

# Unity Homes Limited

# The Willows

## Inspection report

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Date of inspection visit:  
13 December 2016

Date of publication:  
14 February 2017

## 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

We carried out an unannounced inspection of The Willows on the 13 December 2016.

The Willows is registered to provide accommodation and personal care for up to 124 older people. The service consists of two detached properties. The Willows provides nursing and residential care whilst Bluebell Court is designated to provide care and support for people living with dementia. The premises are situated in a residential area of Broughton, Salford, close to major bus routes.

At the last comprehensive inspection on the 15 December 2014 breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements.

We then carried out an unannounced focused inspection on the 21 July 2015. This was to ensure that improvements had been implemented by the service. During this focused inspection we found that the service was now meeting the requirements of Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. However we could not improve the rating at that time because to do so required evidence of consistent good practice over time.

During this inspection visit we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to a failure to implement all reasonable steps to mitigate the risk of pressure areas. You can see what action we told the registered provider to take at the back of the full version of the report.

We have also made a recommendation about the frequency and significance of activities.

There was a manager in post both at The Willows and Bluebell Court. Both managers had applied to the Commission to register and their applications were on-going. 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. The Operations Director told us he had taken the decision to have a registered manager in both units although this was not a legal requirement.

People expressed satisfaction with the service provided. People told us they felt safe and were confident the care received was delivered by professional and caring staff.

The provider ensured processes were in place to maintain a safe and appropriate environment for the people, relatives/visitors and staff members. A suitable amount of training was offered to all staff, to ensure they were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner. Staff felt confident with recognising the signs of abuse and

demonstrated they could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

The service conformed to the requirements of fire safety regulations by ensuring fire audits were up to date and relevant checks were carried out on a weekly basis to fire equipment and lighting. People using the service had personal evacuation risk assessments in place and an additional contingency plan provided direction about what to do in the case of an emergency or failure in utility services or equipment.

The service had a sufficient number of staff to support the operation of the service and provide people with safe and personalised care. People told us they never felt rushed and staff were responsive to their needs.

Recruitment processes were robust and designed to protect people using the service by ensuring appropriate steps were taken to verify a new employee's character and fitness to work. Robust systems were also in place to monitor nurse revalidation. These ensured nurses were maintaining their registration within the required time frame.

Processes were in place for appropriate and safe administration of medicines. Staff were adequately trained in medicines administration. Medicines were stored safely and in line with current guidance. People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime.

We received mixed feedback in relation to the quality of food. One person stated meals at times were, "Sloppy", however on the whole people were generally happy. We saw appropriate referrals had been made to dieticians and instructions were followed in cases where people had known dietary requirements.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Necessary referrals had been submitted to the local authority by the home's manager and a good audit trail was seen.

The service had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care. This was done by providing a detailed plan covering essential information care staff needed to follow; each plan was individual to the person's need and was kept under regular review. Effective systems were implemented to maintain people's independence with daily living skills. However, we noted that in some cases pressure relief for people assessed at high risk of pressure areas was not applied.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People were given information about their care on a daily basis and provided with a 'hand book' to help make informed decisions about the care and environment they received. Their opinions were routinely sought and acted upon by means of questionnaires. This enabled people to influence the service they received. Feedback we received from people during the inspection supported these observations.

Positive feedback was received from people using the service, visitors, and staff about the management structure. People described the management as, "Nice" and "Approachable". Staff informed us they felt well supported and they could approach either manager with any concerns.

## 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.

People's assessed risks were not always mitigated when assessed at high risk of pressure areas.

People told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe and robust recruitment procedures were followed to ensure suitable staff were employed at the service.

Processes were in place for the safe administration of medicines and staff were appropriately trained to safely support people with their medicines.

### Is the service effective?

**Good** 

The service was effective.

Staff were aware of how to seek consent from people before providing care or support. The service ensured formal processes were followed and people's rights under the Mental Health Act and Mental Capacity legislation were understood and protected.

