

## Willow Residential Care Limited

# Willow House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

We carried out an unannounced comprehensive inspection of Willow House on 29 September and 16 October 2015.

Willow House is a care home providing accommodation and personal care for up to 18 older people. Most of the people using the service were living with dementia. When we visited there were 18 people using the service. The service is a converted residential dwelling with

accommodation over two floors. People live in single or shared rooms and bathroom facilities are shared. There is a dining room and sitting room which is also used as an activity room.

The manager was 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.

# Summary of findings

We previously inspected the service in January 2015 and found several regulatory breaches. During this inspection we checked whether the provider had taken action to address the concerns we found. We found the provider had made many of the required improvements, however some time was still needed to ensure all of these improvements were fully implemented, sustained and firmly established as part of the service's routine way of working.

The registered manager of the service was well liked and knew people and the staff at the service well. People and relatives found her easy to talk to. People felt safe at this service and told us they got the right support from staff. The training staff received had developed their understanding and confidence in meeting people's health needs. Regular supervision had been introduced but these needed to be better documented so that staff could refer to a record of discussions to understand how they needed to develop their skills to meet their role effectively.

People received their prescribed medicines safely and had access to healthcare services promptly when required. People liked the food and told us their preferences were catered for. Improvements had been made to the layout of the home and this had given people more choice about where they wanted to spend their time and eat their meals. Improvements had been made in the support people received from staff to participate and get involved with the activities on offer. The registered manager was still working with people to create opportunities for everyone to do the things they enjoyed.

Staff knew how to keep people safe. Staff had received training in safeguarding and were able to demonstrate an awareness of abuse and how concerns should be

reported. People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and providing people with positive care experiences.

Staff sought people's consent before they provided their care and support. Where people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them to keep them safe, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

Some people were not capable of clearly expressing their opinions and the provider had started to find ways of capturing and responding to their views. The provider had made improvements to the care planning process to ensure people's risks were effectively managed and their health needs addressed. The quality of management and care records kept in the service had improved. However, all the required information was still not available in staff employment records and people's care records did not reflect all the care they received or required.

The provider had improved the systems to assess, monitor and improve the service. The registered manager was developing a comprehensive systematic oversight of the service and was aware of feedback from people and their relatives. There were new systems of monitoring and auditing and the registered manager was still working to effectively establish these at the service.

We found two 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.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage risks safely.

There was sufficient staff to meet people's needs. However, the required information relating to staff employed at the service had not always been obtained.

People's medicines were managed safely.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff received a range of training and guidance which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Some improvement was still needed to ensure supervision meetings were part of the routine support provided to staff

People's health needs were monitored. Staff liaised with health care services so people's health was promptly assessed and treatment arranged where needed.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions were made in the person's best interests.

People were supported to maintain a balanced diet and received the support they needed during meal times.

Requires improvement



### Is the service caring?

The service was caring.

People's relatives gave positive comments about staff and how they cared for people. Staff were motivated to offer care that was kind and compassionate.

People were asked about their care and supported to make decisions.

Relatives felt, and observations showed, how people's privacy and dignity were maintained.

Good



### Is the service responsive?

The service was not always responsive.

The provider had started making changes to the home environment to enable people living with dementia to remain independent.

Requires improvement



# Summary of findings

The provider was trying different ways to capture the views and preferences of people living with dementia. Where people's wishes were known their care had been planned to meet their needs. The service needed more time to develop effective ways to routinely support people to be involved in their care planning.

There was a complaints procedure and complaints were looked into and responded to.

## Is the service well-led?

The service was not always well-led.

The provider had improved the quality of management and care records. Improvements were still required to ensure all supervisions were recorded and people's care records noted all of the support they required and had received.

Audits and checks had been introduced to identify shortfalls in the service. The auditing of care plans needed to improve to ensure the registered manager could identify any issues and take action to ensure all records were complete and accurate.

People and staff told us the registered manager was approachable. There was an open and transparent culture among staff and they were encouraged to support service improvements.

**Requires improvement**



# Willow House

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 September and 16 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in older people's care services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) before our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with ten people using the service, two relatives and five staff including the registered manager, three care workers and the cook. We also spoke with one social worker and the specialist community nurse for care homes before our visit to the service. We reviewed care records and risk assessments for four people using the service. We also reviewed training records and staff personnel files for all eight staff, medicine administration (MAR) records for 22 people and other records relevant to the management of the service such as health and safety checks and quality audits.

