Willow Park Healthcare Limited

Willow Park Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place on 15 May 2015 and was unannounced. At our last inspection in May 2013 there were no identified breaches of legal requirements.

Willow Park Care Home is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury for up to 64 people. The purpose built home is divided over three floors with residential, dementia and nursing care on separate floors. There were 59 people living at Willow Park on the day of our inspection.

There was a registered manager in post. 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.

People told us they felt safe living at Willow Park Care Home. Staff had received training in safeguarding vulnerable adults. They were knowledgeable about how to recognise abuse and what to do if they witnessed abuse happening.

Summary of findings

When we looked at how staff managed medicines, we found practices were safe and medicines were administered by staff who were trained to do so.

There was a system in place to ensure all new staff received an induction and training to ensure they had the skills to perform in their role.

The registered manager and the staff we spoke with had a good knowledge about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. However, although people may have been deprived of their liberty, no one had been referred for an authorisation. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. This was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training and an appraisal to enable them to acquire skills to support the peoplewho lived at the home. Not all staff supervisions were up to date.

Staff were caring and had a detailed understanding of the people they supported. They encouraged people to remain as independent as possible whilst they lived at Willow Park Care Home.

Staff treated people with dignity and respect and ensured their privacy was respected at all times. People's choices were respected and they were able to get up and go to bed at a time that suited them. Care and support was planned and reviewed as necessary.

There was an activities coordinator who supported people to undertake meaningful occupation during the day.

Staff were supported in their role by the registered manager. Staff told us they thought the home was well led and the culture of the home was good. The home undertook regular audits to assess the quality of the service they provided. The home actively sought the views of the people who lived there and their relatives and acted on the results of the surveys to continually improve the home for the people who lived there.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People and their relatives told us they felt safe living at Willow Park Care Home.

Staff had been trained and could recognise abuse and knew what to do about it, if this had occurred.

Risks were appropriately assessed and managed to ensure people were safe.

Good

Is the service effective?
The service was not always effective.

People who might be deprived of their liberty had not been referred for an authorisation of their deprivation as required by the Mental Capacity Act 2005 Deprivation of Liberty Safeguards.

The system for recording nutritional and hydration needs recorded amount given and not amount taken which might lead to an inaccurate record of what people had consumed.

People had access to external health care professionals as the need arose.

Requires improvement

Is the service caring?
The service was caring.

People told us the staff were caring.

The atmosphere in the home was friendly and calm and staff interacted with people in a professional and caring way.

Staff were able to tell us how they maintained people's privacy and dignity.

Good

Is the service responsive?
Individual needs were assessed and reviewed regularly.

Activities were planned around the needs and preferences of the people at the home.

Complaints were handled appropriately and actions put in place to try to resolve issues that had arisen.

Good

Is the service well-led?
Staff and people who used the service and their relatives told us the registered manager was supportive and proactive.

The home acted on the results of the residents and relative questionnaires and continually strived to improve the home for the people who lived there.

Good

Summary of findings

Staff were happy in their role and told us the culture of the organisation was good and they enjoyed working there.	

Willow Park 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.

This inspection took place on 15 May 2015 and was unannounced.

The inspection team consisted of three adult social care inspectors and an expert by experience with expertise in caring for older adults. 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 previous inspection reports and notifications about events and incidents that services are required by law to inform us of. The registered provider had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with a health professional from the Memory Clinic and a professional from the Community Mental Health Team.

During the inspection, we spoke with people who used the service. Because not everyone was able to tell us about their experiences, we also used the Short Observational Framework for Inspection (SOFI) to observe care and support at the lunch time meal in the communal dining area in the dementia unit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at six care records, three staff files and others records relevant to the management of the service. We spoke with 12 people who lived at Willow Park Care Home and three visiting relatives. We also spoke with the registered manager, the unit manager, the domestic manager, the catering manager, a nurse, one senior carer and two care staff.

Good

Is the service safe?

Our findings

People told us they felt safe at Willow Park Care Home. One person said "I feel quite safe". Another said "I feel sound as a pound" and one relative we spoke with told us they felt their relation was 'very safe'.