A training schedule was in place to ensure all staff had completed and were up to date with essential training. This helped to ensure they had the correct skills and knowledge to meet the needs of people using the service.

### Is the service caring?

**Good** 

The service was caring.

Staff spoken with had a good understanding of how to ensure dignity and respect and showed patience and encouragement when supporting people.

Staff had developed positive and caring relationships with the

people using the service, and supported people in a way which was kind and compassionate.

People's independence and inclusion was a key factor in the ethos of the service. People's views and opinions were actively sought.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment.

The home had procedures in place to receive and respond to complaints.

People expressed confidence in the management team to address their concerns appropriately and knew the process to follow should they wish to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had two managers employed who both had submitted their applications to the Commission to register.

Audit systems were in place to monitor the services standards and develop identified areas of improvement. □

Surveys were carried out and information was used to improve the quality of 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 December and was unannounced. The inspection was carried out by four adult social care inspectors. At the time of our inspection there were 100 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with 10 people who used the service and two relatives. We spoke with six members of staff, two managers and the Operations Director.

We looked around both premises. We looked at a sample of records, including 10 care files and other related documentation. We also looked at eight staff recruitment records, 13 medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service and the results from a recent customer satisfaction survey.

# Is the service safe?

## Our findings

People living at The Willows and Bluebell Court talked about the home being a safe place to live. One person told us, "It's very good living here. I have absolutely no worries about my safety. It's perfect." A second person told us, "It's not a bad place this. I feel safe. I'm okay." Other comments included, "I do feel safe. The staff treat me very well and I am never worried about anything" and "The home is a very safe place to live as far as I am concerned." Comments and observations from relatives/visitors supported people's comments.

Throughout our inspection we did not observe anything that gave us cause for concern around how people were spoken to or supported at The Willows or Bluebell Court. We observed positive staff interaction which was caring and patient. People appeared comfortable, content and happy in staff presence.

We looked at how the home cared for people with pressure areas. We saw people had Waterlow risk assessments and skin integrity care plans in place. However, we found these lacked control measures regarding how to keep people's skin safe, for example if specific equipment was needed such as pressure relieving cushions or mattresses. The care plans made reference to contacting the tissue viability nurse if concerns were identified, but did not state under what circumstances. One person who had been identified as being 'very high risk' on their Waterlow assessment did not have a skin integrity care plan in place. This meant staff did not have access to relevant guidance about how to keep people's skin safe.

Whilst observing lunch in the dining room at Bluebell Court, we saw three people were not seated on pressure relieving cushions despite being immobile and in wheel chairs. Two of these people had been scored as being 'very high risk' on their Waterlow risk assessment. This could place people at risk of skin damage due to staff not having access to the necessary guidance and therefore not ensuring appropriate equipment was used.

The service had failed to implement all reasonable steps to mitigate the risk of pressure areas for people identified as high risk. This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people's individual safety and well-being were assessed and managed. We looked at 10 people's individual files and noted individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. Each person had individualised risk assessments which covered areas such as, falls, use of bed rails, MUST, Waterlow, bowels assessment, continence, oral assessment, urinary continence, leaving the building and cognition. The risk assessments we viewed were in date and detailed relevant information.

We looked at how the service protected people from abuse and the risk of abuse. Staff were aware of the provider's safeguarding procedures, the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. The staff we spoke with said they had undertaken safeguarding training and displayed a good understanding of how to report concerns. One member of staff said; "A safeguarding concern could be physical, mental, sexual, neglect, financial. I

would document my concerns and speak straight away to the manager." We noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

We looked at the entries made over the past year in the accident/ incident record book. We identified there had been 13 reports over this period and noted appropriate referrals had been made to relevant agencies as required.

We looked at what processes the provider had in place to maintain a safe environment and protect people using the service, visitors and staff from harm. We saw regular maintenance checks were carried out to ensure the building was safe. This included regular checks of electrical installation, the lift, legionella, gas safety and water temperatures. We saw there were also risk assessments of the building undertaken which covered areas such as fire safety, infection control, use of wheelchairs, working at heights, electrical safety, COSHH, housekeeping and good preparation. Where risks had been identified, we saw there were measures in place about how the risk needed to be controlled. The provider employed a maintenance person. This would ensure any maintenance issues would be resolved within an acceptable time scale. External contractors were also used when necessary.