# Is the service safe?

## Our findings

Our inspection in January 2015 found people were not protected as far as possible from unsuitable staff working at the service. The provider did not implement a thorough recruitment process to assess the character and suitability of staff before they commenced employment. Recruitment documentation did not always include a full employment history check or information from previous health and social care employees about applicants' conduct.

During this inspection we found the registered manager had taken action to address some of these concerns. The provider had recruited one staff member and records showed references from previous employers had been obtained to support the registered manager in their assessment of the applicant's suitability to work with people in the service. The registered manager had requested full employment histories, including explanations for any gaps from all staff. Even though all staff had responded there were still gaps in two employees' employment histories that were not explained. Records showed staff underwent a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with people who use care and support services.

Though the registered manager had taken some action to address the concerns we found all information required in relation to each person employed was still not available to evidence safe recruitment procedures had been followed. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our inspection in January 2015 found people were at risk of harm because staff did not always have written guidance to know how to help people to stay safe, such as minimising the risk of falling and protecting people's skin. At this inspection we found improvements had been made. The registered manager had reviewed people's care plans and risk assessments. People's risk of falling had been identified, managed and routinely reviewed. People had fall risk assessments in place and care records informed staff of the support people needed to minimise their risk of falling. Staff told us people's new care plans provided them with the information they required to ensure people consistently received the support they needed to stay safe.

Staff could describe to us people's risks of falling and were aware of how to support people to minimise these risks and ensure their health and welfare were protected. For example, ensuring people always wore appropriate footwear and asking the GP to review people's medicines to assess if these were affecting their mobility. We observed people at risk of falling being supported to walk safely. Guidance was available to staff to inform them what to do if people fell and they were familiar with this guidance..

Some people were incontinent at times and as a result were at risk of their skin becoming wet and sore. Since our inspection in January 2015 the registered manager had introduced continence plans for people who required support to protect their skin. Staff understood the risks to people's skin and could explain how they supported people to keep their skin healthy in line with their care plans. Support included checking people's skin daily for any signs of redness and keeping their skin clean and dry.

Our inspection in January 2015 found any accidents and incidents at the service had not always been accurately recorded, reported and investigated in accordance with the provider's accident and incident policy. At this inspection we found improvements were still needed to ensure the provider's accident and incident procedure was consistently implemented. Records showed people's falls and bruises had been documented and staff were familiar with their accident and incident reporting and recording responsibilities. The registered manager had introduced a new post falls information document and this was completed and faxed to the GP and specialist community nurse for care homes after a fall. People were also being monitored closely for 24 hours to ensure they had not sustained any injuries in the fall. The new falls documents clearly noted the action taken by the registered manager and her recommendations. The registered manager was still working on ensuring her investigations and actions were documented in relation to other incidents so that people could be assured action had been taken to prevent incidents from re-occurring.

Our inspection of January 2015 found people were at risk of contracting infections as the provider's infection prevention measures had not always been implemented. Soiled bedding was handled inappropriately, the kitchen environment was unhygienic and staff did not always wear protective clothing.

## Is the service safe?

At this inspection we found improvements had been made. We observed staff using personal protective equipment such as aprons and gloves and these were available throughout the home. Staff had been provided with linen baskets and appropriate bags to safely carry soiled linen and paper towels for disposal. The registered manager had ensured the cook implemented the cleaning schedule and we saw an appropriate standard of cleanliness had been maintained in the kitchen. Food was being stored and prepared in a hygienic environment. The registered manager had increased the frequency of food deliveries so that less stock was kept at the service making cleaning and safe storage easier. The cracked shelving in the dry goods larder had been replaced with new shelves and we found no crumbs or food debris on the floor or kitchen surfaces.

At our inspection in January 2015 we found people were not always protected from the risk of abuse by unauthorised strangers entering the home. Visitors had not been asked to identify themselves to staff and document when and why they were visiting the service. Though staff had received safeguarding training they were not able to always identify the signs and types of abuse.

At this inspection we found improvements had been made. On both days we were asked by staff to identify ourselves, the purpose of our visit and to document these in the visitors' book. The 'visitor's book' showed that staff had implemented this safety process consistently. We also observed staff showing visitors to the relevant areas in the home.

The registered manager had instructed staff to familiarise themselves with the safeguarding procedure and how to identify the signs of abuse. They were knowledgeable in how to recognise and respond to allegations or incidents of abuse. Staff understood the process for reporting concerns and escalating them to external agencies if needed. The registered manager liaised with the local authority's safeguarding team if they had concerns about a person's safety or if they wanted any advice on how to keep people safe. One staff member said "I will always talk to the manager and she calls the social workers immediately if there is any concerns".

