

Mrs L Woodstock and M Duke

# The Willow

## Inspection report

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Date of inspection visit:  
27 February 2017

Date of publication:  
21 March 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook an unannounced inspection of The Willow 27 February 2017.

The Willow is a family run care home registered to provide care and accommodation for up to eleven people who are elderly and physically frail. At the time of the inspection The Willow had no vacancies. The home is located in Chesham.

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.

At the last inspection on 11 August 2015 the provider was in breach of one regulation. We asked the provider to take action and make improvements in relation to the Mental Capacity Act 2005 as they were not adhering to the principles of the act. The provider sent us an action plan outlining the actions they were going to take. At this inspection we found improvements had been made and the provider had completed these actions.

People and their families told us they felt safe at The Willow. Staff understood their responsibilities in relation to safeguarding people. Staff received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the authorities where concerns were identified. People received their medicine as prescribed.

People benefitted from caring relationships with the staff. People and their relatives were involved in their care and people's independence was actively promoted. Relatives and staff told us people's dignity was promoted.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff sought people's consent and involved them in their care where possible.

There were sufficient staff to meet people's needs. Staff rotas confirmed planned staffing levels were maintained. The service had safe recruitment procedures and conducted background checks to ensure staff were suitable to undertake their care role.

People and their families told us people had enough to eat and drink. People were given a choice of meals and their preferences were respected. Where people had specific nutritional needs, staff were aware of, and ensured these needs were met.

Relatives and people told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Learning needs

of staff were identified and training was in place which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the Registered Manager and all of the team at the home. Staff supervision and other meetings were scheduled as were annual appraisals. People, their relatives and staff told us all of the management team were approachable and there was a good level of communication within the service.

People and their relatives told us the service was very friendly, responsive and very well managed. Comments received included "I would not want to be anywhere else"; "We are like a family" and "Amazing boss and support is very good". The service sought people's views and opinions and acted on them.

The management teams' ethos was echoed by staff and embedded within the culture of the service.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People and their relatives told us people were safe. Staff knew how to identify potential abuse and raise concerns.

There were sufficient staff deployed to meet people's needs and keep them safe.

Risks to people were identified and risk assessments in place to manage the risks. Staff followed guidance relating to the management of risks.

People had their medicine as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

The provider was following the principles of the Mental Capacity Act 2005.

Staff received support and supervision and had access to further training and development.

People had access to healthcare services and people's nutrition was well maintained.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, compassionate and respectful and treated people with dignity and respect which promoted their wellbeing.

Staff gave people the time to express their wishes and respected the decisions they made. People and their relatives were involved in their care.

The provider and staff promoted people's independence.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving into The Willow to ensure their needs could be met.

Care plans were personalised and gave very clear guidance for staff on how to support people. People were supported in their decision about how they wished to spend their day.

Relatives knew how to raise concerns and were confident action would be taken.

### Is the service well-led?

Good ●

The service was well led.

There was a positive culture and the provider shared learning and looked for continuous improvement.

People, their families and staff told us there was good management and leadership in the home.

The service had systems in place to monitor the quality of service.

# The Willow

## **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 27 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and other stakeholders.

During the inspection we spoke with five people who used the service and one relative of a person who lived at The Willow.

We looked at four people's care records, eight medicine administration records, three staff records and records relating to the general management of the service. We spoke with the registered manager, the deputy manager, the human resources manager who was also responsible for staff training. We also spoke with two care staff and the activities staff member.

# Is the service safe?

## Our findings

People and their relatives told us they were safe. Comments included; "I have no safety issues for my mother here"; "I feel safe, it's lovely, could not be better"; "I love it here, they (staff) are all great" and "Definitely feel safe, I have not issues what so ever".

Staff said people were safe. People had equipment to enable them to move around the home safely and staff were aware of when this equipment should be used. We saw people were encouraged to use the equipment available to them, for example walking frames. One staff member said; "Yes people are safe, we make sure they are". We saw the environment had level flooring throughout the ground floor to enable people to move around safely. There was a stair lift to assist people who were unable to use the stairs to enable them to access their bedrooms on the first floor.

