







Methodist Homes The Willows

Inspection report

Warford Park,
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Ratings

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

Overall summary

This inspection was unannounced and took place on the 27 October 2014. A second day of the inspection took place on the 28 October 2014 in order to gather additional information. The home was previously inspected in November 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

The Willows is a purpose built two storey care home located in Mobberley. It offers permanent care for up to

61 people and specialises in nursing and dementia care for older people. At the time of our inspection the service was providing accommodation and care to fifty-nine people.

The nursing care accommodation is arranged over two floors, with communal areas such as the lounge and dining room found at ground floor level. The home has a passenger lift and stairway to access each floor. Dementia nursing care is provided in a separate wing of the home on the ground floor. This has a lounge and dining room area that leads onto an enclosed patio and garden area.

Summary of findings

At the time of the inspection we were informed that the registered manager was in the process of applying to de-register from her role to take up a new post from November 2014. We noted that the provider (MHA) had appointed a new manager in September 2014 who was in the process of applying to register with the Care Quality Commission.

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.

During the two days of our inspection, people living at The Willows were observed to be relaxed in their home environment and in the company of the staff team. The relatives of people who lived at The Willows also told us that they felt that the people who lived there were safe and that they had no concerns about the way that their family members were treated. Staff were observed to be diligent and friendly as they went about their duties.

People living at The Willows that were spoken with during our visit spoke highly of the care provided in the home. Comments received from people using the service included: "I would recommend this home to other people"; "I feel free and easy here"; "I can't say enough good about the home"; "The care has been phenomenal"; "It's not home but it's a good place to be"; "It's pretty nice here and everybody here would say that" and "The girls are wonderful here."

Likewise, relatives of the people who lived at The Willows also complimented the care provided. Comments included: "The staff are very kind"; "Residents are treated as individuals and with respect" and "I feel part of a family when I visit. I come at different times of the day and I am always welcome. I have no concerns whatsoever about the care provided."

Examination of induction and training records and discussion with staff confirmed staff had received guidance on the principles of care such as providing personalised care and the importance of treating people with dignity, privacy and respect. Furthermore, staff had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities.

Two activity coordinators were employed at The Willows to develop and provide a programme of activities for people living in the home. During the two days of our inspection we noted that a range of activities had taken place.

Systems were in place to audit, review, monitor and improve the quality of the service. This included seeking the views of people who used the service, their relatives and staff on the running of the service.

We saw that there were corporate policies and procedures in place relating to the Mental Capacity Act 2005 and the Deprivation of Liberties Safeguards (DoLS). This helped to safeguard the rights of the people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training in safeguarding people from abuse and had a good understanding of what to do if they suspected abuse.

People we spoke with at The Willows confirmed they felt secure living in the home.

Risk assessments had been updated regularly so that staff were aware of current risks for people who lived in the home and the action they should take to manage them.

The provider undertook appropriate checks to make sure that the people employed at The Willows were suitable to work with vulnerable adults.

We found that medicines were stored and administered safely.

Good



Is the service effective?

The service was effective.

Management and staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had received training in respect of these provisions.

Staff at The Willows had access to a range of induction, mandatory and other training that was relevant to individual roles and responsibilities

People using the service and their relatives were generally satisfied with the standard of food provided at The Willows. Comments received included: "We have a very good cook"; "The food is very varied"; "Excellent food and plenty of drinks"; "The food is remarkably good" and "Ample and very good."

People living at The Willows received access to a range of health care professionals (subject to individual need) from the various professionals who visited the home.

Good



Is the service caring?

The service was caring.

Staff were seen to be attentive to the individual needs of the people using the service and demonstrated a good awareness of the preferred routines and preferences of the people they cared for.

Comments received from people using the service included: "I would recommend this home to other people"; "I feel free and easy here"; "I can't say enough good about the home"; "The care has been phenomenal"; "It's not home but it's a good place to be"; "It's pretty nice here and everybody here would say that" and "The girls are wonderful here."

Good



Summary of findings

Relatives of the people who lived at The Willows also complimented the care provided. Comments included: “The staff are very kind”; “Residents are treated as individuals and with respect” and “I feel part of a family when I visit. I come at different times of the day and I am always welcome. I have no concerns whatsoever about the care provided.”

Is the service responsive?

The service was not always responsive.

