City of York Council

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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Willow House is a residential care service owned and run by City of York Council. It is registered to provide personal care and accommodation for up to 33 older people. The service is purpose built and accommodation is provided across two floors with lift access. The service is situated overlooking York city walls. There is parking available on-site.

At the time of our inspection, the registered provider was in the process of undertaking a consultation regarding the possible closure of Willow House. We inspected this service on 23 September and 3 October 2016. The inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection, Willow House provided permanent accommodation, but also had 4 'step-down' beds providing temporary accommodation for people being discharged from hospital. There were 23 people using the service; 22 people living at the service and one person staying there temporarily in a 'step-down' bed.

The service was last inspected in January 2014 and was compliant with the regulations in force at that time.

The registered provider is required to have a registered manager as a condition of their registration for this service. The service did have a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection, we received positive feedback about the management at Willow House. However, we identified a number of issues or concerns relating to the running of the service which demonstrated that the service had not been consistently well-led. Although work was on-going to address a number of these issues and concerns, further progress was needed.

We identified that care plans contained person centred information about people's needs and how those needs should be met by staff. However, we found that care plans and risk assessments had not always been updated to reflect people's changing needs and to provide up-to-date guidance to staff about how to safely support that person to meet their needs. We found that Personal Emergency Evacuation Plans (PEEPs) were completed, but had not consistently been added to the 'emergency file' when new people had moved into the service. We found that regular fire drills had not been completed.

We received mixed feedback about staffing levels and concerns about the cleanliness of the service. These issues were being addressed and steps taken to ensure that sufficient numbers of general assistants were deployed to keep the service clean. However, we made a recommendation about monitoring staffing levels and staff deployment in the body of our report.

Training records showed that staff training had not been kept up-to-date. The registered provider was in the

process of addressing this at the time of our inspection. We have made a recommendation about monitoring staff training in the body of our report.

People who used the service told us there were not enough activities on offer at Willow House. We have made a recommendation about improving the support available to people to engage in meaningful activities in the body of our report.

People who used the service told us they felt safe and we found that people were safely supported to take prescribed medicines. The home environment and equipment used were checked regularly to ensure they were in safe working order.

People who used the service were supported to make decision and had choice and control over their care and support. Consent to care and treatment was sought in line with relevant legislation and guidance. The deprivation of liberty safeguards (DoLS) were appropriately used to ensure people's human rights were protected.

People who used the service were positive about the food provided at Willow House and staff encouraged people to eat and drink enough. However, accurate records were not consistently kept of people's food and fluid intake. Although the registered provider had addressed these concerns by the second day of our inspection this was evidence of reactive not proactive management.

People were supported to access healthcare services where necessary and appropriate advice and guidance was sought following accidents and incidents to promote good health and keep people safe.

Staff were generally described as kind and caring. Staff treated people who used the service in a way that maintained their privacy and dignity. Staff demonstrated that they understood people's needs and how best to support them.

There were systems in place to gather feedback about the service provided, share information and manage complaints. The registered provider had a system of quality assurance audits to monitor and improve the safety and effectiveness of the service provided.

We found a breach of regulation relating to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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 required improvements to be safe.

There were systems in place to support staff to identify and appropriately respond to safeguarding concerns to keep people who used the service safe.

Systems were in place to identify and assess risks. However, risk assessments had not always been updated when people's needs changed.

We received mixed feedback regarding staffing levels and identified concerns that staffing levels had impacted on the cleanliness of the service. However, the registered provider was addressing this at the time of our inspection.

People received appropriate support from staff to take prescribed medicines safely.

Is the service effective?

Requires Improvement

The service required improvements to be effective.

Staff training had not been kept up-to-date, although we could see that the registered provider was taking action to address this.

Staff sought people's consent in line with relevant legislation and guidance on best practice. The registered provider was working within the principles of the Mental Capacity Act 2005 and authorisations to deprive people of their liberty were appropriately completed.

People who used the service were positive about the food provided at Willow House. However, improvements were required with recording of people's food and fluid intake.

Staff supported people who used the service to access healthcare services where necessary.

Is the service caring?

Good

The service was caring.

We received generally positive feedback about the kind and caring staff working at Willow House.

Staff supported people who used the service to make decisions about their care and support and to express their wishes and views.