Compliance with fire audits was noted and each person using the service had an assessment regarding their ability to respond in the case of a fire. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. All staff had received fire training and could evidence what to do in the case of a fire. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

We looked at how the service managed staffing levels and the deployment of staff. We looked at staff rotas for the previous four weeks including the week of inspection for both The Willows and Bluebell Court. All staff we spoke with indicated there was enough staff on each day and night. The service used a dependency tool to assess the needs of the people using the service which then informed the number of staff required on each unit. The Operations Director told us that staffing levels were kept under review and were flexible in response to the needs and requirements of the people using the service. People told us they did not feel rushed with their daily routine and call bells were answered in a timely manner.

During the day of inspection we observed an appropriate number of staff on both The Willows and Bluebell Court. Comments from staff supported our observations. One staff member told us, "Yes we have enough staff to meet people's needs." A second member of staff said, "I think we have enough. If any sickness this is covered by agency staff. There are always staff around to support." Similarly people living at The Willows told us they felt that staff numbers were adequate. One person said, "Staff are very nice, there are always enough of them." Another person said, "Blooming well sure there is." However one person told us, "I don't think there is enough staff but when I press my call bell, they do come." During the inspection we observed appropriate response times by staff when responding to people's requests.

The service had recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We looked at eight staff personnel files in total, five for staff working on the Willows and three for staff working on Bluebell Court. We found robust recruitment checks were completed before new staff commenced working at the home. The files included; proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. We saw staff were only sent an offer of employment once the recruitment checks were completed.

The provider was able to demonstrate that all nursing staff were registered with the Nursing Midwifery



Council and had up to date registrations. The re-validation process for nurses was being aligned with the homes electronic e-learning system. This would send an alert to the registered manager three months prior to a nurse's registration expiring. This would enable the registered manager to proactively monitor the re-validation process and ensure nurses were maintaining their registration within the required time frame.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

We looked at the procedure in place for managing medicines at both The Willows and Bluebell Court to ensure people were protected against the risks associated with the unsafe management of medicines.

We looked at medication administration records (MAR) for six people who were living on Bluebell Court and seven people living at The Willows. We found the systems in place ensured medicines were handled safely and people's health was protected.

We saw both treatment rooms and medicines trolleys were organised. We saw the medicine fridges were locked and medicines and creams were stored securely. Stock counts were in place which ensured medicines were accounted for.

Each person had a Medicine Administration Record (MAR) in place, which included their photograph, date of birth, GP details, allergies and a section for other information.

We saw on both units that records were robust to support the administration of medicines that required set time intervals between doses. This protected people from being given doses of their medicines too close together and experiencing adverse effects as a result.

We found that arrangements to give people their medication as directed by the manufacturer's instruction, especially with regard to food were in place. We observed medicines which needed to be given before food were given at appropriate times.

The home had when required medicines (PRN) protocols in place. These explained what the medicine was the required dose and how often this could be administered, the time needed between doses, when the medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine. This ensured 'as required' medicines were being administered safely and appropriately.

We found there was clear information recorded to guide staff when and where to apply creams which ensured people would be given the correct treatment. We saw accurate records had been maintained which demonstrated creams had been applied safely and when prescribed.

We calculated remaining medicine stocks by subtracting what medicines had been administered according to the MAR from the stock received at the home. We found medicine stock tallied with the records, which confirmed medicines, had been administered as prescribed.

Audits of medicines were conducted regularly and we saw actions had been implemented promptly when shortfalls had been identified to rectify the issue and prevent further re-occurrence.