We asked staff their understanding of safeguarding. One member of staff said they had received safeguarding training and were able to give examples of abuse such as injuries and bruising. They were aware of their role to report and support people and could explain the actions they would take if they had any concerns. We asked one member of staff what they would do they overheard a member of staff shouting at someone. They said "they would remove the staff member and report it to the manager. They would also reassure the resident and make them a cup of tea". They went on to say they had never seen any issues like this in the time they had worked at the home which had been since it opened.

We saw evidence in the care plans that risks were assessed. For example, risks assessments had been completed around skin integrity, nutrition, falls, challenging behaviours, and danger to others, and bed rail risk assessments. These were reviewed every month. Although moving and handling risks assessments were in place, the moving and handling plan lacked detail regarding the approach to take with people and the method to use when handling people. This was raised with the registered manager as this could mean that people were not handled appropriately.

We looked at staffing levels to ensure both adequacy and consistency of staff caring for people. The registered manager told us that they worked to one member of staff to seven people who used the service on the residential units and one member of staff to five people who used the service on the nursing unit and six staff would cover the three floors during the night. They had no one living there who required one to one care but had nine people with complex health needs who were monitored regularly by the CCG (Clinical Commissioning Group). The registered manager told us staffing levels were based on need and if they had a person who had higher needs stating they would put in more staff in that area. We examined all the staff rotas and found they were operating near to or at their minimum staffing levels which had the potential to impact at meal times particularly on the dementia unit where we saw some people who needed extra support and encouragement to eat and drink were not given priority.

We asked people who lived there about staffing. One person told us "the carers change every day because they work shifts. But I know the day staff very well. I'm not so sure about the night staff". A visiting relative said "I see a lot of the same staff and they are very friendly. They know mum really well". This relative often met the night staff when they visited and had no concerns. We asked staff we spoke with about the staffing levels and were told. "It is always the same staff on duty, allowing for shifts. There is also a low level of sickness". They told us they had never known agency staff be used.

We looked at the recruitment records for three members of staff. We found there had been a thorough recruitment and selection process. The Disclosure and Barring Service (DBS) checks had been undertaken before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The registered manager told us staff were paid to work a shift before they were offered the position in writing so that the registered manager could observe that staff had the right behaviours to work with the people who lived there. This recruitment process ensured staff had the right skills, experience and behaviours to support the people who lived there.

As part of our inspection we looked at how the service managed people's medicines. Senior care staff undertook all aspects of the management of medicines. The medicines were supplied by a local pharmacy in blister packs and were stored in locked trolleys and colour coded to correspond with the administration times and on the Medication Administration Record (MAR). There was a photographic record of the people who were prescribed medicines and were saw good use of protocols related to how the drugs were to be administered. Staff told us they had received medicine management training and were knowledgeable about the drugs used. One person who lived at Willow Park Care Home told us "the staff help me with my medicine and I always have them when I need them". One member of staff we spoke with on the residential unit told us "I have just done my MedEx training.

Good

Is the service safe?

Most people self-medicate their creams but one person needs help with eye drops. All medicines are in the treatment room and we have MAR sheets from the chemist. The only time we would write one is if the person was on antibiotics".

The medicines room contained a drugs fridge, a Controlled Drugs cabinet and other store cupboards used to house medical equipment. The room and drug fridge temperatures were monitored and kept within expected limits. The controlled drugs were in order and audited monthly. We saw the signatures of staff that administered prescribed medicines but did not see a record of staff signatures or initials for the checking of the controlled drugs. This was raised with the registered manager who agreed to action immediately. In one person's notes it stated that as the person was taking warfarin, "to inform the district nurse when bloods need to be taken on yellow book. It is to be dated and the levels noted as the clinic advises". There were also guidance notes on the use of warfarin attached.

Staff told us there were evacuation plans in place for people and that they had recently had fire evacuation training. They knew the location of the assembly points and told us that the maintenance man undertook tests of the fire alarms. We saw evidence of this in the home audits and care plans.