We observed that staff spoke with people in a caring and respectful way and People who used the service told us that staff respected their privacy and dignity.

Is the service responsive?

Requires Improvement

The service required improvements to be responsive to people's need.

Care plans were in place to guide staff on the support people required to meet their individual needs.

People who used the service told us there were not enough activities on offer at Willow House.

There were systems in place to gather feedback about the service provide and responded to complaints.

Is the service well-led?

Requires Improvement

The service required improvements to be well-led.

We received positive feedback about the management at Willow House.

We identified a number of issues and concerns during the course of our inspection. For example, relating to staff training, risk assessments and around fire safety and emergency planning. Whilst work was on-going to address these areas of concern they had not been fully resolved and further improvements were still needed.

There were systems in place to share information with staff and people who used the service.

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. The inspection was planned to check whether the registered 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.

We inspected the service on 23 September and 3 October 2016. The inspection was unannounced. This meant the registered provider and staff did not know we would be visiting. The inspection was completed by one Adult Social Care Inspector.

Before our inspection, we asked the registered provider to complete a Provider Information Return (PIR). This was completed and returned within the agreed timescales. The PIR is a form that asks registered providers to give some key information about the service, what the service does well and what improvements they plan to make. We looked at information we held about the service, which included information shared with the Care Quality Commission (CQC) via our public website and notifications sent to us since our last inspection of the service. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We used this information to plan our inspection.

During the inspection, we spoke with six people who used the service and four visitors who were their relatives or friends. We spoke with the head of service responsible for overseeing all of the registered provider's services, a service manager, the deputy manager, three care staff and the cook.

We reviewed four people's care files, recruitment, training and supervision records for three members of staff, medication records and a selection of records used to monitor the quality of the service. We observed interactions between staff and people who used the service and observed lunch being served in the main dining room.

Requires Improvement

Is the service safe?

Our findings

In order to minimise risks to people who used the service, people's needs were assessed before they moved to Willow House. The assessments completed included risk assessments, which were used by staff to identify potential risks to people who used the service and the staff supporting them. Where risks were identified, risk assessments contained information and guidance to staff on how to provide safe care and support to people in order to minimise and reduce the level of risk. For example, we saw risk assessments in place to guide staff on how to safely support people with moving and positioning, risk assessments with regards to managing people's medicines and risk assessments about how to safely meet people's nutritional needs.

Although risk assessments generally contained proportionate information relevant to the level of identified risk, we identified one example where the person's care plan had not been updated following a number of incidents. This meant there was insufficient information within the care plan to guide staff about how to meet this person's needs safely. We found another example where a person who used the service had gained a significant amount of weight, however, their nutritional risk assessment had not been updated to reflect how staff needed to monitor and respond to this. It is important that risk assessments are kept up-to-date so that they contain relevant guidance to staff about how to safely meet people's individual needs.

If people who used the service were involved in an accident or an incident had occurred, staff kept a record of what had happened and what action they had taken. Body maps were completed to document the type and location of any injuries sustained. These records were collated on a monthly basis to be signed off by the deputy manager. They checked that appropriate action had been taken in response to any newly identified risks and also analysed the accidents and incidents to identify any patterns or trends occurring. Accident and incident records showed that staff sought medical attention where necessary and took steps to reduce the risk of future accidents or incidents occurring. However, we spoke with the service manager and deputy manager about ensuring that people's care plans and risk assessments were reviewed and updated in response to any issues or concerns to ensure they reflected the support needed to meet people's changing needs.

The registered provider completed health and safety checks to ensure the premises were suitable and any equipment used was safe. Documentation and certificates evidenced that checks had been completed of the electrical installation, gas appliances, any portable electrical equipment used and on lifting equipment including hoists, slings and the passenger lift.

The registered provider informed us that a new fire risk assessment had been completed; however, the paperwork from this was not yet available at the time of our inspection. The fire risk assessment that was available to us had been due to be reviewed in February 2016. Regular checks had been completed of the fire detection systems, fire extinguishers and emergency lighting to ensure these were in safe working order. Records showed that the fire alarm was tested each week; however, there was no evidence that regular fire drills had been completed. Fire drills are important for staff to rehearse and ensure they are confident in providing support for people to leave the home in the event of a fire. Not holding regular fire drills placed

people who used the service at increased risk of harm. The deputy manager told us they were aware and would be scheduling fire drills to address these concerns.

