Willow View Care Limited

Willow View Care Home

Inspection report

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Date of inspection visit:
10 January 2018
25 January 2018
30 January 2018

Date of publication:
12 March 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 10 and 25 and 30 January 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming.

Willow View is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Willow View can accommodate up to 54 people across three separate areas each of which have separate adapted facilities. At the time of our inspection one of the areas specialised in providing care to people living with dementia. The Willow Gardens area is a newly built extension that is currently a stand-alone building but will be joined to the original building via the creation of a link corridor. Building work was still underway to construct the link at the time of our visit. There was a dining room on each unit and a number of communal living areas.

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

The provider had a safeguarding policy in place however we found that incidents were not always handled in line with this. Staff had received safeguarding training and knew the procedures for raising any concerns. Staff were also familiar with the provider's whistleblowing policy.

People's weight was not always monitored accurately.

Medicines were managed with support from an electronic system for recording medication administration. Medicines were stored safely and there was a robust system in place for ordering and disposal. Stock checks of one medicine identified two discrepancies over the period of one month. The discrepancies had not been handled in line with the provider's policy. Medicine administration records (MAR) contained some errors that could not be accounted for.

People had personal emergency evacuation plans in place. However appropriate fire drills were not being conducted on a regular basis.

There were sufficient staff on duty to safely meet people's care needs. Staff levels were calculated monthly using a dependency tool was. Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

Accidents and incidents were recorded and monitored monthly to look for patterns or trends.

There were infection control procedures in place to minimise the risk of cross-infection. All areas of the service were clean and tidy and there were no unpleasant odours.

Capacity assessments were not being undertaken in line with guidance in the Mental Capacity Act 2005 code of practice. DoLS applications had not been submitted for every person who had restrictions placed on their movements.

Consent to care was not always correctly obtained or recorded. Details of relatives with Lasting Power of Attorney (LPA) were not clearly recorded on care files. We did not see any records of best interest decisions taking place. We have made a recommendation about this.

People were very happy with the food they were provided. The service supported people to maintain a balanced diet and kitchen staff were knowledgeable about people's dietary needs. People and their relatives were involved in menu planning and the mealtime experience was a positive one.

Staff told us they received the right level of support and were happy the quality of the training. Records showed that training was up to date and staff had supervision meetings on a regular basis.

People's health and wellbeing needs were met by regular visits from health care professionals. The provider had also recently begun to use a computerised system of monitoring people's health. Positive feedback was received from a visiting health professional.

The environment was bright and well decorated with clear signage to help people find their way around independently. People had access to outdoor areas and spent time in the garden when the weather was good.

People and their relatives were very happy with the way care was being delivered and spoke positively about the staff approach. The atmosphere within the care home was relaxed. Staff promoted privacy, dignity and independence. There was a good rapport between staff and people using the service. Relatives and friends were able to visit at any time and were made to feel welcome.

People were supported to follow their religion without being discriminated against unfairly on these or any other grounds. People were also supported to vote to ensure their rights were upheld. Information on an advocacy service was made available to people.

People felt there were not enough activities on a day to day basis to prevent boredom. There were no staff members employed specifically to deliver activities. As a result people were at risk of social isolation.

People were treated as individuals and were able to make choices for themselves. Relatives were involved with the planning of care for their family members and invited to review meetings.

Complaints were handled in line with the provider's complaints policy. People received information on the complaints procedure when the moved in to the service and this was also displayed in communal areas.

People had end of life care plans in place to ensure their wishes were observed at this important time.

A programme of audits was undertaken but this was not always effective and had not picked up all of the issues we found. Records relating to the care and treatment of people were not always complete, up to date or accurate.

Feedback was sought from people using the service and their relatives but action had not always been taken to address issues highlighted.

The registered manager had an open door policy and people, relatives and staff all told us the registered manager was approachable and supportive. Staff meetings were held every three months.

The service has developed links with the local community and was also working in partnership with other agencies such as the police and local NHS trust.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

This is the first time the service has been rated Requires Improvement.

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 always safe.

Safeguarding incidents were not always reported or recorded in line with the provider's policy.

Medicine administration records (MAR) contained some errors that could not be accounted for and there were some discrepancies in medicine stocks.