We found Willow Park Care Home was very clean and we observed an active and in-depth cleaning routine taking place in each person's rooms as well as in the communal areas. We also observed some very positive interaction between cleaning staff and residents. Staff told us they had sufficient supplies of personal protective equipment in order to undertake personal care safely. We inspected the home laundry and saw that it was well equipped to deliver the services needed to ensure people had their individual belongings laundered to a high standard.

During our observation in people's bedrooms we noted that the electrical points for the call bells were used for fall mats. When we asked how someone could call for assistance we were told there were regular checks through the night and someone was always around during the day. We discussed our concerns with the maintenance person who immediately ordered an adaption which would be available in a matter of days. We found that a significant number of people could not always reach their bedside light switch and although bedside furniture was available it was not positioned by the bed so as to ensure that people could have access to water and their personal effects whilst in bed. When we raised this with staff we were told that the rooms would be rearranged to ensure people could access their light and personal effects whilst in bed.

Care staff told us that they had received first aid training and when asked could explain how they dealt with accidents and incidents. We reviewed the last five months of accidents and incidents. The information was not collated, or analysed for themes. The majority of accidents related to falls and there were 12 recorded. There was a pattern of approximately two per month with a spike of four in March. There was insufficient information to relate these to any particular events but the majority related to the dementia unit. As the information was not collated, analysed or monitored for patterns, it could not be certain that all prevention strategies had been put in place although the number of reported falls was low for the number of people supported.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

All the staff we spoke with had a good understanding of the MCA and DoLS. The registered manager had devised a large poster which detailed the principles of the MCA, how to assess capacity and DoLS and these were placed in areas for staff to read. The registered manager had a good knowledge of the recent case law and was knowledgeable about what might constitute a deprivation.

The dementia unit had key locks to all exits and there was widespread use of mats to alert staff to people's movements. We observed staff responding promptly to the alerts raised when the sensors were triggered. This constant supervision and monitoring may have constituted a deprivation of a person's liberty. In addition the registered manager told us that one person who lived there was restrained by the use of a lap strap on their wheelchair. However, no one living at Willow Park was subject to a DoLS authorisation at the time of our inspection. When this was discussed with the registered manager they told us they understood that the local authority did not have capacity to deal with the number of applications, so they therefore had not submitted any applications. There is a requirement for providers to follow a best interest process in accordance with the MCA 2005 Deprivation of Liberty Safeguards and request an authorisation if they believe a person might be deprived of their liberty. The registered manager agreed to rectify this immediately. However, this was a failure to comply with the requirements of the Mental Capacity Act 2005 and was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they did formal capacity assessments around three areas which were around capacity to leave the building, capacity to administer medication, and whether the person would be able to seek medical assistance if they required it. We saw evidence of capacity assessments in the care records. However, these lacked evidence of involvement the person in the process and they were not signed by the person. They did reflect the person's wishes but contained blanket statements at the end such as 'It is their choice to allow staff to administer medication'. They were signed and dated only by the registered manager. There was no specific consent policy but we were told consent was covered in separate policies such as consent to administer medication. A policy on consent would ensure staff acted within a legal framework for providing care and treatment to people with capacity and for those who lacked capacity.

We asked people who lived at Willow Park what they thought about the food they were served and the choice that was on offer. One person said "the food is very nice. I've never had to send any of it back!" Another told us "I get lovely meals". One person said "I never feel hungry so there must be enough food!" One person we spoke with told us that they chose what to eat the day before from a choice of two things. A member of staff said menu choices were made in the morning of the day itself. Lunch was served in the dining room at noon in the residential unit and some people chose to eat in their rooms. No dessert was offered and when people asked about dessert, they were told this would be served with the evening meal. We asked staff about this and were told desserts were not offered at lunch time but cakes and chocolate were available during the morning and in the afternoon to increase the calorie intake for people at Willow Park Care Home. In the residential unit we observed the unit manager offering tea, coffee and juice with biscuits from the tea trolley. There were glasses of water next to people in the lounge. Fluids were offered two hourly. This ensured people on the residential unit had their nutritional and hydration needs well maintained.