Personal Emergency Evacuation Plans (PEEPs) were in place providing details about the level of support people who used the service would need to evacuate the building in the event of an emergency. These were stored in a folder in the location's offices. However, we noted that the PEEPs for new people who used the service had not been added to the folder. This meant the required information would not be where expected or needed in the event of an emergency. The deputy manager showed us work they were doing to review and update all PEEPs in light of new guidance on best practice and told us they would address this issue. The registered provider had an up-to-date business continuity plan. This provided information about how they planned to continue meeting people's needs in the event of an emergency such as loss of utilities, a fire or a flood.

We concluded that the registered provider had not taken sufficient action to reduce risks to people who used the service.

This was a breach Regulation 12 (2) (b) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Despite these concerns, people who used the service told us they felt safe with the care and support provided by staff at Willow House. Feedback we received included, "I do feel safe. There is always someone around", "I feel safe it's got that atmosphere", "You know there are people around. I feel quite safe" and "Yes I feel safe. They [staff] pop in regularly to make sure you are ok."

Staff completed safeguarding vulnerable adult's training to equip them with the knowledge and skills needed to identify and respond to safeguarding concerns. The registered provider had a safeguarding policy and procedure in place to provider further guidance to staff. Records showed that this policy was adhered to, with safeguarding concerns appropriately identified and referred to the local authority's safeguarding adult's team. Where concerns were identified, they were investigated and remedial action was taken to minimise identified risks to keep people safe.

We asked staff how they ensured people who used the service were safe. One member of staff told us, "We are always observant, we spot the hazard before it happens and we are always aware of where people are or what they are doing."

The registered provider took reasonable steps to ensure suitable staff were employed at Willow House. Recruitment records demonstrated that interviews were completed and references obtained. New staff were also required to have a Disclosure and Barring Service (DBS) check before they started work. DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruitment decisions and also minimises the risk of unsuitable people working with adults who may be vulnerable.

The registered provider used a dependency tool to determine how many staff were needed on each shift to meet people's needs. On the first day of our inspection, there were 23 people using the service. The deputy manager told us there were three carers and one care leader on duty and one cook and a general assistant in the kitchen. The deputy manager told us there would normally be a further two general assistants on shift, however, a shift had not been covered whilst an agency worker had also cancelled at the last minute. General assistants supported with domestic tasks such as cleaning, laundry and also assisted in the kitchen. The deputy manager told us there had been issues with covering general assistants' shifts at the service

particularly during the summer holiday period. A member of staff we spoke with said, "We have no one in the kitchen this afternoon so the carers on the floor are going to have to do tea. Some of the shifts aren't getting covered."

We were concerned about the impact of not covering general assistants' on people who used the service. Before our inspection, we received information raising concerns about the cleanliness at the service. We observed that whilst areas of the service were tired and in need of redecoration, the service was generally clean and tidy. However, we did observe some bins needed cleaning, some areas of the service needed sweeping or vacuuming and some of the chairs could not easily be cleaned and were slightly malodorous.

People who used the service told us "It's always clean and tidy. I would soon complain if it wasn't" and "The cleaning staff are brilliant, it couldn't be cleaner." However, we received mixed feedback from relatives of people who used the service. One commented "The place is lovely and clean...the bedding is always kept beautiful", but another relative told us they had on-going concerns about the cleanliness of the home saying, "I cannot knock the carers they are fabulous, but there's a general lack of care and attention to cleanliness." We saw that senior staff had raised concerns about the cleanliness of the service at a staff meeting in June 2016.

The registered provider had recently completed an audit and identified concerns about cleanliness at the service. On the first day of our inspection, the home was in the process of being deep cleaned in response to these identified concerns. The registered provider had also identified that there had not always been enough staff allocated to cleaning tasks. The registered provider had changed staff deployment to address these concerns and had also agreed to provide further support to ensure that future daily audits would identify infection control and cleanliness issues in future.

