sufficient fluid. We spoke immediately with the registered manager who stated both people would have had more fluid than was recorded; they stated staff were not writing this down. They produced new forms which included the minimum fluid both people should have to maintain their health. On the second day the registered manager told us they had advised the GP of the low fluid intake. The GP confirmed this with us and stated this would be monitored. By the third day of the inspection correct recording and auditing of both people's fluid intake was in place. There was also monitoring by external health professionals.

People able to ask for drinks or were mobile told us they were provided with regular opportunities to have drinks provided during the drinks rounds and at main meals. They could also request a drink at any time or take a drink from the jugs and glasses made available in their rooms or in the lounge. One person told us: "They run after you with a cup of tea; you don't need to get up to make a cup of tea they always bring it".

People commented positively on the food. Comments included: "The food is wonderful. There is a choice of menu. The sweet and sour chicken is always marvellous. I love it you can have rice or mash" and "I can't complain about the food. They know I don't like boiled rice and they respect that." People told us they were able to choose what they would like to eat each day from the menu. If they did not like what was on offer alternative choices were made available. People also told us the chef and staff were flexible outside of set meal times and they could have food when they wanted.

People had their special dietary needs and likes and dislikes catered for. For example, one person told us: "I can't complain about the food. They know I don't like boiled rice and they respect that." The chef had a good understanding of people's nutritional requirements. People who required their food prepared in ways to enable them to swallow safely had their food prepared in line with their care plan and each food type was kept separate. A person who was a vegetarian told us they had plenty of choice. Diabetic diets also included a wide range of desserts. Where people were identified as losing weight their records detailed how this was monitored and how staff encouraged them to try different things. Prescribed supplements were given as recommended. Staff were observed supporting people to eat at their own pace.

Most people were having their health needs met. One person however, spoke to us about staff not responding to their concerns about a pain they had and had not seen their GP. They said they did not feel staff had taken their concerns seriously. We raised this with the registered manager who arranged for the GP to see them. People's records detailed the involvement of a range of professionals as required. For example, people were referred for assessments from the speech and language team, to support swallowing of food and drinks. There was a dedicated GP who was linked to the home who reviewed everyone's health regularly. People told us they could see the GP at any time. Health professionals spoke positively about the home and felt staff were always knowledgeable about the people they looked after. Where instructions were given to staff all professionals felt these were followed through. One staff member told us they felt there was a good relationship with the GP, community nurses and physiotherapists locally; resulting in people's health needs being met.

# Is the service caring?

## Our findings

People told us they were well cared for. Comments we received included: “It is lovely here; you couldn’t have a better place. The girls are lovely; really nice”; “They are very kind and tolerant”; “I can’t conjure up any problems; they care for me well” and, “They are there for me. I am very comfortable here. I’m a very lucky lady. The service I am getting is fantastic. I haven’t yet found fault here. I am enjoying life.”

We observed that although staff generally spoke to each other and people with kindness and respect, there were also times when staff did not treat people and each other in this way. One person told us: “Carers are very friendly but not entirely respectful. They make fun of me sometimes; bit jokey [and say] not appropriate things”. Another person told us: “Most staff are polite; one or two aren’t.” We observed staff move one person whose care plan stated they had limited ability to speak and were blind, without talking to them or telling them what they were doing. This person was seen to jump. Another person asked at lunchtime if they could eat in the living room and the member of staff replied: “No. You will come to the dining room”. The person ate in the dining room. Our observations were discussed with the registered manager and provider. They agreed to address these issues with staff.

Staff told us they always ensured they supported people to be involved in their care. They told us they asked people what they wanted to do. They stated they used their knowledge of people and care records to help them support those who could not communicate their needs. One person also told us: “She is very well looked after” talking about another person in the living room, “she is very

fussy but I have always seen [staff] care for her nicely.” Another person added: “They are lovely to all people.” We observed staff offering choices to people. For example, we observed a staff member ask a person if they were cold and if they wanted a blanket when the person said they were. We also saw they checked the person was alright a little later and if there was anything else they needed. We also observed for one person, who could no longer communicate, staff ensured they followed their care plan which stated the person “likes to look glamorous”. We heard different staff compliment them stating: “You look glam today!” This made the person smile.

People told us their dignity was respected when they received personal care. People said staff always closed curtains and knocked on the door before entering their rooms. One person also told us: “They don’t fuss over me, which they know I like; I am independent and they always respect that.”