Fire drills were not adequately preparing staff for an emergency situation.

Staff levels were appropriate to meet people's needs. Safe recruitment procedures were followed.

Is the service effective?

Requires Improvement

The service was not always effective.

Capacity assessments were not being undertaken in line with guidance in the Mental Capacity Act 2005 code of practice. DoLS applications had not been submitted for every person who was subject to 24 hour supervision. Consent to care was not always correctly obtained or recorded.

Staff received the appropriate training to ensure they had the knowledge and skills required of their role.

The service supported people to maintain a balanced diet and kitchen staff were knowledgeable about people's dietary needs.

Is the service caring?

Requires Improvement

The service was not always caring.

Whilst we found the staff team kind and caring in their approach to supporting people, the provider was not ensuring the service was caring overall.

People and their relatives were very happy with the way care was being delivered and spoke positively about the staff approach.

People were treated with dignity, their independence was promoted and their privacy was respected.

There was a good rapport between staff and people using the service. Relatives and friends were able to visit at any time and made to feel welcome.

Information on advocacy service was made available to people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were not enough activities on a day to day basis to prevent boredom and people were at risk of social isolation.

Complaints were handled in line with the provider's complaints policy.

People had end of life care plans in place to ensure their wishes were observed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A programme of audits was undertaken but this was not always effective and had not picked up all of the issues we found.

Records relating to the care and treatment of people were not always complete, up to date or accurate.

Feedback was sought from people using the service and their relatives but action had not always been taken to address issues highlighted.

The registered manager had an open door policy and people, relatives and staff all told us the registered manager was approachable and supportive.

Willow View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by anonymous concerns that were brought to our attention by Stockton Borough Council. Allegations had been made about the delivery of care and the operation of the home.

This inspection took place on 10, 25 and 30 January 2018 and the first day was unannounced.

The inspection team consisted of one adult social care inspector and one 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with 12 people who used the service and eight relatives. We spoke with several members of the staff team including the manager, deputy manager, assistant manager, operations manager, administrator, seven care staff, the cook and the maintenance person. We also spoke with a visiting health professional.

We reviewed seven people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the

management of the service.

We also carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

Requires Improvement

Is the service safe?

Our findings

We looked at the systems in place to safeguard people from abuse. The service had a safeguarding policy in place. Staff all received safeguarding training and refresher training was scheduled every two years. Staff knew the procedures for raising a safeguarding alert and were also familiar with the provider's whistleblowing policy. One member of staff told us, "I would report anything I was concerned about straight away, I wouldn't think twice about it."

We found evidence of one safeguarding incident that had not been recorded correctly. The information we were given verbally by the registered manager did not match the records we were shown. The incident had not been handled in line with the providers safeguarding policy, the Commission had not been notified of the alleged incident and a safeguarding alert had not been made to the local authority. At the inspectors request a retrospective notification and alert were completed. Additional information about the care needs of the person were included in the notification however when we looked at the person's care records we found they did reflect this. Appropriate documentation was not in place to minimise future risk.

The records we looked at included details of another incident that should have been reported to the local authority safeguarding team but had not been.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way people's weight was monitored to ensure a healthy weight was maintained and where necessary additional involvement from dieticians requested. Where possible people were being weighted monthly. Risk of malnutrition was then calculated using the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. Three of the records we looked at contained inaccurate MUST calculations. This meant that the level of risk in each of these cases was being underestimated. In one case the level of risk was recorded as moderate when in fact when calculated correctly the risk level was high. The MUST records stated a person identified as high risk required active treatment. This included actions such as weekly weights, nutrition charts and a referral to the dietician. The persons care records showed that some of these actions had been taken, a dietician had been consulted, but other actions had not. Another person was unable to be weighed due to their physical condition. This person had lived at the service for over a year and their admission information stated that staff were to monitor and endeavour to get a true weight as soon as possible. Although it had not been possible to weigh this person no attempt had been made to monitor weight by any other method. A member of the senior staff team told us they were aware of how to use a person's upper arm measurement to monitor a person for weight loss but this had not been done. We discussed this with the registered manager who told us they would ensure weights were monitored more carefully in the future.