People on the dementia unit had the choice of eating in their rooms or in the dining room. The majority of people ate in the dining room which was laid out with bright table cloths and napkins. The registered manager told us, they used red table cloths and white crockery to ensure the crockery stood out from the background and they were following findings from research which found people living with dementia would eat more food with contrasting crockery. This showed the home were proactively considering ways of meeting the nutritional requirements of the people who lived there.

On the day of our inspection, there was a lack of coordination for mealtime on the dementia unit.

Requires improvement

Is the service effective?

We observed some people were waiting for over 35 minutes from being seated to being assisted to eat. One person was getting frustrated at this, and told us "I don't think she knows we're here". And later on said "I would have liked some fish and chips but I'm going home now. I'm not waiting". Some people were offered tea and coffee with their meal but others had to wait. There was no water or juice on offer. Those people who had soft diets or who were supported to eat were left until last as the staff were busy serving others and there was a delay of the special diets from the kitchen. Our observations were raised with the registered manager who told us they would look into the issue.

We saw records were kept for people who had their food and fluid monitored but these records did not accurately reflect what people had actually eaten or had to drink just what they had been given. For example, whilst the menus for the day were entered on the chart, a tick was placed beside the food given with no indication of the actual amount of food consumed. Similarly the drinks were recorded in the chart as consumed but we found glasses where a third of the fluid had been left for some time. This meant that the home could not evidence accurately that all people had adequate nutrition or hydration even though staff were confident people had received appropriate levels of nutrition and hydration.

Staff told us that people were weighed monthly and those people for whom there were concerns related to weight loss were weighed every week and received dietary supplements. We saw evidence of risk assessments and weight monitoring in the care plans we reviewed. We found jugs of water were not available to some people who preferred to spend time in their rooms on the dementia unit and we were told by staff, this was because the people were likely to spill the drinks. We raised this issue with the registered manager who ensured us this issue would be investigated and resolved immediately.

We asked staff about their induction and one member of staff told us "I did two days initially which included moving and handling and hygiene. I have learnt loads since being here. I've also attended dementia courses. I feel the organisation is very supportive and keen to support training for staff". They told us they have supervisions every three months with the manager. They had not received mental capacity training but demonstrated knowledge of capacity issues well. They said they would try and find out as much as possible about the person from reading their records and speaking to family members.

Staff we spoke with all told us they had national qualifications in care and had completed additional training in dementia awareness and first aid. They told us they had received training in safeguarding, Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). All the support and care staff we spoke to had undertaken additional training and mandatory updates such as infection control, food handling, moving and handling, fire safety and health and safety.

Staff told us they received supervision every two months to discuss their work and the people they had particular responsibility towards. The registered manager told us staff have two appraisals a year with their line managers. We reviewed the supervision record for staff and in two of the units all staff supervision were up to date, but on one unit staff had not undertaken supervision for five months. This meant that although most of the staff had received on-going support and development through supervision, this approach had not been consistent across all three units.

We saw evidence that people were supported to attend appointments with healthcare professionals when required. This information was documented in communication books which ensured staff were fully aware of all appointments. Willow Park Care Home was taking part in the one year Vanguard Pilot sites which is a government pilot aimed at improving health of people in care homes and cutting down the number of GP visits. An advanced nurse practitioner from one of three GP surgeries attended each morning to support people who have had concerns about their health, with the goal of tackling healthcare issues before they arose. The registered manager told us it gave people who lived their peace of mind regarding health issues, and had been a benefit regarding medication issues, and also by providing access to test results more promptly.

The outdoor environment was well maintained with easy access from the unit. People were able to access this at any time as the keys were in the doors. We observed one gentleman spend much of the morning there, enjoying the sunshine. There was also a suitably furnished summer

Requires improvement

Is the service effective?

house with cushioned seating and patio tables and chairs, again made full use of by visitors and residents. The garden also contained a red telephone box, a mangle and a water pump.