We asked people who used the service if there were enough staff to meet their needs. We received mixed feedback with comments including, "If you want anything, they [staff] are soon here", "The staff are very good, you just ring the bell and they come quickly", "I've used the buzzer the odd time and they soon come" and "I only have to pull the cord and they are here." However, two people we spoke with raised concerns about staffing levels saying, "If you want someone to help you, there is no one around" and "I don't think there is enough staff. They are always short staffed with holidays and sickness. They bring agency in, but I don't rate them at all." They explained that when agency staff did the tea round they sometimes got missed.

We received mixed feedback regarding staffing levels from relatives of people who used the service. Comments included, "There always seems to be adequate staffing" and "There's not enough staff especially at weekends."

A member of staff said, "Staffing is touch and go...we have recently gone down to three as staffing levels were too high for the number of service users."

The registered provider explained that staffing levels had been reduced, because the service had a number of vacant rooms. We observed during our inspection that there was a visible staff presence in communal areas and staff were available to assist and respond to people's needs in a timely manner. However, some staff appeared rushed at times and this was compounded by difficulties covering general assistant's shifts. Care staff told us they had been required to cover general assistant's shifts and we were told night staff were required to complete additional cleaning responsibilities due to the lack of general assistants on shift. The registered provider told us that staffing levels at night had not been reduced, despite a number of rooms being vacant, so that night staff had more time available to undertake cleaning tasks. Although we could see the registered provider had taken action to respond to staffing issues, we were concerned that staffing levels

had not always been robustly monitored.

We recommend that the registered provider continues to monitor staffing levels, skill mix and staff deployment at Willow House.

People who used the service told us they were supported by staff to take their prescribed medicines. Staff responsible for administering medicines received training and competency tests were completed to ensure they had the appropriate knowledge and skills to safely administer medicines. We observed people being appropriately supported to take their prescribed medicine and saw that Medication Administration Records (MARs) were completed to document when people had taken their medicine. Records were kept of the amount of medicine held in stock and our checks showed these records to be accurate and up-to-date. Medicine audits were completed together with actions for staff to follow where shortfalls were identified.

Medicines were stored securely and appropriate systems were in place for the handling and administering of controlled drugs. Controlled drugs are prescribed medicines which fall under the scope of the Misuse of Drugs legislation and associated regulations, which provide strict legal controls to govern how these medicines are prescribed, stored and administered.

Requires Improvement

Is the service effective?

Our findings

People who used the service told us staff were well trained to meet their needs. Feedback we received included, "They [staff] try their best and look after you", "The staff are good" and "They are very good staff."

The registered provider ensured staff had access to a wide range of training and learning opportunities. The deputy manager showed us a copy of a training matrix which they used to record training staff had completed and to identify when training needed to be updated. This, along with certificates of training completed, evidenced that training was provided on topics which included first aid, medication management, infection, prevention and control, safeguarding vulnerable adults, moving and positioning people, fire awareness, dementia awareness, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and food hygiene and nutrition. Staff told us, "We have a lot of training" and "Whenever I have required training courses they have been booked and put in place."

The registered provider had introduced a new system for monitoring and overseeing compliance with their training requirements. A service manager had been appointed with responsibility for overseeing training across the registered provider's services and a new system of monitoring and audits had been introduced. We saw a training audit of staff's training needs completed at Willow House in September 2016. This identified that training needed to be completed or updated in a number of areas. For example, the registered provider had identified that 35% of care staff had not completed first aid training, 85% of staff had not completed infection control training and 56% of staff needed to update their moving and positioning training. The training audit had been used to prioritise staff training needs and staff were being nominated for upcoming courses to address these gaps.

We recommend that the registered provider continues to review staff training needs to ensure staff training is kept up-to-date in future.

Records evidenced that staff received supervision and 'personal development reviews' were completed annually. Supervision is a process, usually by way of a meeting, that an organisation provides support, advice and guidance to staff and encourages continuous professional development. Records of completed supervisions showed that staff discussed their general wellbeing, any training needs they had and any issues or concerns with their practice. Personal development reviews were used to appraise staff's annual performance, identify targets and further support staff development. This showed us the registered provider was committed to promoting and supporting continuous professional development.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. Where people had capacity, we saw they had been asked to sign their care plan to record that they consented to the care and support provided by staff. Mental capacity assessments were completed if there were concerns regarding a person's ability to make an informed decision and best interest decision made where necessary. Appropriate authorisations had been requested where people lacked capacity and there were concerns that the care and treatment provided amounted to a deprivation of their liberty. We concluded that the registered provider was meeting the requirements of the deprivation of liberty safeguards. People's human rights were therefore properly recognised, respected and promoted.