People told us their relatives and visitors were welcomed at any time. Comments we received included: “My son can come in when he likes”; “They know my daughter by her first name; she’s always made welcome” and, “My family visit every day. They are always very welcome and always get a cup of tea”.

A relative told us: “Nothing is too much trouble for the staff. The atmosphere is very good; staff are attentive and kind. I am always welcomed.” They added, they were always kept up to date about their relative’s needs and consulted about their care.

A staff member told us: “The care is excellent. I have worked in lots of homes. They are a friendly bunch of carers and treat the residents very nicely”.

# Is the service responsive?

## Our findings

People had care plans in place which were personalised. Each person had a 'My daily care plan' which included outcomes people would like to achieve. Personalised information was included such as: "Isn't always happy with staff giving them a shave, but with the right calm approach will allow you to do it". Another stated: "Prefers a bath to a shower as it helps them to relax and especially when they get cramp in their legs". The care plans had a section which showed they were reviewed monthly. Where there had been significant changes in a short time, the care plan had not always kept pace with the care given. For example, one person had undergone significant changes in how staff should meet their mobility needs. The care plan dated in November 2014 described the person as requiring "no equipment" to meet their mobility needs. The person now had been assessed as needing a hoist to meet their needs. The care plan included the various changes that had taken place such as the use of a walking stick, walking frame and handling belt. This may mean staff would not use the most recent assessed method. The registered manager agreed to ensure staff were aware of this person's current needs.

People's continence care planning focused on people who were incontinent rather than maintaining an adequate level of continence. For example, one person required staff to support them to maintain a healthy bladder due to having frequent urinary infections. Their care plan stated they were continent and could independently take themselves to and from the toilet. There was no mention of the need for staff to encourage fluids as mentioned in the information available in their records from health professionals. They had jugs of fluid available in their room placed on the bottom shelf of a bookcase and a glass on their table. The person told us they could not pick up these jugs and fill their glass as bending over was likely to cause them to fall. However, they confirmed they had a drink from the trolley when the drinks round came by.

One person living with dementia had limited ability to ask for support or help from staff. We observed on the first day this person was supported to move to a wheelchair prior to lunch and remained in the wheelchair throughout the afternoon. Their care plan did not cover whether this was their chosen place to sit. The registered manager however advised us they should be relocated back into one of the easy chairs in the lounge. Also, a pressure relieving cushion

was not being placed on the wheelchair despite their care plan stating this was required as they were at high risk of skin breakdown. We raised this issue with the registered manager but saw the same thing happened on the second day. It was not until the third day of the inspection when we saw the correct cushion was being used and the person did not spend significant amounts of time in the wheelchair.

We heard another person asking a member of staff to take them to the toilet. The staff member did not respond. The person's relative then asked staff again on their behalf. The staff member stated they could not assist as they were carrying out another task. We pressed the call bell to summon staff, as the person was now expressing an urgency to go to the toilet. Other staff responded quickly to this. We made the registered manager aware of the situation. They agreed to address this with staff.

Not correctly assessing and meeting people's needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff always responded quickly to their call bells. Staff stated they read the care plans and also felt the staff handover between shifts gave them the right level of information to meet people's care needs. There was a communication book to support staff needing an update about people's needs, if they had been off duty for a few days. The registered manager confirmed they would support staff to be brought up to date following a period of absence.

Staff told us they looked for ways to meet needs of people when they were unable to communicate with them. One staff member said: "I still find people with advanced dementia can answer for themselves. If you approach in the right way they respond." Another member of staff told us how they took time to get to know people adding, they felt their listening and taking time to work at the person's pace was really important.

People were provided with activities and times to carry on with their interests. People told us their religious needs were met. There was a notice board in the dining room which detailed planned activities. We saw activities took place and a minibus was arranged to take people out on

## Is the service responsive?

the third day of the inspection. People told us they could go on trips out and entertainers were brought in to work with them. One person mentioned how much they enjoyed the musician.

People and their relatives said they felt comfortable raising a concern with staff. Everyone we spoke with felt the registered manager would respond appropriately to any concerns they had. The home had a structured complaints policy and procedure that was made available to people and their families. Complaints were investigated and

feedback was given to the person or relative who raised the concern. People were asked whether they were happy and if the issue had been resolved to their satisfaction. The registered manager confirmed they looked to apply the learning from complaints to ensure the same concerns did not need addressing again. For example, we saw a family member had raised a concern they had not been told about the relative having fallen. The policy in relation to this was reviewed and staff were reminded of the need to keep people involved in how they cared for people.