The indoor environment was also well maintained to a high standard of décor. There was a display of staff pictures on the wall, presented nicely in individual photo frames with legible name tags.

In the residential unit, the communal areas were furnished with armchairs outside each room and a chest of drawers with china to ensure the homely atmosphere. The communal lounge was also furnished to reflect a domestic lounge with a bookcase, coffee tables, a dresser with matching china and a display cupboard. The dining room was nicely laid out with small tables and three or four chairs around each one. There were wine glasses, flowers and napkins on each table complete with a menu. Individual rooms were very spacious and personally decorated with people's own photos and memorabilia.

The dementia unit was on the second floor and provided en-suite bedrooms for 25 people. There were 23 people with varying cognitive and physical abilities on the day of our inspection. There was also large bathroom and walk-in shower room for those people who did not have a personal walk-in shower and communal toilet. There were two lounges, one quiet and one for people who liked the television or music. The registered manager told us staff had resolved an issue one of the people living on the dementia unit had with locating the toilet roll on the wall. They had painted the wall a deep contrasting colour which had been a success in supporting the person to find the toilet roll.. They also installed red toilet seats to contrast against the toilet bowl. The registered manger told us the managing director had been on a dementia environment course at Sterling University and was keen to maximise the potential of the environment for those people living with dementia. This meant the home was proactively seeking to find practical solutions to improve the day to day lives of the people who lived there.

We saw a good range of seating equipment for those people who required supportive seating systems which demonstrated the registered provider understood the importance of seating posture on a person's health and wellbeing.

Good

Is the service caring?

Our findings

We asked the people who lived on the residential unit if they thought staff were caring. One person told us "It's very nice. It's the best home I've been in. I am looked after and can't grumble. The staff are brilliant. The other places I've been in are not a patch on this. I have been made very welcome". Another said "it's lovely here". Another person we spoke with said "the staff are very good. I've nothing to grumble about. They help me have a bath every week and I'm happy with this".

We spoke with a relative who said "I think it's excellent without a shadow of a doubt. It's the best home I've seen". We were told by several members of staff they 'loved their job. The atmosphere was calm and friendly with staff engaging with people and visitors alike.

The home operated a key worker system and staff could explain their involvement with people and how they carried out this role, and also had a detailed understanding of their personal history and preferences which demonstrated a high degree of personalised care. We noted that people who lived at the home or their relatives had given consent to be photographed.

Staff told us how they helped people to make choices about their personal care and hygiene needs as well as deciding what clothes to wear on a particular day. Peoples' clothing was labelled and the laundry aimed to deal with peoples' needs for clean clothes on a daily basis.

We observed one person returning from having their haircut. The unit manager came to talk to the person in their room, admiring the haircut and passing the time of day with them. Just after this exchange another member of staff advised that a resident was complaining of pain in their abdomen and the unit manager went straight to attend to the person.

We observed staff to be calm helpful, friendly, polite and sensitive in their dealings with people and their relatives.

We also saw that there was mutual respect between the people who lived at the home and staff. Staff were unhurried and we saw that they worked well as a team; they also told us they enjoyed working at Willow Park.

We asked staff how they supported someone with their dignity and privacy. They told us "I ask the person if they would like to be left alone in the toilet or the bath if they feel safe. I always ensure the buzzer is within reach and step back". We saw examples of where staff protected people's dignity and choices. For example we saw how they dealt respectfully with a person who needed extra support to maintain their personal dignity when in public places. They asked us to wait whilst they attended to one person who was having difficulties dressing, this person was escorted to their room and helped so that they were dressed appropriately.

When asked staff how they handled people who were distressed or who exhibited behaviour which challenged the service we were told that they did not use any form of restraint but used distraction to help people remain calm. One relative who spoke with us told us their relative recently went to hospital and they sent a carer with them who stayed with them, insisting they could not be left on their own.

We were told that people who lived at the home attended church and often received visits from friends of their church who sang hymns with them.

The registered manager told us end of life plans were discussed with individuals and their families. They told us people's wishes were recorded and respected. However, in one of the care records we looked at, there was an advanced care plan but it was not signed or dated. It just mentioned the next of kin. They did not have a specific area in the building where families could stay during this time but recliner chairs were available for relatives to use in a person's room when they were nearing the end of life.