We reviewed the support provided to ensure people who used the service ate and drank enough. We spoke with the cook who told us they had a four week menu, but explained that they alternated options depending on seasonal availability and a trial and error approach responding to what people liked to eat and what people asked for. The cook showed a good understanding of people's dietary requirements and preferences. The cook explained how they prepared food for people who were diabetic, people who required a softened diet (due to swallowing difficulties) and people who needed a fortified diet to boost their calorific intake. We saw that information was shared between care staff and the kitchen staff to ensure the cook had up-to-date information about people's specific dietary requirements and 'residents meals questionnaires' were completed to gather information about people's likes, dislikes and preferences.

We asked people who used the service what they thought of the food provided. Comments included, "I think the food is very good, you get an assortment...we're well fed" and "The meals are very good. At lunchtime you have two choices. We get drinks around about 10:00am and 2:00pm. They are always asking if anyone wants anymore." However, one person we spoke with said "We get the same old thing every week, sandwiches, salad everyday again and again." The cook and the registered manager had already made us aware of these concerns and explained the work they were doing to improve the variety of food on offer. We saw that food options had been discussed at resident's meetings.

We observed lunch being served during our inspection and saw that appropriate support and encouragement to eat and drink was given to people who used the service. People were offered appropriate portion sizes and food served looked appetising. People were offered a choice and supported to make a decision about what they wanted to eat.

People who used the service were weighed regularly. Where there were concerns about people's food and fluid intake, monitoring charts were in place for staff to record how much people had eaten and drunk. We reviewed these food and fluid charts and saw that records were not consistently completed and did not evidence that staff were providing regular encouragement to support people to eat and drink. On the second day of our inspection, we saw the registered provider had addressed our concerns and new guidance had been given to staff about the responsibility for completing food and fluid charts.

People who used the service were supported to access healthcare services where necessary. People who used the service told us, "You'd tell one of the staff if there was something the matter and I'm sure they would deal with it" and "The doctors are soon here if there's anything wrong."

People's care files recorded details about any health needs they had and information about the level of support required from staff to meet those needs. Staff maintained a 'professionals visits' record documenting appointments with healthcare professionals. These evidenced that people were regularly seen

by their GP, the district nurses, opticians, chiropodist and dentist where necessary.

Good

Is the service caring?

Our findings

People who used the service told us the staff that supported them were generally kind, caring and attentive to their needs. Comments included, "A good many of them are very caring and very nice", "Some good, some bad. They are caring; the majority are really really good" and "The staff that we have seem very friendly. It's a home from home."

Relatives of people who used the service said, "They [staff] are always extremely courteous...the staff are really very helpful" and "In general the carers are very caring and loving."

During our inspection we observed and overheard a number of positive and caring interactions between staff and people who used the service. One person who used the service said, "If they've got time, they [staff] will stop and talk to you."

We asked staff how they got to know people who used the service and developed positive caring relationships with the people they were supporting. One member of staff said, "We are told about the person and then I go and introduce myself." Another member of staff told us, "We learn as we go along with them...The first bit [in the care plans] about their past is quite nice as it's topics to talk to them about." We reviewed four people's care files and saw they contained person-centred information to support staff to get to know people who used the service and to develop caring relationships.

People told us staff asked them for their views on how their personal care should be provided and they were encouraged to make decisions on a routine basis throughout the day. A member of staff said, "We talk through decisions with them [people who used the service]." We observed that people were encouraged to make decisions, for example about how and where to spend their time or what to eat and drink.

People who used the service told us that staff listened to their opinions and respected their decisions. Comments included, "They [staff] are willing to listen; I can't ask for anything more" and "If you asked for something or you asked for something you like you would get it. They are very helpful."

Information on advocacy services was available and accessible to people who used the service, should they need the support of an advocate. An advocate is someone who can provide support to help people express their wishes and views, secure their rights and represent their interests on issues important to them.