We looked at the systems in place with regards to infection control. We were told the home had achieved a score of 97% from their most recent audit by the local authority. We saw toilets and bathrooms were clean,

tidy and contained appropriate hand hygiene guidance, paper towels and foot operated pedal bins. We also looked in several bedrooms and communal areas and found these to be clean and tidy also. The home employed several domestic staff and we saw them undertaking their work throughout the day of the inspection. We also saw staff wore appropriate PPE (Personal Protective Equipment) when assisting people with personal care and when assisting people to eat their food at meal times. This would help reduce the spread of infections.

# Is the service effective?

## Our findings

People using the service and their visitors/relatives told us staff were well trained and had the right knowledge and skills to provide effective care. One person said; "The staff are well trained. They know what they are doing. They do a good job looking after us." Other comments included, "Staff are very helpful when you need them and nothing is too much trouble," "Yes, the staff do seem to be well trained. I require two members of staff to help me stand up and they do it very nicely" and "I have developed a good understanding with the staff and we both seem to know how to do things best."

The provider had developed an induction programme to train and support its new staff. This included the completion of an induction checklist which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. Staff told us, "Yes, I did this. Inducted into the home and told how it works, then did training in manual handling, safeguarding, DoLS, fire safety, food hygiene, infection control" and "I did induction training along with all mandatory training."

Staff told us they received a suitable amount of training and this was valued for their own professional development. We saw the service offered a good range of training which was in line with their procedural guidance and appropriate to the people using the service. . All mandatory training such as moving and handling, safeguarding, Mental Capacity Act and first aid was offered and completed within date. Additional training such as record keeping and communication had also been received. Staff gave positive comments about the training provided. Comments included, "We do training on Tuesdays and Thursdays, plenty of training available" and "We have a training room. I am happy with the training we get, it is enough."

Staff told us they received regular supervision and these were a useful arena to discuss any concerns or areas of improvement. One staff member told us; "I've had about three supervisions so they are roughly every three months. We'd have an additional meeting if there was an issue or something needed solving." The provider's policy stated, "Formal supervision must take place at least six times per year for staff." However we saw that for some people supervisions were not as frequent as per policy. The manager and operations director told us this was something they had identified and showed us evidence that this was being addressed and further supervisions had been booked in for the New Year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were

being met.

We asked people whether they were unduly restricted or discouraged from going out unaccompanied. A person told us; "I come and go as I please. I go out most days. I let staff know that I'm going out and I'm not prevented from going." Staff we spoke with also showed a good understanding around the principles of the Act. One staff member said, "The Mental Capacity Act is all about assessing people's capacity and the Deprivation of Liberty Safeguard information is located in people's care plans section four and five." Another staff member said, "This is to do with whether people can make decisions of their own. They provide training in this."

We saw mental capacity assessments had been completed appropriately for people that were deemed not to have capacity to consent to their care and treatment. We saw the registered manager had devised a matrix to monitor applications and resubmissions had been made to the local authority in required time frames.

We received a mixed response from people living at the home regarding the quality of the food. A person told us; "The food is nice. We get enough to eat." A second person told us; "I don't like the food, it tends to be a bit sloppy." Other comments included, "It's good I have no complaints" and "The food is really nice, there is a good choice. You can have a drink whenever you want one."

We looked at how people were supported to maintain good nutrition and hydration. We saw people had specific eating and drinking care plans in place which detailed if people required encouragement or prompting to eat their meals and if people needed full support from staff. Weight records were also held in people's care plans, which were completed each month.

The home used the Malnutrition Universal Screening Tool (MUST) (to monitor people's weight and nutritional status. These were completed each month and provided guidance for staff about what they needed to do if a person's weight or BMI (Body Mass Index) meant they were at risk. For example, people were referred to the dietician if they had a score of 2 on the MUST assessment.

We looked at one person's care plan that had been referred to a dietician. The advice from the dietician included offering high protein, high calorie snacks in between meals and to offer a fortified milky drink such as hot chocolate or Horlicks before bed. This would provide extra calories in this person's diet and help them to gain weight. Despite this person gaining weight, records of food and fluid charts did not capture this was being offered and consumed by this person on a regular basis. For example, biscuits were often recorded as snacks between meals, which were not a high protein snack as suggested by the dietician. We raised this with the manager and director about ensuring this information was accurately recorded.