The Willow staff looked after people's money. We saw systems were in place to effectively manage people's money safely. People were able to obtain their money when needed so they could purchase items. Records showed outgoing amounts given to people and a balance held at the home. We looked at two people's records and found robust systems were in place to manage people's money and the money held at The Willow agreed to the records held by the service.

Staff had completed safeguarding vulnerable adults training. Staff we spoke with were able to tell us about the different types of abuse and the signs that might indicate abuse, for example theft and neglect. Staff had a clear understanding of their responsibilities to report any concerns and were aware of which outside agencies they could report to as well as their own management team. Comments from staff members were, "It's about ensuring the needs of people are met and protecting them against abuse" and "It's making sure people are safe, I would report any concerns including whistle blowing".

Staff told us they were aware of the provider's whistle blowing policy. Whistleblowing is where someone can anonymously raise concerns about standards of care. One staff member said "Yes I would not hesitate to take it further if I needed to and whistle blow to the authorities".

The manager told us and we saw systems were in place to record safeguarding concerns. The provider had reported concerns to the relevant authorities, including the Care Quality Commission.

Arrangements for emergencies were in place. We saw people had individual personal emergency evacuation plans (PEEPS) in their care files. There was also a copy in the 'fire' file and a copy was stored securely next to the fire panel in the reception area at The Willow. The manager told us there was a 'grab bag' which contained a torch, emergency blanket and other equipment in case of an emergency. This ensured details were available to emergency staff when needed. The manager also told us they had a 'buddy' system set up with a neighbouring home in Chesham which would assist if people needed support at The Willow.

We saw systems were in place to record accidents and incidents. Any information was relayed to staff via the communications diary and at handovers between shifts. We saw one person had a fall and details were fully

recorded. Staff knew their responsibility to record any incidents or accidents and to inform management straight away.

People's care plans contained risk assessments and included risks associated with: falls; nutrition; pain; medicines and people's weight. Where risks were identified care plans were in place to ensure risks were managed. For example, the MUST (Malnutrition Universal Screening Tool) assessment tool was used to monitor people's change in weight and their risk assessment was updated accordingly. We saw in two cases people had lost weight in January 2017, but their weight had not been checked in February 2017. We were told this was due to the absence of the person who usually checked people's weights. We discussed this with the manager and the deputy manager and they agreed they would prioritise these two people to ensure their weight levels were safe. We saw one person was at risk due to the type of medication they received as it may cause them to 'bleed' excessively. There was a risk assessment in place which identified this and also what action the staff should take, for example, contact the GP for advice. We saw another person's mobility had declined. This person was very independent, the care file recognised this but it stated staff should regularly remind the person to use their walking stick. Staff were fully aware of this and told us they regularly reminded this person and monitored them in the home. Risk assessments were regularly reviewed to ensure the measures in place were managing the risk effectively.

One staff member told us the importance of managing risk for people. They said "I ensure the hall is kept clear from clutter, people's walking frames are available, equipment is maintained for safety (trolleys) and hazard substances are locked away, for example, bleach.

People and the relative we spoke with told us there were enough staff to look after people safely at The Willow. Comments included "Definitely enough staff"; "Enough staff yes, we will cover for shifts whenever needed" and "Yes there is enough staff, they have time to stop and talk to you, even when there are not so many on duty, they still have time to chat". Throughout the inspection we saw there were enough staff to support people.

We looked at the staff rotas for the month of February and March 2017. We saw the number of staff on duty matched the number we were told should be on duty on each shift by the manager. However, two staff members raised concerns that at night there was only one staff member on duty. They told us some people needed two staff to assist them to move. We discussed this with the manager and they told us they were always on call if needed. They also said they would speak to the night staff to obtain their views and check the dependency of people was correctly assessed.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. We saw before staff worked at The Willow, people who lived at the home were asked for their opinion about the staff member, for example, their communication skills.