Staff supported people who used the service to maintain their privacy and dignity. We observed that care and support provided in communal areas was respectful, discreet and maintained people's privacy. Where support was required with personal care, we saw that people were supported to go to their bedroom or a bathroom and their doors closed. Staff knocked on people's doors before entering their room demonstrating that they respected people's privacy. A person who used the service confirmed that staff were respectful of their personal space commenting, "They [staff] always give a little knock."

We asked staff how they supported people who used the service to maintain their privacy and dignity. One

member of staff told us, "We always make sure they are covered up, never uncovered, and we encourage people to be independent." This and other conversations demonstrated that staff understood the importance of maintaining people's privacy and dignity when providing care and support.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us staff were attentive and responsive to their needs. Feedback included, "The staff they are excellent. They go out of their way to help you. They will do anything for you" and "I've never known anybody so helpful as they [staff] are."

We reviewed the systems in place to support staff to provide personalised care and support. We saw that people who used the service had a care file containing copies of assessments of their needs. We reviewed four people's care files and saw that assessments were completed in respect of people's communication, continence, medication, mobility, nutrition and personal care needs. These provided information to guide staff about what support a person needed and also information about people's personal preferences with regards to how their needs should be met. Care files also contained sections titled, 'About me' and 'My daily routine'. They recorded information which was important to that person, which staff would need to provide effective care and support. We saw that monthly care plan reviews were completed to check whether the care and support in place was meeting the person's needs.

Staff we spoke with showed a good understanding of people's needs. We observed staff interacting with people who used the service in a way that demonstrated they were familiar with them and understood how best to support them.

To further ensure staff had up-to-date information about people's needs, daily meetings were held to handover information from one shift to the next. Staff also kept a communication diary and wrote daily records about each person who used the service. We reviewed these records and found that they provided an effective way of communicating important information about people's needs. This enabled staff to provide responsive care to meet people's changing needs.

We asked people who used the service what activities were on offer at Willow House. They told us there was not a lot of support available for people to engage in meaningful activities and that they felt this could be improved. Comments included, "There are not a lot of activities really. They have a sing along music group once a week and they play dominoes", "There are not a lot of activities; we have people come in singing. There isn't a lot to do, but it doesn't worry me, I like to read", "We've had one or two things going on, a quiz sometimes. Last week we went to Bridlington [a seaside town] for the day, it was nice", "They don't organise things you please yourself" and "The majority of the time people just sit there."

The registered provider did not employ an activities coordinator. A member of staff told us, "They [staff] will play dominoes with the residents, sit out in the nice weather and have ice creams in the afternoon. Not many like activities, but [staff member's name] does stories and poetry with them." The service had a weekly 'musical connections' session during which people who used the service were supported to sing and play music. The registered provider had run a project across their services to encourage people who used the service to spend time outdoors. This was called the 'breath of fresh air challenge'. At Willow House this had involved organising a beach themed garden party. We also saw that the registered provider had organised for an entertainer to visit in August 2016. Feedback was that people had enjoyed this and wanted further

sessions to be organised. Although we saw evidence of a positive commitment to providing stimulation and meaningful activities, feedback from people who used the service showed us that this aspect of the care and support provided at Willow House required further development.

We recommend that the registered provider seeks advice and guidance from a reputable source about developing support for people to engage in meaningful activities.

The registered provider had a policy and procedure in place outlining how they would manage and respond to complaints about the service provided. A copy of the complaints policy was displayed on a 'Residents Information Board' for people who used the service to look at if needed. People who used the service told us they felt able to speak with staff if they had any issues or concerns and that their concerns would be dealt with professionally. People who used the service commented, "If you have any complaints they soon sort it out for you" and "If there's anything wrong you can tell the person and something is done about it."

At the time of our inspection, there had been one complaint dealt with through the registered provider's formal complaints procedure and an appropriate response had been provided. The deputy manager told us that other minor issues or concerns were dealt with informally and not recorded in the registered provider's complaints records.

We reviewed records of compliments received and saw that staff had received numerous cards and letters praising the care and support provided at Willow House.