We read the care plan of one person who was at risk of choking whilst eating their food and therefore required a pureed diet and custard thick fluids. Due to them being at risk of aspiration, staff needed to sit with this person and ensure they were sat upright whilst eating. Staff also needed to check this person chewed their food slowly and didn't store it in their mouth. Whilst observing the evening meal on the Willows unit, we saw a member of staff following this guidance.

We spent time observing the lunch time meal in Bluebell Court. The staff displayed a good understanding of people's needs such as who required assistance to eat and who required either a soft or pureed diet, all of which we saw were provided.. We observed that tables were not set in advance of the meal and there were no condiments such as salt, pepper and napkins available, leaving the dining room looking sparse. The menu was displayed on the wall, however there was only one choice of meal displayed which was roast

gammon, cream potato, mixed vegetables and gravy. We did however see that if people didn't like the meal available, an alternative was then provided for them.

## Is the service caring?

### Our findings

People using the service we spoke with, told us they were happy with how the service was managed. They spoke positively about the management team for both Bluebell Court and The Willows. They referred to both managers as, "Nice" and "Approachable." We asked people living at the home if they would recommend the home to other people requiring the level of care provided. One person told us; "I would recommend it to others. I think it's a good home."

Similarly relatives also gave positive comments in relation to the management. One relative said, "Yes, I know [manager]. She is very good too; there has been a big improvement since they took over." People also confirmed that there was a presence from the manager on both Bluebell Court and The Willows on a daily basis. This helped to support the delivery of care.

There was a manager in post both at The Willows and Bluebell Court. Both managers had applied to Commission to register and their applications were on-going. 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.

Throughout all our discussions it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team.

Staff spoken with told us they felt the service was managed well. They felt they could approach the management team at any time of day and night and felt supported in caring out their caring roles effectively. One staff member said, "Yes, definitely. I like working here and feel supported." A second member of staff said, "It's a good team and good support from management" and a third told us, "Yes. It's a nice place to work, people work well together." Staff added that they felt assured that any concerns raised would be dealt with appropriately.

Staff told us they were able to attend team meetings where they felt listened to and could raise concerns. One member of staff told us; "We have team meetings monthly. We are able to contribute to meetings and I feel management are open to suggestions to improve the quality of care."

The service had a range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the registered provider had effective governance audit systems in place covering areas such as accidents and incidents, care plan, infection control, safe guarding alerts, communal and bedroom areas.

These were designed to ensure different aspects of the service were meeting the required standards. The service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through residents meetings, quality assurance questionnaires and ensuring time was allocated to speak with people on a daily basis.

People's care records were clear and up to date. Records were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Staff we spoke with were aware of their roles, responsibilities and what was expected of them and displayed comprehensive knowledge of how to care and support a person safely and effectively. Staff indicated that they had received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

Throughout the inspection we found the management team approachable. They provided us with the documentation we requested without delay.

## Is the service responsive?

### Our findings

People living at the home told us they received a service that was responsive to their needs. One person told us; "I get all that I ask for. I would say that's responsive to my needs." A second person told us "I'm involved in my care. We discuss my needs." We observed staff were patient, respectful and friendly towards the people using the service. People we spoke with indicated they were happy with the care and support they received at the service. People told us they felt listened to and were always given time by staff to express their opinions, wishes and feelings.

People told us they felt comfortable raising any concerns and were assured they would be dealt with suitably. However each person we spoke with told us they had never had any cause to raise a concern. One person said, "I've never complained. I'd speak to a member of staff if I needed something sorting." Another person said, "I know what to do, but can't say I've particularly had any."

The service had a complaints procedure. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We looked at the complaint log for both Bluebell Court and The Willows. We noted 14 complaints had been received over the past year at Bluebell Court and 11 at The Willows. There was a clear audit trail for all complaints and they had been dealt with appropriately and in line with the provider's procedural guidance.