Safe systems were in place to manage people's medicine. We observed the medicine round with one of the staff at The Willow. The staff member wore a 'do not disturb' tabard which showed people they were not to be disturbed during medicine administration. They were diligent and approached people in a calm manner. For example, they encouraged people to take their medicines and were patient, supportive and did not rush people. The medication was explained to people and why it was needed, for example to help the person with pain and how it would make them more comfortable. The staff member stayed with the person to ensure they had taken their medicine. They said to one person "Has that gone [name]?" The staff member



used gloves where appropriate, for example when applying eye drops to people. The gloves were then disposed of before going to the next person. We saw people's medication administration records (MAR); topical medicine and 'medicine as required' records were completed appropriately. Specific medication management was in place. For example, one person's warfarin drug had been safely recorded with notation of when the next blood test was due.

The medication trolley was stored in the dining room and was locked securely to the wall. People also had their own medicine cabinets in their room. We saw people's medicine was available and the opening date of people's medicine was recorded on the packets to ensure they were in date. We were told the deputy manager checked stock balances on a weekly basis and recorded these checks. We checked two people's balance of medicine and found they agreed to the records held at the home.

Staff told us and records showed, their competency to administer medicine was regularly checked. The manager told us they had three staff members who were not as confident as others. They said the three staff were being given more time to gain confidence in their role of administration and it would be when they were ready to administer, there was no rush.

There were effective systems to monitor the safety of the environment and equipment. Records were accurate, complete and up to date in relation, for example, fire systems.

# Is the service effective?

## Our findings

At our comprehensive inspection on 11 August 2015 we found the provider was not adhering to the principles of the Mental Capacity Act 2005 as they had not assumed people had capacity to make decisions. This was a breach of Regulation 11 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our August 2015 inspection the provider sent us an action plan telling us how they were going to meet their legal requirements.

At this inspection we found that improvements had been made. Changes had been made to how they assessed people's capacity and people's files contained details of these assessments.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 are called the Deprivation of Liberty Safeguards (DoLS). We were told there was no one at The Willow who was under a DoLS.

We saw people's capacity had been assessed in their care plan. People were supported to make decisions on their day to day care. Care plans outlined whether people had capacity to make decisions on care and treatment, and where appropriate a Lasting Power of Attorney was in place which had been authorised in accordance with the MCA.

We spoke with staff about their understanding of the MCA. They told us, "It's the ability to communicate their choices. This can be food or how they want to spend their time" and "It's working out what people's capacity is to make decisions. They have the choice and it's respecting these choices".

Consent was obtained from people. We saw records where they had given consent to have their photograph taken. We also saw that people had been involved in decisions about their care. For example, there were records to show when people had a DNAR (do not attempt resuscitation). These had been completed by the person and the relevant professionals.

Staff had the skills and knowledge to meet people's needs. Staff had completed training which included; moving and handling, infection control, food hygiene, safeguarding and the Mental Capacity Act 2005. New staff completed an induction and were supported by more experienced staff until they felt confident to work alone. We saw staff were on a three month probation period to enable the manager to assess their qualities as a care worker. A checklist was used to ensure new staff had covered all the areas of their training and competence. The manager told us if the staff member had not been in care before, they were sent on a

week's training course in the Care Certificate. The Care Certificate is a nationally recognised qualification for care staff. We saw future training had been planned, for example, infection control in April 2017 and moving and handling in May 2017. Staff were complimentary about the training provided and were able to request any additional training they felt would improve their skills and knowledge. One staff member said, "My training is all up to date, I can ask for more, for example, activities training" and "I have refresher course, they are very thorough and very good".

One relative told us how their mother had changed for the better whilst being at The Willow. They said "They look after her brilliantly, to see her now, you would not believe it" and "I have no issues with the training staff have, they are always saying they have done some training and it's an ongoing programme".