We looked at the way medicines were managed. The registered provider had recently introduced a new electronic system for recording medication administration. We observed a lunch time medicine administration and found the member of staff understood the new electronic system well and could easily

explain how it worked. We saw the member of staff ask people if they wanted their medicines before administering and waiting patiently until they had been taken.

Medicines were stored in three treatment rooms, one on each floor in the main building and one in the Willow Gardens extension. These contained locked medicines trollies, cupboard space and a medicines fridge. The rooms were clean, cool and tidy and were kept securely locked throughout the day.

We checked the stock of controlled drugs and looked at the way they were stored and recorded. Controlled drugs are medicines which are subject to stricter controls as they may be at risk of misuse. These medicines were stored securely in line with current regulations. Most stock levels matched the records kept within the controlled drug register and we saw that two staff had signed each time they were administered. However one medicine had been incorrectly recorded. The running balance for one liquid medicine was recorded incorrectly. The error had been caused by a stock check figure being added to a previous running balance and therefore records showed a figure more than double that which was currently held. Stock checks of this medicine identified a 45ml discrepancy which had occurred over a period of 15 administrations. The correct dose was 5mls so a discrepancy of this level meant an average of 8mls had been administered each time. A similar 45ml discrepancy had been identified just two weeks earlier. We discussed this with the deputy manager who took the lead in respect of medicines management. They explained that a discrepancy of this nature should be recorded in the manager's communication book by the senior member of staff who had discovered the error. The provider's medication policy stated that. "discrepancies should be reported immediately to the care home manager who should investigate promptly and escalate to their line manager for advice." We looked in the manager's communication book for the dates in question but no entries had been made and the registered manager confirmed the discrepancy had not been brought to their attention. The deputy manager told us the discrepancy may have occurred due to staff finding it difficult to measure 5mls accurately using the measuring cups in use and said they would obtain syringe measures from the pharmacy to minimise the risk of this happening again.

We looked at a selection of medicine administration records (MAR) from the previous month and found some errors that were unaccounted for. One person had been prescribed an antibiotic that interacted with another medicine they were taking. The MAR chart clearly stated that the other medicine should be withheld during the course of antibiotics but the two medicines had been administered together on one occasion. Another person was prescribed paracetamol to be taken four times a day. This was not recorded as an 'as required' dose however it had only been administered once over a four week period. The MAR chart for this medicine had administration times recorded as 'lunch' and 'night' despite the prescribing information stating it was to be given four times a day. Another person was prescribed an inhaler to be taken twice daily. On four separate occasions the 8am dose of the inhaler was marked with the code A3 which indicated the person was asleep. There was no evidence that staff had returned later to administer this medicine.

We looked at the fire safety procedures within the service. We saw that the fire alarm equipment was tested regularly and the fire-fighting equipment regularly serviced. People had personal emergency evacuation plans in place. We saw that several fire drills were being logged along with a list of the staff who were present. However, these were not planned drills but were false alarm activations caused by the builders carrying out work at the premises or a toaster setting off the alarm. These were not appropriate fire drills. The last timed fire drill had taken place on 23 June 2016 during the day. The staff response was recorded as being 'excellent' but this was not an evacuation exercise and in a real emergency situation staff would have no experience of how to safely evacuate people. There was no record of timed drills taking place on a night.

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

People told us they felt safe using the service. One person told us, "I feel safe living here." Another person said, "It is absolutely excellent here, no faults at all…I feel very confident having my buzzer at night in case I need any help, I pull on that cord and they are here in a flash…... my room is lovely, the whole place is nice. Staff are very friendly."

Relatives we spoke with were also happy that care was delivered safely. One relative told us, "When they are seeing to her personal care they don't leave [family member], there is always at least one person there. I am quite happy they're safe." Another said, "Security is good, and [family member] can't wander out."

We saw safe transfers using the hoist by two members of staff on every occasion. A person using the service told us "I always have two [staff] when they put me in the hoist, I don't like it but I know I am safe with the [staff]"

We received mixed feedback regarding the number of staff on duty. Some people we spoke with felt there was sufficient staff on duty. One person told us, "There is enough staff here." Another person said, "If you need help you get it straight away." However, some people felt staffing levels could be improved. One person told us, "If I ring to go to the toilet the [staff] don't always come straight away." Another person said, "Staff chat to you if they have time…. I think staffing levels need to go up." A relative commented, "My [family member] sometimes has to wait a long time if she requires help."