Our inspection in January 2015 found action had not always been taken to protect people from environmental

risks. The registered manager had not completed the routine monthly fire safety checks, the fire risk assessment plan had not been completed and there was no risk assessment for the use of the new lift.

At this inspection we found improvements had been made. Staff had checked that emergency lighting and fire alarms worked and they practiced evacuation drills. Each person had a personal evacuation plan in their care records in case of a fire at the service. A risk assessment for the use of the lift had been completed and staff knew what to do in the event of a fire to keep people safe. A new fire risk assessment had been completed in March 2015 and the actions had been completed except for replacing some fire doors which the registered manager had included in their overarching maintenance plan. Staff regularly checked the environment and the building to ensure a safe environment was provided. This included ensuring equipment and furniture were in working order. If any repairs were required, then this was organised and tended to. Gas safety, electrical safety and water safety checks and maintenance were undertaken by suitably qualified contractors to make sure the premises were safe.

We observed sufficient numbers of staff with the necessary skills were deployed to care for people. People and relatives told us there were enough staff and there was always someone around to support them and chat to. One person told us "There are plenty of staff" and "We don't have to wait". We observed staff were available to support people whenever they needed or requested assistance. The registered manager kept the staffing numbers under review and told us the provider would employ additional care staff if people's needs changed. Staff felt there were sufficient staff to keep people safe and respond to their needs promptly.

People were aware they needed to take medicines every day and they told us staff supported them with this. Medicines were safely stored in a locked cabinet. Arrangements were in place to receive and dispose of medicines safely. Staff had received medicine administration training and had their competency assessed before they were allowed to support people with their medicines. We observed staff supporting people to take their medicines safely in accordance with their prescription

## Is the service safe?

and documenting when people had taken their medicines. Staff knew what action to take if a medication error occurred and to contact the GP if a person refused or missed their medicines.



# Is the service effective?

## Our findings

Our inspection of January 2015 found staff did not always understand and have confidence in supporting people to manage their health needs and risks, including supporting people with diabetes to stay well. All staff had not received supervision to support them to identify the development they needed to fulfil their role effectively.

At this inspection we found improvements had been made and staff had been supported to develop their skills and knowledge in supporting people's health needs. The registered manager had provided staff with diabetes guidelines. Staff could describe how they would support the two people in the service to appropriately manage their diabetes. This included ensuring they had six monthly health reviews with their GP as well as what action to take if they became unwell.

Staff told us the registered manager had discussed the health guidance provided by the specialist community nurse for care homes with them. Staff we spoke with had improved their understanding of managing people's falls, diabetes and skin in line with national guidelines.

The registered manager had reviewed the induction programme to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve. All care workers were working through the Care Certificate workbook to refresh their skills and knowledge of their role.

The registered manager and staff told us they had received regular supervision. The registered manager understood her responsibility in supervising agency staff and had introduced one to one meetings with the two agency staff working at the service. Staff told us they found their supervision sessions helpful and gave them an opportunity to discuss their role and how they could progress to further improve their individual performance. Staff gave us several examples of how their supervision had improved their personal practice and how team meetings had improved practice of the service as a whole. For example, in relation to infection control practices.

Though staff told us regular supervisions and team meetings took place these had not always been documented. Some improvement was still needed to

ensure these meetings were part of the routine support provided to staff and documented so that staff could have a record to aide their understanding of their personal skills and knowledge improvements required.

Staff were being encouraged and supported to complete further qualifications in health and social care. One staff member told us 'I always want to learn and take on more responsibility' and the registered manager was supporting them to do so.

Relatives, people and professionals we spoke with were complimentary about their experience of staff being confident and knowledgeable of people's health and support needs. One relative told us "They always seem confident and know what they are doing. Many staff have been here several years so know people's needs well". People and relatives told us people were supported to stay healthy. One person told us "If I don't feel well I get a pain killer, the staff would get me a doctor. They are kind and thoughtful".

There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. This included support from people's social workers, district nurses to support with people's diabetes management as well as mental health input. People saw the local GP when needed. The provider had arranged for the optician, chiropodist and a dental service visit the service. The registered manager was working with the Parkinson's community nurse to review a person's medicines. People living with dementia had routine support from the memory clinic.

People told us they enjoyed the food and there was always enough. People's comments included "The food is good", 'If I didn't like what was on offer I could have toast or a sandwich' and "I have separate food; they get me the food I like". We observed the afternoon meal and food was fresh, homemade and wholesome. Portions varied according to people's preferences and there was little waste.