There was little information which described people as individuals in terms of their background, where they came from and what other experiences they may have had which might be relevant to their lives now and which would help support and inform the care of people.

The majority of care plans records and documents viewed had been developed by a previous provider and were clearly more clinically focused and task orientated than person-centered. Furthermore, we noted that some care plans were difficult to decipher, gaps in information and some records were in need of cleansing and review as there was more than one document in place.

We saw copies of new documents which had been developed by the provider and designed to provide a more person centered approach to care planning. This documentation was due to be introduced in the near future.

Requires Improvement



Is the service well-led?

The service was well-led.

The Willows had a registered manager in place who had been in post for several years.

The were auditing systems in place to review, monitor and improve the quality of the service. This included seeking the views of people who used the service, their relatives and staff on the running of the service.

Good



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 checked 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.

The inspection took place on 27 October 2014 and was unannounced. A second day of the inspection took place on 28 October 2014 in order to gather additional information.

The inspection was undertaken by two adult social care inspectors, a specialist adviser regarding nursing and dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case of people living with dementia.

Before the inspection the provider completed a Provider Information Return (PIR) which we reviewed in order to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the

provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about The Willows. During the site visit we also spoke with a podiatrist and a representative from the North West Commissioning Support Unit for continuing healthcare, funded nursing care and complex care. We took any information they provided into account.

During the site visit we talked with 15 people who used the service, six visitors, seven support workers, two nursing staff, two activities coordinators, a chaplain, maintenance person and the cook who was on duty.

Furthermore, we met with the registered manager and the newly appointed home manager for The Willows. We also met with the services manager and deputy services manager for Methodist Homes (the registered provider).

We also spent time with people in the communal lounges and in their bedrooms with their consent. The expert by experience joined one group of people for lunch.

We undertook a Short Observational Framework for Inspection (SOFI) observation in one unit of The Willows. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including six care plans, six staff files, minutes of meetings and maintenance and audit documents.

Is the service safe?

Our findings

All of the people we spoke with at The Willows confirmed they felt secure living in the home and spoke well of The Willows and the staff who looked after them.

The people living at The Willows were observed to be relaxed in their home environment and in the company of the staff team. The relatives of people who lived at The Willows also told us that they felt that the people who lived there were safe and that they had no concerns about the way that their family members were treated. Staff were observed to be diligent and friendly as they went about their duties.

We looked at six care plans for people who lived at The Willows and we saw that they contained risk assessments relating to key areas of care relevant to each person. We found that these had been updated regularly so that staff were aware of current risks for people who lived in the home and the action they should take to manage them. The provider information return highlighted that the provider also commissioned an external company to undertake an annual health and safety audit on the premises.

We saw that staff weighed and recorded people's weights on a monthly basis so as to identify any nutritional risks. We noted that action had been taken to involve multi-disciplinary team members such as GPs, speech and language therapists and dieticians when necessary.

At the time of our inspection the service was providing accommodation and care to fifty-nine people with different needs. We checked staff rotas which confirmed what we were told throughout the inspection about the numbers of staff on duty. Staffing levels had been set by the service at three registered nurses from 8:00 am to 8:00 pm. Eleven care staff were also on duty from 8:00 am to 2:00 pm. From 2:00 pm to 8:00 pm there were eight carers on duty. Furthermore, from 8:00 pm until 08:00 am there were two nurses and four carers on duty covering the two units in the home. We found no recent occasions where staffing had fallen below this level.

The provider information return highlighted that the registered provider monitored staffing levels and skill mix on a regular basis, however there was no staffing / dependency tool in place to demonstrate how the dependency of the people using the service was being

monitored against the staffing hours deployed. Some staff highlighted difficulties in responding to the needs of people living on the Fieldview unit at especially at tea time due to the number of people requiring individual 1:1 support.

This was raised with the management team during our inspection. The service manager undertook to look at this issue. Following our inspection we received information from the services manager who advised that the manager would be implementing a protected meal times policy when all other activities would stop. The service also planned to upskill domestics, ancillary staff and the activity coordinators to assist with meal time support.

We looked at a sample of six staff files to see if the provider undertook checks to make sure that the people employed at The Willows were suitable. In all files we found that there were application forms, references, health questionnaires, Disclosure and Barring Service checks and proofs of identity including photographs. In appropriate instances there was evidence that Nursing and Midwifery Council personal identification numbers had been checked to ensure valid nursing registration. It was not possible to ascertain whether gaps in employment had been explored as part of the recruitment process as there was no documentation available to explain gaps in employment history.