Staff we spoke with felt the service had sufficient staff to keep people safe but that more staff would enable more time to be spent with people. One member of staff told us, "We would like to have more time to spend with people, to spoil them." Another member of staff said, "I think we have enough staff and as soon as the numbers go up [registered manager] employs new staff so I'm not concerned about the home getting bigger."

We looked at the way staffing levels within the service were calculated. A dependency analysis was completed on a monthly basis. People's care needs were assessed as high, medium or low and this information was input into an electronic dependency tool. The number of staff hours required to provide a safe level of care was calculated by the tool and records showed that at the time of our inspection the service had more staff on duty than the recommended minimum.

The evidence we saw indicated the service was adequately staffed. The manager told us the service was fully staffed at present with no vacancies and there was never a need to use agency staff. The rotas we looked at confirmed that the service was regularly staffed in line with the figures shown on the dependency tool. During the inspection, we did not see any people left unassisted for long periods of time. Staff were always visible within the lounges and were seen chatting with people. Staff levels were balanced across all three areas of the home. A person living in the newly built extension told us, "Staff are always visible, we are never left alone and there is always a member of staff close by."

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken. When new staff members were recruited references were obtained and disclosure and barring service (DBS) checks done. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps providers make safer recruiting decisions and also prevents unsuitable people from being employed.

Accidents and incidents were recorded and monitored monthly to look for patterns or trends. There was a step by step falls protocol for staff to follow and a post-accident/fall observation record was completed for 24 hours after an incident to ensure the wellbeing of the person involved.

We looked at the infection control procedures in place. We observed staff wearing aprons whilst giving people personal care and during meal times to minimise the risk of cross-infection. There were gloves and aprons available in many areas around the service. One person had an infection at the time of our visit and the appropriate precautions were being taken by staff to minimise the risk of cross contamination. People's bedrooms were clean and tidy and there were no unpleasant odours in bedrooms or communal areas. We observed cleaners working throughout the day. A visiting health professional said, "Credit where credit is due this place is never dirty. The carpets are cleaned all the time." The kitchen had been awarded a five star hygiene rating following the most recent environmental health inspection and was seen to be well organised, clean and tidy.

Storage was an issue in some areas. We saw wheelchairs being stored in bathrooms and a Zimmer frame on top of a person's wardrobe which could be a health and safety risk. We mentioned these issues to the manager and the frame was removed immediately but we were told there was nowhere else at present to store the wheelchairs but they would make arrangements to have them removed.

Requires Improvement

Is the service effective?

Our findings

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 applying the DoLS appropriately.

We looked at DoLS records and found no capacity assessments were conducted or recorded before a DoLS application was submitted to the supervisory body. We found applications had not been submitted for all those people who had restrictions placed on their movement and in the registered manager's opinion lacked the capacity to consent to these arrangements. Four people were identified at the time of our inspection as being deprived of their liberty without appropriate authorisation. For example, one person had been living at the service since 2014 and had a care plan in place that stated there were restrictions on their environment and they were unable to keep themselves safe outside so must be under constant supervision. Although no capacity assessment had been completed the registered manager confirmed that in their opinion this person did not have the capacity to consent to these arrangements and had therefore been unlawfully deprived of their liberty. We discussed this with the registered manager and applications were subsequently made. There was some lack of awareness regarding capacity assessment and the DoLS process and further training in this area was required.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked for evidence of consent to care on people's care records and found five care plans where relatives had signed consent forms on behalf of their family members. We were told that in some cases the relatives had Lasting Power of Attorney (LPA) for health and welfare, meaning they had been legally appointed to act on their relative's behalf. Details of this arrangement were not clearly recorded on care files. Not all of the relatives who signed had LPA status and we pointed out to the registered manager that a relative, even if they are recognised as next of kin, cannot consent to care on someone's behalf. We did not see any records of best interest decisions taking place. There were some areas where there was no evidence of consent being obtained. For example, there were closed circuit cameras placed in communal living and dining areas. This could be seen as an intrusion of privacy but there was no evidence to say that people had consented to this. We discussed this with the registered manager who told us people were aware of the cameras presence but consent had not been sought.