People had varying levels of independence in meeting their own nutrition and hydration needs. These needs were described in their support plans. People were being supported to eat a healthy and balanced diet and the cook was familiar with people's likes and dislikes and meals

## Is the service effective?

offered reflected their preferences. Staff ensured mealtimes were calm and pleasurable experiences for people. No one was rushed during their meal and staff checked if people wanted any more to eat or drink before clearing the table.

Staff weighed people monthly and identified people at risk of weight loss. Significant weight loss was discussed with the specialist community nurse monthly to identify whether people required additional support or specialist input to maintain a healthy weight. The registered manager told us and the specialist community nurse for care homes confirmed no one in the home was at risk of malnutrition. The community dietician had provided the service with guidance on supporting two people who did not always have an appetite. Staff told us following the dietician's advice they were offering people regular snacks and smaller portions to support them to eat more often.

People were supported to move between different areas of the service and also to spend time on their own in their bedrooms if they wished to do so. The registered manager understood her responsibilities under the Mental Capacity Act (MCA) 2005 and staff had completed training in MCA. The MCA 2005 aims to protect people who lack mental capacity from inappropriate decision making whilst maximising their ability to make or participate in decision making. Staff understood the support people needed to enhance their day to day decision making and we observed staff giving people time to make decisions about what they wanted to eat and drink.

Appropriate arrangements were not in place to ensure people's legal rights were protected by proper implementation of the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure the rights of people who need support to make decisions are protected,

including how to make lawful best interest decisions on behalf of people who lacked capacity. Where people did not have the capacity to consent to care an assessment had been carried out. Best interest decisions had been made on their behalf involving relatives who knew people well. One relative told us they had been involved in a best interest decision in relation to a specific aspect of a person's care. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum such as ensuring people had regular opportunities to go out.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these are have been authorised by the local authority as being required to protect the person from harm. The registered manager had submitted DoLS applications for three people and had sought appropriate authorisation for restrictions placed upon their liberty.

# Is the service caring?

## Our findings

Our inspection of January 2015 found people did not always receive consistent and comforting support from staff when they became upset. Staff did not always know how to communicate with people or understand their behaviour. At this inspection we found improvements had been made. The registered manager told us she had worked closely with staff, observing their communication with people and supporting them to develop their skills when working with people.

Staff told us they felt more confident in supporting people's emotional needs and one staff member said "We are all becoming better at knowing people and managing situations before people get upset". People told us that they liked the staff at Willow House. People's comments included, "Staff are kind, I don't feel rushed and they finish what they start", "They are very kind and caring, they chat to us like we are people", "The staff treat me kindly they are not rude" and "The staff are all lovely". Relatives were also complementary about staff's caring approach. One relative told us "The staff manage challenges very well by distracting the person"

Interactions between people and staff were good humoured and caring. Throughout the inspection, staff showed care and understanding of people's needs. People appeared relaxed, happy and responded positively to staff when asked what they wanted to do or eat. Staff gave people time to respond to their questions and showed people the choices available to them to support their decision making.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. For example, people were encouraged to manage their personal grooming and appearance. They were involved in decisions about the décor of the home. We saw that people had chosen the decoration for their bedrooms and could tell by their personal effects which rooms were theirs.

We observed laughter and banter between people and staff. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand directions, we saw this was done

appropriately and people seemed comfortable and reassured by staff's touch. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit.

When people became upset we observed staff promptly noticed their distress and offered reassurance and comfort. For example, some people could not remember when their visitors were due and staff reassured them calmly and patiently reminded them of the time. We saw this reassured people. Staff understood what could potentially upset people and took action to prevent these situations from occurring thereby supporting people to have a good day. For example, ensuring they sat on their favourite chair, had someone to chat with or gave people information throughout the day so they did not become anxious if they could not remember what was going to happen.

Staff told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, patient and caring.

Staff chatted with people about everyday things and significant people in their lives. They were able to demonstrate they knew what was important to each person. We observed during our inspection a positive caring relationship had developed between people and staff. Staff told us they respected people's wishes on how they spent their time and the activities they liked to be involved in.

Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to, to have regular and frequent contact with relatives.