The registered provider (Methodist Homes) had developed internal policies and procedures to provide guidance to staff on 'safeguarding of vulnerable adults' and 'whistle blowing'. A copy of the local authority's safeguarding procedures was also in place for staff to reference.

Discussion with the management team and staff together with examination of training records confirmed the majority (95%) of staff had completed 'safeguarding of vulnerable adults' training which was refreshed annually. When we talked with staff they confirmed that they had received this training which was included in their induction.

The registered manager and staff spoken with demonstrated a satisfactory understanding of the different types of abuse, awareness of their duty of care to protect vulnerable adults and the action they should take in response to suspicion or evidence of abuse.

Staff spoken with were clear about the meaning of safeguarding and knew what to do if they suspected a person was being mistreated. They told us that they would

Is the service safe?

report anything untoward to their line manager and that if they felt this did not result in the appropriate action they would continue to report it through the management structure or whistle blow if necessary to ensure the concern was acted upon.

Information we reviewed prior to the inspection provided evidence that the registered manager had reported safeguarding incidents to all relevant authorities including CQC and where necessary the police. This helped to ensure measures were put in place, where necessary to protect the safety of people who used the service and others.

We viewed the safeguarding file for The Willows. Records of safeguarding incidents were available for reference however a tracking log had not been established to record safeguarding incidents. Records of safeguarding incidents confirmed incidents had been referred to the local authority's safeguarding unit in accordance with the organisation's procedures.

We saw that there was a whistle blower policy available for staff to reference. No whistle blower concerns had been received by the Care Quality Commission (CQC) in the past twelve months. Records indicated that the Commission had received one complaint about the home in the last 12 months.

We checked the arrangements for medicines in the home. We checked training records and found that staff responsible for the management and administration of medication had received foundation and / or advanced training from the home's dispensing pharmacist. Systems were also in place to periodically monitor and review the competency of staff responsible for administering medication.

We also checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines. We noted that the provider had developed a comprehensive 'Medication Policy' which was next due for review in December 2015.

A list of staff responsible for administering medication, together with sample signatures was available for reference. Likewise, photographs of the people using the service had been attached to medication administration records to assist staff in the correct identification of people who required medication.

During our inspection we observed the administration of medicines by a nurse. Medication was found to be stored within a lockable trolley which was kept in a dedicated storage room when not in use. Separate storage facilities were in place for the storage of controlled drugs and medication requiring cold storage. Records were in place to confirm the administration of medication, fridge and room temperature checks; medication returns and incidents concerning medication. Additionally, a handover book was in place for staff to communicate key information and medication audits were undertaken every three months to monitor practice and safeguard the health and safety of people using the service.

We saw that a record of administration was completed in each instance on the medicine administration records (MAR). We checked the arrangements for the storage and administration of controlled drugs and found that this was also satisfactory.

Is the service effective?

Our findings

People living at The Willows and their relatives that were spoken with during our visit were generally complimentary of the standard of catering and healthcare provided.

Examples of the comments received included: “We have a very good cook”; “The food is very varied”; “Excellent food and plenty of drinks”; “The food is remarkably good”; “Ample and very good”; “I’ve been to see several doctors and they organise it all”; “They are very good the medical people” and “The staff are very kind to him”.

Discussion with staff, examination of training records and analysis of the provider information return confirmed staff had access to supervision and a range of induction, mandatory and other training that was relevant to individual roles and responsibilities. The training was delivered via e-learning or face to face sessions and included a range of subjects such as: Induction; Living the Values; Moving and Handling; Health and Safety; Food Safety; Fire; Infection Control; Safeguarding of Vulnerable Adults; Mental Capacity; Equality and Diversity; Nutrition and Hydration; National Vocational Qualifications; Dementia Awareness and Final Lap (end of life training).

Staff told us that they had received induction and ongoing training mainly in the form of e-learning which they could complete at work. We checked the records of training and found that there was a high level of completion although gaps were noted for managing challenging actions; safer holds and escorts; first aid; care plan, risk assessments and medication training. The provider information return highlighted that the managing challenging actions and safer holds and escorts training was to be rolled out by an in-house trainer. Likewise the manager planned to introduce dignity champions to raise awareness and promote dignity and respect.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that there were corporate policies in place relating to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards (DoLS). In the information provided by the provider before the inspection we were told that there were no people living in the home who were subject to a Deprivation of Liberties Safeguards (DoLS).