We recommend the provider refer to best practice guidance on obtaining consent and ensure that this is adhered to in future.

We looked at how people were supported to maintain a balanced diet. Kitchen staff were knowledgeable about people's dietary needs. They had experience of catering for a variety of special diets, for example, diabetic and coeliac. They also knew how to fortify food for those people who needed extra calories and how to prepare food for people who required a soft or pureed diet. We asked whether anyone had a special diet for cultural or religious reasons but this was not something that had been requested at the time of our inspection. We discussed how such a request would be addressed and the cook explained that they would approach it in the same way as any other special request. They were confident in how to research the appropriate information and would be happy to make any necessary adjustments to ensure people's needs were met.

People we spoke with were very happy with the food they received. One person told us, "I've never eaten so well; everything they give me is wonderful!" Another person said, "I have never eaten so much; the food is lovely, and I can choose what I want… my family got so worried about me not eating when I was at home and I got so thin. They are so happy that I am in here and eating well." A third person told us, "I don't eat red meat, but I can always get something different, I like the homemade pies."

Relatives were also happy with the support their family members received with food and drink. One relative told us, "They [staff] always tell me what sort of meal [family member] has had as they can be erratic with eating. They stay whilst [family member] eats and will encourage without being overbearing."

The cook held 'Let's Talk About Food' meetings twice a year and relatives were invited to join their family members to discuss new menus. We saw a poster promoting the next of these meetings which was due to take place in February.

We observed lunch being served in all of the dining areas. The mealtime experience was well organised and appeared to be an enjoyable and sociable experience with people smiling and chatting. Tables were set with tablecloths, cutlery and condiments and there was sufficient space for the people to sit comfortably. Support was provided to those people who required it and there were sufficient staff to do this without rushing people.

We observed staff delivering care in a competent and confident way which indicated they had the necessary skills and experience to do their role effectively. Training records showed that the majority of staff were up to date with mandatory training. Mandatory training is training that the provider thinks is necessary to support people safely. Some new staff had not yet completed all of the mandatory training but they had undertaken a comprehensive induction. The new induction training was also being rolled out to existing staff as a refresher and we saw evidence that this programme was well underway. Along with the mandatory training staff had received additional training that was specific to the needs of the people living at Willow View, for example dementia awareness. Equality and Diversity training was also completed by all staff.

Staff were happy with the level and quality of the training they received. One member of staff told us, "We certainly get enough training, it sometimes feels like too much!"

Staff received supervision every two months and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff we spoke with felt well supported.

We looked at how people's day to day health and wellbeing needs were being met. Care records contained details of regular visits from health care professionals including GPs, district nurses, dieticians, opticians and dentists. A member of staff told us, "Because we're really close to the residents we know when they're off form. If I think someone is poorly I report it to a senior straight away."

We spoke with a visiting health professional who told us, "Staff know people really well, they tell me if there is an issue with a person before I have any need to tell them."

A relative told us, "My [family member] has [a health condition], if they are poorly they get advice from the GP, there was one time when the staff were advised to call 111 which they did immediately."

We saw the provider was incorporating technology into the way care was delivered. For example the medicines management system was now computerised. The provider had also recently begun to use a computerised system of monitoring people's health. If staff had any concerns about a person they used an electronic tablet to collect data and send this via Bluetooth technology for medical advice. The system, known as National Early Warning Score (NEWS) had been developed to standardise acute illness assessment in community care settings. Senior staff had received training on the use of the system which assessed areas such as a person's temperature, blood pressure, pulse rate and level of consciousness.

We discussed internet availability for people using the service and the registered manager informed us that it was only available in certain hotspots around the building at present and not in people's bedrooms. There was a plan to have internet throughout the building once the building work on Willow Gardens was complete. Access to technology is now a widely recognised form of communication and improved internet access will help to support this. One person told us, "I used to love being on my computer at home, my son is bringing me a laptop so I can go on Google and Wikipedia. Hopefully we can get the internet up."