Good

Is the service responsive?

Our findings

One person who lived on the residential unit told us "I can get up when I want. They get my breakfast ready while I'm getting dressed". This was confirmed by a relative who was visiting who told us "they get up when they want and go to bed when they want". They told us they knew this because they often visited at night and so knew that staff did not pressure her relative to go to bed. The relative went onto say that the home offered lots of activities: games, bingo, films in the cinema room upstairs, local church visits and there was also a bar. Staff told us "People get up when they want – it's their choice". People were all appropriately dressed in their own clothes with jewellery. One man was wearing a blazer and shirt and tie which was his preference.

Staff told us there was a keyworker system in place. We asked what this involved and were told "I am responsible for keeping all records up to date and liaising with family if a person needs something". Another said it was their role to "really get to know the person – their likes, dislikes and needs". We were told that care staff were not involved in the reviews of care records but did complete the daily communication sheets.

The care plans were completed by senior staff and reviewed monthly. The care plans were broken down into various areas ranging from physical needs to beliefs and mental health needs. Each had a 'problem', 'action' and 'outcome'. The language used was attempting to be person-focused but the phrases were often the same. We felt some of these areas were task-focused and it was difficult to get an overall perspective of someone's needs as there were 18 sections. A one page profile would have enabled staff to know what mattered to the person and how best to support them, had this been at the front of the care plan.

We looked at two care records on the residential unit. These were completed appropriately with details of fire evacuation procedures, all the required risk assessments, records of healthcare professionals visits, and contact with relatives. People's weight was monitored monthly including their blood pressure. There was also someone's life history and their personal profile detailing their likes and preferences. However, the latter was one word answers. On the dementia unit the care plans also lacked detail regarding preferences. For example, one care plan contained the following information: - "likes to read, "yes" but no further information, and the responses to likes pets again simply "yes". Despite this staff we spoke with were very knowledgeable about people's likes and dislikes.

We reviewed two care plans and daily logs on the nursing unit and found these to be detailed. The intervention sheet kept in each person's room detailing for example, the time the person had been positioned and whether they had been assisted with oral hygiene and personal hygiene contained a very small area to record the detail of the intervention. As a result staff utilised abbreviations, which were inconsistently applied and required an explanation. We discussed our concerns with the staff to ensure recording was consistent and in adequate detail to ensure continuity of care.

The activity co-ordinator worked five days a week. The registered manager told us they split their time between the residential and dementia unit. People in the nursing unit could take part in any activities if they chose to do so and to join in the coffee mornings.

We observed the activities' co-ordinator talking with one person about some photos in a book about the local area. They were asking the person about their memories of the area.

One person we spoke with on the residential unit told us about the range of activities the home offered. She said "I play dominoes in the lobby and read the paper". She told us "on a Friday morning there is a gentle exercise class run by the activities co-ordinator. We exercise in our chairs, starting at our feet and working our way up".

We observed the exercise class during our inspection. People were encouraged to join in by being reminded the activity was taking place and then once in the lounge ensuring they were comfortable and settled. The chairs were in a semi-circle and one person who preferred to remain at the back of the lounge was also monitored by the instructor during the class. Ten people out of a possible seventeen were involved in the activity. The instructor encouraged conversation as well as movement during the class and knew everyone very well. Following the class they went on to sing some songs from their youth. One person said "they like to watch the world go by" as they sat in the lobby area which was also furnished with armchairs around coffee tables, providing further areas for people to relax.

Good

Is the service responsive?

We were shown some people's memory boxes in their rooms on the dementia unit and one from the home, but did not see these being deployed in any meaningful way during our inspection. There was a period of playing music and a period of singing as staff were busy with personal care and treatments, but there were times during our inspection when there was a lack of meaningful activities for people on the dementia and the nursing unit. However, we did observe staff sit with people who were in their bedrooms to complete recording activities to provide the person with company, rather than sit in the nursing station to undertake this function.