# Is the service well-led?

## Our findings

Willow House is owned by Thurlestone Court Ltd. Willow House is one of four homes they own. Thurlestone Court Ltd is also part of Sea-Moor Residential Care Services. There is a person, called the nominated individual, registered with CQC who takes responsibility at the company level. The nominated individual is also one of the providers. We were told the company had recently expanded its senior personnel. We were shown an organisational chart which had been developed to ensure people understood what everyone's roles were.

Willow House had a local management structure in place led by the registered manager. The registered manager also attended senior management meetings attended by senior personnel from the other homes and Sea-Moor Residential Care Services. The minutes from these meetings demonstrated there was senior management oversight to ensure management of Willow House. However, these minutes also demonstrated there were issues at Willow House which were not being tackled. No action plan had been drawn up to ensure they were addressed and reviewed.

We spoke with the registered manager and providers about the issues we had identified. They advised us they were aware of issues affecting how staff worked together. They told us they had brought in another member of senior staff to support the senior management team to review this. We spoke with the provider about how they ensured staff understood their philosophy of care and how this was shared with people when they enquired about the service. We were shown people were given an "About Sea Moor Care" booklet on enquiring about the service. This detailed the standard of care people should expect. Staff however were not given a similar leaflet or supported to understand the provider's philosophy of care. The provider stated they were looking to ensure this was developed so staff demonstrated the level of care they desired.

People identified the registered manager as being in charge and the person they would turn to if required. One person said: "The manager came to see me yesterday. They

were keen to know how I was." Relatives and professionals also identified the registered manager as an important person. One relative said: "The registered manager is in charge; she is the boss."

Residents' meetings took place at three monthly intervals to seek the views of people. The minutes of the last meeting held in January 2015 discussed issues in respect of the laundry and people stating they had to wait too long for their breakfast. The provider employed the services of an outside body to seek people's feedback of the service to help ensure they were meeting people's expectations. The results were then passed to the registered manager and provider to address.

Staff meetings were also held every three months. Staff told us they felt confident to speak out if there were any concerns. Both people and staff said they felt management would respond to any questions or concerns they had.

There were a number of policies in place to underpin the running of the service. These provided information to staff on how to deal with a range of issues and were updated regularly.

The service demonstrated they carried out regular audits of the service. These were completed every two months and reviewed the service against the requirements of the Health and Social Care Act 2008. We reviewed the last one that looked back at January and February 2015. This identified some of the same issues we identified during the inspection. There was an action plan at the end of the audit with clear timescales dictating when these should have been addressed. For example, one of actions was in relation to the food and fluid charts. The action stated: "Ensure food and fluid charts are completed fully and meaningfully" with immediate effect. However, we found fluid charts continued to be an issue. Other areas, such as updating care plans, had until the end of March 2015 to resolve.

There were records of the maintenance of the building and equipment to ensure these were safe. Contracts were set up with relevant companies to ensure equipment was serviced. The registered manager ensured these were regularly audited and monitored.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9(1)(a)(b)(i)(ii)</p> <p><b>which corresponds to Regulation 9(1)(a)(b)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p>The registered person had not taken proper steps to ensure each person was protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the carrying out and assessment of the person's needs and planning care and, where appropriate, treatment in such a way to meet the person's individual needs and to ensure the welfare and safety of the person.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p><b>which corresponds to Regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p> <p>The registered person was not protecting people against the risk associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the obtaining, recording, handling, using safe keeping, dispensing, safe administration and disposal of medicines.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

Regulation 16(1)(b)

**which corresponds to Regulation 15(1)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered person had not made suitable arrangements to protect people by ensuring equipment was used correctly.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

Regulation 20(1)(a)(2)(a)(b)

**which corresponds to Regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered person had not ensured people were protected from the risk of unsafe and inappropriate care and treatment arising from the lack of proper information about them by means of the maintenance of an accurate record in respect of each person which shall include appropriate information and documents in relation to the care and treatment provided.

The registered person had not ensured all records referred to above were kept securely and located promptly when required; or retained for an appropriate period of time.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23(1)(a)

This section is primarily information for the provider

## Action we have told the provider to take

**which corresponds to Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered person did not have suitable arrangements in place in order to ensure staff were appropriately supported in relation to their responsibilities and to an appropriate standard, including by receiving appropriate supervision and appraisal.