The environment was bright and well decorated. There was clear signage around the service clearly identifying bathrooms and toilets to help people find their way around independently. The upstairs area which supported people living with dementia had handrails painted in a contrasting colour to stand out visually. All bedrooms were clearly numbered and also had people's photographs on doors. In the corridors there were old movies stars on the walls and historical pictures of Stockton town. People's bedrooms were clean and tidy and had personal trinkets including family photographs, ornaments and pictures which provided a home from home atmosphere.

Work was underway to link the main building to the new purpose-built extension, Willow Gardens. The new building contained a fully equipped hairdressing salon and a cinema room. People had access to garden areas in both buildings and a visiting health professional told us people often spend time outdoors in good weather. Some of the bedrooms in Willow Gardens have patio doors which opened directly onto a secure garden area. On person told us, "It is beautiful here, I have just moved to a lovely room with patio doors. It is easier for me to go out for a cigarette because I don't have to walk as far now."

Requires Improvement

Is the service caring?

Our findings

People and their relatives were very happy with the way care was being delivered and spoke positively about the staff approach. One person told us, "Staff are very good to you, the cleaners and the people doing the meals are all good to me." Another person said, "Staff are really good, each and every one of them, they are an absolute god send"

One relative we spoke with told us, "I have nothing but praise, they know [family member] very well. They're a person not just a room number. [Staff member] and [family member] have their little in jokes they laugh about." Another relative told us, "Staff are really caring. We can't fault the carers. When [family member] had to go into hospital it was handled really well and there was someone with him all the time." A third relative said, "I would recommend this place to anyone, in fact I have recommended it. You can approach any of the staff and every time I come they always take an interest in my [family member]."

A visiting health professional told us, "I absolutely can't speak highly enough of this service. The people are treated as people. As a [health professional] I can't recommend anywhere but this is somewhere I would recommend if I could!"

Across the duration of our inspection we observed staff responding to people in a kind, thoughtful and respectful way. The atmosphere within the care home was pleasant and jovial. Staff worked very well as a team giving individualised care and attention to each person.

Staff knew how best to communicate with people. They addressed people by name and were and courteous and polite towards them. We saw staff crouching down to eye level to speak with people and speaking more clearly to those who had difficulty hearing. One relative told us, "Staff joke with my mum, they all know her, and they know how to talk to her so that she can understand them."

People and their relatives all had positive comments on how staff promoted privacy and dignity. They told us that toilet doors were always closed, and carers always knock on the doors before entering their bedrooms. Curtains and blinds were always closed when people received personal care. A relative told us, "They protect [family member's] dignity. They keep them covered when providing care. Staff do wholeheartedly treat them with respect, they are first class." Another relative told us, "Anybody who goes in to [family member's] room has to knock first."

Relatives and friends were welcome to visit at any time. One person told us, "I like it here. I have lots of my friends come to visit me." Visitors we spoke with told us they were made to feel welcome and were always offered a tea or coffee. One relative told us, "Staff are really friendly, if you are a regular visitor staff get to know you. They always say hello to us."

We observed that staff promoted people's independence. We saw people being encouraged to eat independently at mealtime and we saw people walking independently with mobility aids. We discussed with staff how they supported independence. One staff member told us, "I ask people what they can do and try to

persuade people to do things for themselves where they can."

The provider had produced a 'resident's charter and philosophy of care' which set our clearly the standard of care people could expect whilst living at the service. Amongst other things the document assured people that their personal information would be stored securely and we found this to be the case during our inspection. It also stated people were entitled to their own beliefs and opinions and would be able to follow their own culture and religion without being discriminated against unfairly on these or any other grounds. People were also supported to vote in local and general elections as part of ensuring their rights were upheld.

At the time of our visit nobody was using the service of an advocate. An advocate is someone who supports a person so that their views are heard and their rights are upheld. Information on advocacy service was available and the provider's residents' guide explained how the service would support people to access an advocate along with details of a local advocacy service.

Whilst we observed staff to be caring throughout the inspection, it was evident from the issues we found the provider was not ensuring the service was caring overall.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with did not feel there was enough going on and a number of people told us they were bored. Comments we received included, "I just sit and watch TV", "I don't do a lot during the day, it can be very boring", "I sit here and watch TV, it is very boring" and, "There's not much to do, I will be glad when I get my tablet which my son is bringing from home."