Upon discussion with the acting manager we were informed that 23 Mental Capacity Assessments had been completed for people living at The Willows. We also noted that since the provider information return was completed one person had become subject to a Deprivation of Liberties Safeguards (DoLS) and that the service was waiting to hear the outcome of three other applications from the local authority.

In March 2014 a supreme court judgement made it clear that if a person lacking capacity to consent to arrangements for their care, is subject to continuous supervision and control and is not free to leave the service they are likely to be deprived of their liberty. We discussed the implications of this judgement in relation to the people residing on the Fieldview unit with the acting manager and noted that it was the intention of the manager to submit Deprivation of Liberties Safeguards (DoLS) applications for everyone to safeguard the rights of the people using the service.

We looked at care records to see if the provider had obtained the consent of the people using the service to the care being provided for them or if their relatives had signed an agreement to the care being provided to their family member. We noted that where possible people using the service had signed consent forms and confirmed agreement with the information contained within care plans.

When we checked the Medication Policy at The Willows we also saw that there was guidance relating to refusal and the covert administration of medicines. This might be required where a person does not have the capacity to agree to a course of treatment.

Both the Roseview and Fieldview units at The Willows had dining areas. At the time of our visit the Fieldview unit was in the process of undergoing major refurbishment to the dining area and a lounge.

Each of the dining areas was provided with food from a central kitchen. Meals were transported to the Fieldview unit via hot trolleys.

Is the service effective?

When we visited the kitchen area we noted that the preferences and special dietary requirements of the people living in the home were readily available to staff. We saw that food was served to people in accordance with these special requirements.

We noted that The Willows had a four week menu plan, copies of which were displayed in the foyer area for people to view. This meant that they were mainly out of reach and out of sight for most people who lived in the home. We also enquired about the use of a pictorial menu for people residing on the Fieldview Unit as they were not available for reference. We were informed by staff that pictures were available to help people make meal choices however they could not be located as the dining room was being refurbished and they had been mislaid.

We were informed that staff asked and recorded individual meal choices on a daily basis. Records of choices had been recorded in a book for people living on the Roseview Unit however no records of choices were available for people living on the Fieldview Unit. Staff assured us that they would take action to record and retain this information.

We saw a main meal being served in the dining room on one unit. Tables were attractively laid with tablecloths, glasses, cups and saucers and cutlery and napkins. We observed people making their own way to the dining area independently or being assisted by care staff. The food was of good quality and attractively presented. People were offered a choice of meal and their preferred portion size. We were informed that some people chose to eat in the comfort of their own rooms and this request was respected.

We looked at the kitchen and saw that it was well-organised. The most recent local authority food hygiene inspection was in April 2013 and the home had been given a rating of 5 stars. This is the highest rating awarded by the local authority.

People using the service told us that they had access to a range of health care professionals subject to individual need. On the day of our inspection we observed a representative from the North West Commissioning Support Unit for continuing healthcare to be on site undertaking a number of reviews and a podiatrist was also visiting people. Feedback from both health care professionals about the standard of care provided by staff at the home was positive.

Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; speech and language therapists; podiatrists and physiotherapists. We did not see evidence of routine dental appointments on files viewed to confirm people had regular access to dental practitioners.

Staff told us that the people residing on the Fieldview unit received primary medical services from a single local practice. We were told that a doctor visited each Thursday and that a communication book was in place to identify people who needed a consultation.

Is the service caring?

Our findings

People living at The Willows that were spoken with during our visit spoke highly of the care provided in the home.

Comments received from people using the service included: “I would recommend this home to other people”; “I feel free and easy here”; “I can’t say enough good about the home”; “The care has been phenomenal”; “It’s not home but it’s a good place to be”; “It’s pretty nice here and everybody here would say that” and “The girls are wonderful here.”

Relatives of the people who lived at The Willows also complimented the care provided. Comments included: “The staff are very kind”; “Residents are treated as individuals and with respect” and “I feel part of a family when I visit. I come at different times of the day and I am always welcome. I have no concerns whatsoever about the care provided.”