Staff explained to us that an important part of their job was to treat people with dignity and respect. A person's relative and a professional told us this took place and we saw people being treated with respect throughout our inspection. Our observations confirmed that staff respected people's privacy and dignity. We heard staff talking with people in a respectful and compassionate way. Staff used people's preferred names when they spoke with them and gave them time and patience when in conversation. If people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity

## Is the service caring?

was maintained. One person told us “The staff keep me independent they don’t fuss or rush me; I walk slowly with my stick. They knock on doors and draw the curtains in a respectful manner”.

# Is the service responsive?

## Our findings

Our inspection of January 2015 found there were not always sufficient opportunities for people living with dementia to engage in stimulating and interesting daily activities. The environment did not support people's independence. Systems were not in place to capture the views of people that could not always tell staff what they thought of the service.

At this inspection we found improvements had been made. Changes had been made to the layout and use of the downstairs communal area to support people to be more independent and promote social interaction. For example, a second dining area had been created in the lounge area. This gave people who required additional support to eat independently the opportunity to eat without distraction and also gave people more choice about where they wanted to eat. The registered manager told us "We are seeing when people don't feel like company during meal times instead of staying in their room they will now choose to have their meal in the smaller dining area and always land up having a chat."

Coloured dining plates were now used at each meal as needed and staff told us this had supported people living with dementia to identify their food and some people had found it easier to eat independently. Plans were in place to install coloured toilet seats and paint the corridors bright colours to support people to make their way around the service.

The registered manager had ensured entertainers visited the service weekly as most people had indicated that they enjoyed listening to singers. A weekly chair exercise and music session also took place. Guinea pigs visited the service monthly as some people enjoyed stroking them. On the second day of our inspection we observed this activity. While people stroked the guinea pigs they were supported by staff to take turns, engage in signing and word games. Staff knew how to support each person to take part. People who were anxious about the activity were supported to work at their pace and we saw with staff encouragement people started taking part. People told us that they enjoyed this activity and the majority of people were in the lounge taking part. Activity boxes had been placed in the lounge and we observed staff asking people if they wanted to do some puzzles or cards.

Improvements were still required to ensure all people were enabled to take part in activities of their choice. Two people told us they did not always do things they enjoyed. The registered manager had started completing activity plans with people. However, these plans were still to be completed for all people living in the service so staff would know how to support people to enjoy their preferred activities.

People were asked about their religious needs and given support to practice their faith. One person received communion monthly at the service from the local church. Staff ensured this took place.

People were supported to stay in touch with people who were important to them. Staff informed each other of people's planned visits during each shift handover so they could be supported to receive their visitors. Relatives told us they always felt welcome at the service. One relative told us "I can visit any time I want I could have a meal if I wanted. I have been coming for 4 years, I am part of the furniture, I help with the BBQ in the summer." They told us they had noted improvements in the appearance of the home and the activities available for people.

The provider was trying different ways to capture the views and preferences of people living with dementia. The service needed more time to develop effective ways to routinely support people to be involved in their care planning. The registered manager had started having formal discussions with relatives to support their understanding of what people liked and disliked about the service. They also introduced a visit book where relatives could record their visit, what they spoke about and make suggestions about any improvements. The registered manager used this information, staff members' knowledge of people and the results of the service satisfaction survey in February 2015 to make changes to the service. For example, a small second TV and sitting area had been created in the kitchen as staff noticed people did not always want to watch the same programmes and some people preferred chatting in the kitchen. Carpets were also been deep cleaned monthly as people and relatives noted in the satisfaction survey that there was a malodour in the service at times. The registered manager was also experimenting with different signs for the toilets and rooms in the service and observing which ones people found the most useful.

Our inspection of January 2015 found people did not always receive the support they needed to manage their

## Is the service responsive?

personal hygiene and appearance. At this inspection we found improvements had been made. Staff were more knowledgeable about how people preferred their grooming tasks to be completed and care plans provided staff with more detail about people's personal care routines. One person told us "I have an en suite so I can have a shower most days". A hairdresser visited the service every week and staff had introduced a pamper day weekly to support people to manage their nails. Staff told us and we observed people were supported after each meal to clean their clothes if they had any food spills.

A personal care chart had been put in place for each person for staff to document when people completed each grooming and hygiene task. We saw some people's personal charts had not been completed every day so that staff would know whether people had received the support

they needed to complete all their grooming tasks. The registered manager had introduced new dental and mouth care plans and was still completing these for all the people in the service.

The provider had a complaints policy available for people to see. Relatives and people told us they felt confident to speak with the registered manager if they had any concerns. One person told us "If I was worried about anything I would speak to the manager" and a relative said "The manager speaks to me personally to see if I am happy with the service. I have her personal mobile number and I can text her." People told us they did not have any concerns, staff knew them and their preferences well and they received the care and support they required. The provider had not received any formal complaints following our last inspection and was able to explain the action taken to resolve a concern she had received from a relative.