Some of the relatives we spoke with also commented on the lack of activity. One relative told us, "Staff do come along and ask mum if she wants to join in with activities but this does not happen very often."

The provider's statement of purposes described one of their aims and objectives as, "to provide a lifestyle that satisfies individual social, cultural, religious and recreational needs." There were some activities taking place. A petting pony had been to visit the day before our inspection and the people we spoke with were very animated when describing their interactions with the pony, evidencing the positive impact activities such as this can have on people. A visiting health professional told us they had visited recently and a group of people were having a movie night, watching 'Gone with the Wind' and eating popcorn and we saw evidence that singers came in from time to time. However, there were limited activities taking place on a day to day basis and there was no evidence that activities were being tailored to the individual. We saw a general daily activity list displayed on the notice boards but we did not observe any activities going on during the inspection.

A promotional brochure for the service stated, "Our activities co-ordinator plays a big part in the social aspect of our services." However, the provider was not currently employing an activity co-ordinator. Activities were being arranged by the front of house administrator. Although they were enthusiastic about the task they had not received specific training for this role and were fitting it in around their other duties. There were no staff employed specifically to deliver activities and the dependency tool showed that only 22.7 hours per week were included for the delivery of social/recreational/cultural activities to the 43 people using the service. The administrator kept a record of activities on their computer but not a list of which people had been engaged in these activities. This meant it was not possible to monitor an individual's level of interaction and risk of social isolation.

At the time of our inspection no individual assessments were carried out to identify what activities individuals preferred and no record kept of which activities had been popular with the people who had participated. Consequently the provider was unable to demonstrate the activities on offer in the home met people's preferences and ensured their needs were met. We were informed by the manager that they were advertising for an activity co-ordinator and the operations manager also confirmed that this had now been highlighted as a priority.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were treated as individuals and felt able to make choices for themselves. One person

told us, "I can go to bed and get up when I like." Another person said, "I can choose what clothes I want to wear." Relatives also spoke positively about the way choice was promoted. One relative told us, "Staff let my mum go to bed and get up when she wants. She has always been an early riser, when I come to visit about 10am she is always ready and sat in the lounge."

Relatives we spoke to said that they are involved with the planning of care for their family members and we saw records of their attendance at review meetings.

A visiting health professional told us, "When I visit I often see [name] sitting in the dining room with breakfast. They can often sit for a very long time with their tea and toast but this is what they like to do, it is what they used to do at home and staff respect this. They are never rushed."

The provider had a complaints policy in place and this was regularly reviewed. The complaints procedure was displayed on a notice board in the main entrance. In the Residents Guide that each person received it stated that the complaints procedure was also available in large print format or Braille if required.

People and their relatives told us they knew how to complain and who to approach. They also said that they would feel comfortable to make a complaint if they needed to. One relative told us "I complained to the manager that my [family member] could not reach their buzzer and this has been resolved now." Another relative said, "A couple of times we've had niggles but once we've pointed it out it's been sorted. I know how to make a formal complaint but I've never had to."

We looked at the way end of life care was managed. We saw that people had end of life care plans in place and where people had do not attempt cardiopulmonary resuscitation (DNAR) orders in place these were filed in a prominent location and kept under review to ensure that people's wishes were observed.

A visiting health professional told us, "What they do here I have never seen at any other residential home. I have seen [staff] arguing to get people home from hospital. If someone is dying they do everything possible to get them home to Willow View. Staff will sit with a person round the clock when they are approaching the end of their life. This isn't a nursing home; they are really going over and above."

Requires Improvement

Is the service well-led?

Our findings

A programme of audits was undertaken but this was not always effective. Care plan audits were scheduled to take place every six months however records relating to the care and treatment of people were not always complete, up to date or accurate. There was a comprehensive 40 point checklist completed as part of the audit however this was not picking up all of the issues we found. For example, one person's cognition care plan stated they had a DoLS authorisation in place but this had been revoked nine months previously. One of the care plans we looked at had last been audited in May 2017. Audits checked that MUST assessments had been completed and evaluated but had not picked up where there had been errors in calculations. A monthly weights audit had also failed to pick up these errors or highlight where people were not being weighed in order to find alternative methods of monitoring.