The provider had processes in place to assess and plan for people's needs, choice and abilities prior to admission. We saw completed, 'pre-admission' documents in the care files we looked at. We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs. This included consultation with the person, their family and health and social care professionals where required.

We looked at ten people's care files and other related records. It was noted that the provider had considered and implemented adequate documentation to enable the development of the care planning process and support the delivery of care. Each plan was individual to the person's needs and considered areas such as maintaining a safe environment, mental health needs, medication and diet. These plans captured essential information required for the person to maintain their independence and provided a detailed breakdown on how this was to be achieved. The plans had been agreed with people wherever possible. The care files also contained information which highlighted areas around the person's likes/ dislikes, preferred method of communication, hobbies and past life history.

Activities were either carried out in the morning or afternoon and alternate between the two floors. On morning of inspection art and craft activity was taking place downstairs and seven people were involved. Staff were also singing Christmas songs and encouraging people to join in whilst they worked on their art work.

We found the activity schedule included the use of a 'minibus,' however, this was off the road and had been



for a number of months, therefore, we found the activity schedule out of date with nothing else scheduled as per timetable. We also noted that the activities co coordinator did not work on Wednesdays. On this day we did not see any evidence on the activities schedule of activities being offered. We spoke with people about their experience with activities and we had mixed responses. One person said, "Oh yes, there is enough to do. I went to the cinema once, I really enjoyed it." another person said, "They are okay I suppose" and a third person commented, "Not really enough to do, gets a bit boring. Sometimes just sit around and do nothing." Similarly we had mixed responses from staff. Comments included, "We have an activity coordinator who does activities daily. There is enough going on, some show an interest in what's on offer, some don't want to get involved." Another comment included, "We could do with more funding for activities, not a lot of money to spend on them. Not been out in minibus for a year or so as it's not working, families do ask about this. [Activity coordinator] does their best with what they have got."

## Is the service well-led?

### Our findings

People using the service we spoke with told us they were happy with how the service was managed. They spoke positively about the management team for both Bluebell court and The Willows. They referred to both managers as, "Nice" and "Approachable." We asked people living at the home if they would recommend the home to other people requiring the level of care provided. One person told us; "I would recommend it to others. I think it's a good home."

Similarly relatives also gave positive comments in relation to the management. One relative said, "Yes, I know [manager]. She is very good too; there has been a big improvement since they took over." People also confirmed that there was a presence from the manager on both Bluebell Court and The Willows on a daily basis. This helped to support the delivery of care.

There was a manager in post both at The Willows and Bluebell Court. Both managers had applied to Commission to register and their applications were on-going. 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.

Throughout all our discussions it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team.

Staff spoken with told us they felt the service was managed well. They felt they could approach the management team at any time of day and night and felt well supported to carry out their caring roles effectively. One staff member said, "Yes, definitely. I like working here and feel supported." A second member of staff said, "It's a good team and good support from management" and a third told us, "Yes. It's a nice place to work, people work well together." Staff added that they felt assured that any concerns raised would be dealt with appropriately.

Staff told us they were able to attend team meetings where they felt listened to and could raise concerns. One member of staff told us; "We have team meetings monthly. We are able to contribute to meetings and I feel management are open to suggestions to improve the quality of care."

The service had a range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the registered provider had effective governance audit systems in place covering areas such as accidents and incidents, care plan, infection control, safe guarding alerts, communal and bedroom areas.

These were designed to ensure different aspects of the service were meeting the required standards. The service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through residents meetings, quality assurance questionnaires and ensuring time was allocated to speak with people on a daily basis.

People's care records were clear and up to date. Records were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Staff we spoke with were aware of their roles, responsibilities and what was expected of them and displayed comprehensive knowledge of how to care and support a person safely and effectively. Staff indicated that they had received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

Throughout the inspection we found the management team approachable. They provided us with the documentation we requested without delay.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had failed to implement all reasonable steps to mitigate the risk of pressure areas for people identified as high risk.</p>