We spent time with people using the service and staff on both of the units in the home over the two days of the inspection.

We used the Short Observational Framework for Inspection (SOFI) tool on one unit as a means to observe and assess the standard of care provided. We saw staff and people using the service engaging and interacting with each other in a positive and respectful manner. Staff were seen to be attentive to the individual needs of the people using the service and demonstrated a good awareness of the preferred routines of the people they cared for. People using the service appeared relaxed and comfortable in their home environment and were engaged with staff or chatting to each other.

Staff told us that they were given time to read people’s care plans, personal profiles and risk assessments and to

familiarise themselves with people using the service. This helped staff to gain an understanding of people’s backgrounds and what was needed to help each person and how they would like this to be done.

We noted that systems were in place to periodically gather the views of people who used the service or their representatives via ‘Friends of The Willows’ meetings and satisfaction surveys. The last minutes available to view were dated 7/05/2014.

Examination of induction and training records and discussion with staff confirmed staff had received guidance on the principles of care such as providing personalised care and the importance of treating people with dignity, privacy and respect. Staff spoken with were able to offer examples of how they applied their learning into practice such as speaking to people politely; keeping curtains closed when supporting people with personal care tasks and helping people to maintain their independence wherever possible.

The registered manager demonstrated a good awareness of the staff team and the people who lived at The Willows. At the time of our visit, the newly appointed acting manager was in the process of developing her awareness of The Willows staff team and the needs of the people living in the home.

The information about people who lived at The Willows was kept securely to ensure confidentiality.

A statement of purpose and a guide for new residents was available for prospective service users and people using the service to view. These documents contained a range of information about The Willows, the philosophy of care and the aims and objectives of the service.

Is the service responsive?

Our findings

The Willows was divided into two units. One unit was named Fieldview which provided care and support to 20 people living with dementia and nursing care needs. Dementia can cause memory loss, confusion, mood changes and difficulty in functioning and coping with day-to-day tasks.

The other unit was named Roseview where 41 people requiring general nursing care were accommodated.

We noted that the environment of Fieldview in particular had been decorated using different colours and themes such as: the post office; music; Wales; wild west; royalty and the seaside to help provide people with tactile experiences and to orientate around the home. In addition memory boxes (door signage frames) or numbers had been fitted to a number of doors to help people identify their rooms.

There were other examples of the environment being adapted to provide a more homely atmosphere. For example, a communal area had been decorated to resemble outdoor themes.

At the time of our visit the Fieldview unit was in the process of undergoing major refurbishment to the dining area and a lounge. This was inevitably impacting on the layout and use of the unit and the routines of people using the service. Despite this the staff had thought carefully about how to use the environment differently in order to respond to the needs of the people using the service and minimise potential risk. The provider information return highlighted that there were additional plans in place to further develop and improve the environment for people living on the Fieldview unit.

On the second day of our inspection we undertook a SOFI observation in one of the units at the Willows. We found that care staff interacted positively with the people who lived there. They took care to acknowledge each person who was present and attempted to engage people using the service and their relatives individually in conversation.

We noted that there were two activity coordinators employed to develop and provide a programme of activities for people living at The Willows. We saw that on the day of our inspection one activity coordinator was supporting someone to attend a horse riding activity. The

other activity coordinator had arranged an activity known as “Knit and natter”. Four volunteers were also noted to be in attendance to provide additional support for people living at The Willows. We observed one volunteer playing scrabble with three people and in the afternoon the activities coordinator was giving a demonstration of “pumpkin carving” in a lounge. Likewise, the other activities coordinator had been engaged in individualised and group activities such as “sing-a-long”; newspaper media discussions and craftwork.

A programme of activities and activity records had been produced and maintained to provide a record of activities on offer and outcomes. People spoken with reported that they were generally happy with the range of activities on offer at The Willows despite people’s needs and interests across the home being varied. Samples of the art work completed by people were displayed in parts of the home. A chaplain was also available to focus on the spiritual needs of people using the service.

We were also informed that The Willows was pet friendly and that the people using the service had enjoyed visits from dogs, a hen, a Shetland pony and recently a rabbit. Likewise we noted that people had also enjoyed external activities such as a barge trip.

We looked at six care files and found there was little information which described people as individuals in terms of their background, where they came from and what other experiences they may have had which might be relevant to their lives now and which would help support and inform the care of people.