A lack of management oversight had led to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding alerts had not been made appropriately and records of incidents were not complete. DoLS applications had not been submitted appropriately and there was a lack of oversight in respect of consent and best interest decisions. Records in this area were also insufficient.

The registered manager had not identified that insufficient fire drills were taking place. Other fire safety records were out of date. 'Means of Escape' and 'Means of Extinguishing Fire' records had been produced in September 2014 and stated they should be reviewed annually, however, there was no record of any review taking place and the registered manager confirmed these were overdue.

We saw a Family and Friends Survey had been conducted in February 2017. There were some very positive areas such as 'manner and approach of staff' and 'atmosphere in home generally' which both scored 100%. An action plan was produced as a result of the feedback received. One comment was made regarding the lack of activities. The action plan stated the provider would be employing activity co-ordinator later in the year however this had not yet happened. We were told that the residents' satisfaction questionnaire was conducted annually however the most recent one had been undertaken in November 2016. Four of the people who completed this survey had said that activities at the service were 'not very good'. There was no evidence that this feedback had been successfully used to drive improvement. People still felt there were not sufficient activities taking place and no action had been taken to recruit an activities co-ordinator.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with knew who the registered manager was and told us they were always visible around the service. People told us the registered manager was very approachable and they would have no concerns in approaching them if they had any worries or concerns. One person told us, "[Manager] is nice and very kind."

Resident and relatives meetings were scheduled to take place once a year but we were told that they were not well attended. The registered manager had an open door policy and we observed them interacting with visitors as they came and went throughout the day. Relatives told us they felt able to discuss any issues with the registered manager at any time. One relative said, "[Registered manager] is always there for me and my [family member], their door is always open. I have had some personal problems and they always ask how I am. I get a lot of support from them." Another relative said, "[Registered manager] is very amenable. If there was a problem they would sort it out. [Deputy manager] is very good too. If we ask for an update on [our family member] it's never a problem."

Staff meetings were held every three months. Staff we spoke with felt the meetings were beneficial and also told us they were able to approach the management team with any issues between these scheduled meetings. One member of staff told us, "We have staff meetings every eight to 12 weeks. [Registered manager] brings up what she has to bring up and then staff have chance to voice their opinion. They do listen to us and they are always open to ways to make the home run better."

A visiting health professional told us, "[Registered manager] is always completely open, they are not scared to say if something is wrong. They have a very good ethos here and a great team. I truly believe good staff breed good staff."

The service has developed links with a local school and students visit the service to engage in activities such as 'pamper days' and carol concerts. Local church groups of various denominations are involved with the service and are able to provide spiritual support to those people who request it.

We saw evidence of the provider working in partnership with other agencies. For example the service was taking part in a local NHS pilot scheme monitoring malnutrition. The provider was also working in conjunction with Cleveland Police as part of The Herbert Protocol. The Herbert Protocol is a national scheme adopted by Cleveland Police and other police services across the country. It encourages carers, families, friends or neighbours, to hold information about the person with dementia that can help the police find them if they do go missing. Willow View was registered as a place of safety for those living with dementia. This meant police could bring a person to the service until they were able to be identified and returned home safely or reunited with family members.

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 9 HSCA RA Regulations 2014 Person-centred care The lack of daily activity meant people's social and emotional needs were not always met. Feedback from activities that did take place was not monitored to ensure future activities could be tailored to suit individual preferences. Regulation 9(1)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Policies and procedures in respect of management and administration of medicines were not always adhered to. Adequate fire drills were not taking place to ensure staff had the competency and skills needed in an emergency situation. Regulation 12(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes in place to prevent abuse of people using the service were not operated effectively. Regulation 13(2) Some people using the service had been deprived of their liberty without lawful authority. Regulation 13(5)

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Effective systems and processes were not in place to ensure compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(1)

A programme of audits had not identified issues found during the inspection. Regulation 17(2)(a)

Records relating to the care and treatment of people were not always complete, up to date or accurate. Regulation 17(2)(c)