We saw a board was displayed in a communal corridor of the home recording details about how minor issues or suggestions had been addressed. This encouraged other people who used the service to raise issues or comments by showing that feedback was taken seriously and steps taken to respond to any requests or concerns.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration for Willow House. At the time of our inspection, there was a registered manager in post and they had been the service's registered manager since July 2016. The registered manager was supported by the deputy manager and care leaders in running the service. However, we were assisted during our inspection by the deputy manager, a service manager and the registered provider's nominated individual.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The CQC had been informed of significant events in a timely way. This meant we could check that appropriate action had been taken in response to any issues or concerns.

The registered provider had a range of policies and procedures in place to support staff to understand their role, responsibilities and best practice. Policies and procedures were based on up-to-date legislation and guidance. During the inspection we asked for a variety of records and documentation relating to the running of the service. We found that information was securely stored, but accessible on request.

We asked people who used the service what they thought about the care and support provided at Willow House and whether they felt the service was well-led. Feedback we received included, "They are very good carers, and the management I have no complaints at all", "It's very good, I have no problems whatsoever. It's clean they [staff] are all very nice, the food is good" and "[Name] the deputy manager has been no end of help."

Relatives of people who used the service said, "The management seem very caring" and "They [staff] never shun a question. They are always there to help and they ring if there is a problem."

We asked staff if they thought the service was well-led. Comments included, "It is well-led. They are very prompt, nothing is left, everything is acted on...we have an opinion and it's always listened to" and "The staff are amazing. They all pull together. There is no lack of communication and no lack of support."

During our inspection, we identified a number of issues or areas of concern. For example, around monitoring staff deployment to ensure staffing levels did not impact on the cleanliness of the service, ensuring all staff training was up-to-date and developing the support available to people who used the service to engage in meaningful activities. We identified concerns that fire drills had not been completed, Personal Emergency Plans for new people to the service were not always in place and people's care plans and risk assessments had not always been updated to reflect people's changing needs.

We could see that the registered provider had taken action to address a number of these issues and new systems and processes had been implemented. For example, changes had been made to staff deployment and external contractors brought in to address and resolve cleanliness issues, whilst a new system of audits had been brought in to monitor and ensure staff training was brought up-to-date. However, at the time of

our inspection this work was on-going and further progress was needed to resolve outstanding issues and concerns. Meanwhile, the existence and extent of these concerns demonstrated that the service had not always been well-led.

The registered provider had implemented a system of quality assurance audit to monitor the safety and effectiveness of the service provided. Audits were completed of the care plans, records relating to the management of people's medicines, the environment within the service, infection control practices and of the kitchen. Where issues or concerns were identified during the course of these audits, actions were taken and recorded evidencing how the problem had been resolved. The registered provider had also introduced a monthly quality audit which reviewed important aspects of the service provided at Willow House. This had identified shortfalls in audits already completed and further training and support was being provided to improve the effectiveness of the service's internal quality assurance processes. This demonstrated that the registered provider was committed to monitoring and improving the service provided at Willow House.

The registered provider had held 'residents' meetings' to share information and gather feedback from people who used the service. Records evidenced that residents' meetings had been held in June and August 2016. We reviewed minutes from the most recent residents' meeting in August 2016 and saw that topics discussed included improving the variety of meal choices and meal suggestions, the reduction in use of agency staff, options and suggestions for entertainment and activities and the future of the registered provider's services. Minutes had been displayed on a notice board in a communal area for people who used the service and visitors to read. Holding resident's meetings demonstrated that the registered provider was committed to engaging with people who used the service, sharing information and gathering feedback which could be used to improve the care and support provided at Willow House. However, feedback from the last resident's meeting indicated that people who used the service wanted a 'steak night' to be organised and the deputy manager told us they were still exploring this option at the time of our inspection.

The deputy manager explained that they also used quality assurance questionnaires to gather feedback about the service provided. We saw that an annual questionnaire was used to survey the opinions of people who used the service. This had last been completed in 2015. The feedback had been analysed and information collated to provide an overview of people's opinions about the service. We were told that this exercise had not yet been completed in 2016. The deputy manager told us that a relative's and professional's questionnaires had been sent out in April 2016, but only one positive response had been received.

Staff meetings had been held in February and August 2016. Topics discussed included management cover, the rotas, training, any staff issues or concerns and specific service user's needs. This showed us that team meetings were effectively used to share information.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured that all that is reasonably practicable had been done to mitigate risks to people who used the service. Regulation 12 (2) (b).