The majority of care plan records viewed had been developed by a previous provider and were clearly more clinically focussed and task orientated than person-centred. The care plan system in operation was based upon a traditional nursing model which focused on: strengths, needs, problems and risks; planned care and aim of care; monthly evaluation records and daily information records.

We noted that some care plans were difficult to decipher, gaps in information and some records were in need of cleansing and review as there was more than one document in place.

We discussed these findings with the management team who informed us that the care plan system was due to be reviewed and updated in the very near future. This was also

Is the service responsive?

evident within the provider information return. We saw copies of new documents which had been developed by the provider and designed to provide a more person centered approach to care planning.

Key information on The Willows was displayed in the reception area. For example, the statement of purpose, service user guide; philosophy of care and values charter was available for reference.

We reviewed the complaints file and noted that there were no records of any complaints having been received in the last twelve months on the complaint tracking form. The

registered manager reported that the service had received no complaints until three days prior to the inspection. The details of the complaint had not been recorded within the complaints file however a copy of the letter was available to view. The registered manager told us that she had not completed the tracking log because she was in the process of investigating the concerns however there was no evidence of this.

People using the service and relatives spoken with told us that they would not hesitate to complain to the manager if they needed to.

Is the service well-led?

Our findings

The Willows had a registered manager in place who had been in post for several years. At the time of our inspection we were informed that the registered manager had decided to take up a new role as a Clinical Nurse Manager role within the home and was due to de-register.

A new acting manager had been appointed by the provider who was in the process of applying for a disclosure and barring service (DBS) check. We were informed that upon receipt of the DBS check the new manager would apply for registration with the CQC.

The registered and acting manager were both present during the two days of our inspection and both were seen to encourage staff, people using the service and their representatives to engage in the inspection process.

As a result of the proposed management changes, The Willows was going through a significant period of change at the time of our inspection.

We spoke with the acting manager as part of the inspection process and noted that she was receiving support from the services manager and deputy services manager who also participated in the inspection process. The acting manager confirmed that she was looking forward to the prospect of leading and developing the service and staff spoken with were complimentary of the new manager's approach.

We noted that an emergency plan had been developed to ensure an appropriate response in the event of a major incident. We also saw that there was a system of audits in place. These included: periodic internal quality audits (due November 2014), quarterly health and safety performance; quarterly first aid supplies; quarterly medication audits and six monthly infection control audits. The management team also informed us that other audits were also undertaken such as activity audits; food safety and enhancing meal times. Additionally, the service manager provided evidence that he maintained an overview of falls, pressure ulcers, significant weight loss, sudden deaths and safeguarding incidents on a monthly basis. The provider also carried out a standards and values annual assessment to monitor the service provided. These audits helped the manager to monitor the service and to identify any areas requiring action or improvement.

A comprehensive range of service and maintenance records were also in place to verify that services and equipment within the home was monitored and maintained to a satisfactory standard. We checked a number of test and service records relating to the premises and found all to be in good order.

The provider had also commissioned a market research organisation to conduct a 'Your Care Rating'. The survey was conducted during September and October 2013 and involved seeking the views of the people using the service or their representatives. The survey sought feedback on a range of issues including: 'staff and care'; 'home comforts'; 'choice and having a say' and 'quality of life'. An action plan with timescales had been developed in response to the feedback to ensure the ongoing development of the service.

Likewise, a staff survey had been undertaken during April 2014 to seek feedback from people working at The Willows. A summary report and action plan had been produced in response to the survey and the results were discussed during a team meeting to ensure effective communication with staff.

We saw minutes of general staff meetings and 'Friends of The Willows' meetings which had taken place periodically to provide stakeholders with the opportunity to share and receive information. This was led by the home's Chaplin and used to discuss a range of topics including concerns, suggestions and social activities. Staff spoken with also confirmed that they had received formal supervision at bi monthly intervals and an annual appraisal.

The registered manager is required to notify the CQC of certain significant events in the home. We noted that the manager kept a record of these notifications. Where the Commission had been notified of safeguarding concerns we were satisfied that the manager had taken the appropriate action. This meant that the manager was aware of and had complied with the legal obligations attached to the role of a registered manager.

Information on The Willows had been produced in the form of a 'statement of purpose' and 'guide for residents'. This provided people using the service and their representatives with key information on the service.