# Is the service well-led?

## Our findings

Our inspection of January 2015 found few systems were in place to assess the quality of the service and issues were not always identified so that the service could be improved. People did not always have a record of the care they received. At this inspection we found improvements had been made. However, more improvements were still required to ensure the checks and audits were consistently completed and effective in identifying shortfalls and driving improvement.

The registered manager had worked closely with the provider to improve the quality of the service. People, staff and relatives had praise for the registered manager and told us the service had improved. Relatives and professionals told us the registered manager and the senior staff were passionate and caring towards staff and people. They said the service worked more effectively with external organisations and that staff were not afraid to ask for advice or help if they needed it. One healthcare professional said: "It's great they [staff] talk to us about people's care because it means we are working together to achieve the best for people". Two relatives told us the standard of care was good due to the strong management and commitment of their staff.

As part of the registered manager's drive to improve standards following our inspection they had introduced and completed routine audits to identify areas for improvement. These included checking the management of medicines, infection control practices, health and safety in the service and care plans and risk assessments. They had evaluated the outcome of these audits and created action plans for improvement, when improvements were required. Arrangements had been made with the provider to have the upstairs bathroom refurbished in response to issues identified in August's infection control audit.

The local community pharmacy undertook an annual audit of medicine practices at the service. We looked at the last audit which was undertaken in April 2015 which indicated no significant concerns had been found.

The provider had instructed an independent health and safety specialist to undertake a health and safety audit of the service on 8 September 2015. The registered manager was working through the six identified actions including arranging a lift assessment and fire alarm service.

Staff had a better understanding of their role and responsibilities in relation to quality assurance. Senior care workers had been supported to develop their skills in completing medicine, infection control and health and safety audits.

Though the registered manager had audited the care records and ensured people's care plans and risk assessments were updated they did not always effectively check the content of people's care plans and whether daily care records had been completed appropriately. For example, we found one person's living with diabetes did not have a diabetes care plan in their care records. Changes to one person's eating support had not been included in their care plan. People's daily personal care and grooming record had not always been completed and some people still required an activity and mouth care plan. Staff working in the service knew people well, however, new staff and professionals might not have all the information they required about the care people needed and preferred.

Staff received regular support and opportunities to develop their practice and understanding of people's needs and their role. However, these meetings had not always been documented so that the registered manager and staff could have a record to refer to when managing and developing staff performance.

The provider had not always protected people through good governance systems and ensured peoples' records accurately reflected the care delivered to them. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed monthly meetings were held with the specialist community nurse for care homes to discuss all falls, infections and weight loss across the service. The registered manager had introduced new post falls monitoring protocols so that staff would take action if people were observed to have sustained any injuries. The specialist community nurse told us the registered manager took account of their recommendations and had implemented their guidance promptly to reduce the risk of people falling. Falls continued to decrease across the home following the review of people's medicine by the GP and encouraging people to remain hydrated as part of the service's involvement in the local NHS hydration project.

Staff told us the registered manager was 'very supportive' and "very helpful". Staff told us they felt able to raise

## Is the service well-led?

concerns. One staff member told us “The manager is very approachable, whenever I have any concerns or questions I go to her and she always takes it seriously”. Staff were aware of different external organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it was necessary.

People and relatives told us they appreciated the registered manager’s “open door policy” and felt encouraged to give their feedback about the service. Staff worked well together and told us they were motivated to “make sure people were happy” and “were understood and cared for”. The registered manager had supported staff to develop their skills in understanding and involving people in their care. Throughout our inspection we saw

many examples of people being supported to make choices, being comforted and having a laugh with staff. The registered manager told us “We have always had a positive culture here but after all the changes we made I feel it has become even better and people are happier here”.

The registered manager was aware of the requirements of their registration with the Care Quality Commission. They adhered to their registration requirements and submitted statutory notifications as required, for example, of incidents resulting in serious injury to people. The registered manager had ensured the rating of the service’s inspection in January 2015 was clearly displayed on the provider’s website and in the service so people would be aware of the outcome of our inspection.



This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not protected people by ensuring that the information required in relation to each person employed was available. Regulation 19 (3) (a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not protected people through good governance systems. The registered person had not ensured peoples' records accurately reflected the care delivered to them. Regulation 17 (1) (2)(a)(b)(c)