We asked a member of staff what they would do if they received a complaint and were told they would go to the manager. They went on to say they had never received one. One visiting relative we spoke with said "I have never had to complain. I have confidence in the staff and have regular conversations with them." We reviewed the 10 complaints the service had received over the past year. Four were from the same person who had regularly complained of being bored. The registered provider told us what actions they had implemented following this complaint. The Care Quality Commission had also been contacted by a complainant prior to our inspection and raised concerns about how the staff had managed their relative's behaviour which had challenged other people who lived there. They had also told us of other observations whilst visiting their relative, which we discussed in detail with the registered manager. These complaints had been logged and the registered provider had followed their complaints procedure in the handling of the complaint. The registered manager told us of the actions they had put in place since receiving this complaint, which were still on-going at the end of our inspection. This showed us the registered provider was using the lessons learnt from complaints to improve the service they provided.

Good

Is the service well-led?

Our findings

The registered manager had been in post since the home opened in 2011. 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.

We asked the registered manager about the culture at Willow Park. They told us "the culture is lovely. Very driven by the people who live here, not staff driven. The staff are caring and nothing is too much trouble. The staff are happy and turnover is low."

Staff told us the manager was 'great' and very approachable; they felt supported and had a good relationship with them. Staff said that the manager dealt with issues they raised. There was an informal, homely atmosphere at Willow Park. Staff worked unobtrusively to direct and support people with their activities throughout the day. Staff told us that they worked well as a team and communicated with each other in regular bi-monthly staff meetings and daily handovers. Staff told us there was a "good atmosphere" at the home and there was an "open door policy" if you had any concerns.

One member of staff we spoke with said "there is a good atmosphere and the manager is very good. It's not like a care home and I don't feel anything could be improved". Another staff member said "it's lovely. It feels settled and very homely. There is nothing to improve. Everyone gets on. I see the manager every day and we will have a cup of tea together to discuss everyone". The registered manager told us how important it was to invest in the staff telling us 'they won't stay if we don't'. All the staff we spoke with told us how much they enjoyed working there.

The registered manager told us they completed a weekly report for the managing director, the operations director and the owner to keep them informed about the service. The managing director visited the service three times a week and undertook a walk around to audit the environment. They completed a recent full audit on the redecoration and recommended replacement and deep cleaning of some of the carpets. The registered manager told us the company reinvested in the environment to ensure it met the requirements of the people who lived there. For example, when the lift broke down it caused great inconvenience even though they had a contingency in place, and so the director was planning to put in a second lift on the outside of the building.

The registered manager completed a resident's survey annually. Last year people said they would benefit from a summer house in the garden. They acted on this and built one. The registered manager told us one resident spends all day in the summer house and a couple of residents liked to eat their meal there. We saw information from the Resident/Relative audit of March 2015. This contained the following comments "I have nothing but praise for each and every member of the staff. [My relative] loves them all. "I would like more activities at weekends. Some have visitors, some don't." "[My relative] is lonely. I would very much like [my relative] to join in more activities. The registered manager told us they would put in an action plan from the comments received.

We asked the manager how they involved the local community in the home. They told us they had a resident vicar who lived in the area and knew most of the people who lived there. They held a service every Tuesday at the home. They also had visits from the Salvation Army. They had a race night planned for 23 May 2015 and families were involved in many of the entertainment on offer.

We inspected the well-equipped modern kitchens, and saw they were well maintained and that appropriate records and checks were maintained to ensure safe storage preparation and handling of food. The home had a five-star food hygiene rating and the catering manager sourced food locally.

We undertook a review of the audits on medication management, accidents; complaints, building, and fire audits. The entire electrical portable appliance testing (PAT) was up to date and all medication audits were in order. We noted the environmental audits were mostly tick boxes which did not provide detailed descriptions of what was being inspected. Therefore, issues such as with the call bells, access to bedside lights and some of the towel rails in en-suite facilities had not been noticed.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Failure to comply with the requirements of the Mental Capacity Act 2005 and was a breach of regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.