We saw communication processes were in place to keep staff up to date. Handover meetings took place between each shift. We sat in on a handover on the day of the inspection. Each person's health and welfare was discussed and staff were alerted to any problems. For example if someone was not well or had a health visit arranged. A communication book was used to record these meetings. This meant staff had access to up to date information regarding people who lived at The Willow.

Staff felt well supported by the management at The Willow. Staff had regular supervision and told us it was an opportunity to discuss any concerns and development needs. However, copies of these meetings were not always on staff files. We discussed this with the manager and they told us the paper copies were awaiting filing. They also confirmed they had an annual appraisal and we saw the planned appraisals for 2017. If staff needed additional support then supervision would take place more frequently. Staff comments included "I am definitely supported by the manager"; "I have regular supervision and I can talk to any of the management team at any time" and "At supervisions they ask me how I am getting on and I can discuss in detail how I am feeling".

We observed the lunchtime experience for people. The menu of the day was displayed in the lounge and dining room. We saw the tables were nicely set out with flowers and condiments and people were seated at a table of their choice. Staff were very attentive, kind and respectful. We saw people were given napkins or appropriate protective clothing when they ate their meal. Staff wore protective gloves and aprons to minimise infection control. People were offered a choice from the menu and were also offered different drinks at the lunchtime. For example, people could have wine or a sherry with their meal. The provider had meals brought in for people. We were told and saw from minutes of meetings that people were consulted regarding this option. The representative from the food company had come to the home to discuss the options with people. The food was well presented and people enjoyed their meal and were supported and encouraged where appropriate. We sat with two people, they told us the food was very nice and they were happy with the choices available. We were told people had a choice at breakfast time which was freshly cooked at The Willow. People's favourites were a bacon sandwich or poached egg.

We saw fresh fruit was available to people throughout the day. There was also a 'tea trolley' brought round for people with biscuits. This was also taken to those people who preferred to stay in their bedroom or those who were currently in bed.

People told us "Food is perfect and I love it here"; "I can have a sherry, port or wine with my meal" and "I never go hungry, plenty of fruit and biscuits and its lovely food". One relative told us "Since being in the home, mum said there was too much food. They changed the choices for the evening and now offer soup and sandwiches in the evening. Mum is much happier with this".

We saw people's allergies and preferences were recorded in their care plans. For example, one person was

allergic to crab and was clearly marked in their care plan. We saw that people who were in their bedrooms had regular drinks brought to them throughout the day. They had a choice of water or fruit juice. This meant people's hydration was supported.

People had access to health professionals when required. People's care plans showed people had been supported to see health professionals, for example their GP. We also saw on the day the staff team were observant as one person was not their usual self. Staff recognised this and arranged for the GP to see them. They also liaised with the family member when they visited. The relative we spoke with told us they were kept informed of any health concerns regarding their family member. Comments included, "My mother had an infection, they called the GP and they prescribed antibiotics. However, these did not clear the infection up. The staff called the GP who prescribed more medication which sorted this out. The staff acted very quickly" We saw other professionals were involved in people's health care when needed. For example, district nurses if they was wound care required for people.

## Is the service caring?

### Our findings

People told us staff were caring. They said "Staff are lovely and happy and are very caring to me, they are really nice"; "I would not want to be anywhere else, I've come back home"; "We have good laughs (staff)"; "Staff are very thoughtful and understanding"; "Everybody is nice, [staff name] is lovely"; "We are all happy here, I would give them ten out of ten"

Staff knew the people very well. We saw positive interactions between people and staff. Staff were very caring and genuinely cared for people and showed compassion in the work. For example, when one person was being given their eye drops, the staff member made sure they had a tissue to give to the person to make it more comfortable for them. There was a jovial and relaxed atmosphere in the home and people had a banter with the staff. One staff member said, "It's about having the time to talk to people". Another staff member said, "We care about each other, both the people and staff". We were introduced to two gentlemen who had been awarded the Legion d'Honneur as they were involved in the D-Day landings. The manager, with the consent of the two men, had put an article in the community magazine in Chesham to celebrate their award. The article also included other people's history who lived at the home. This showed a caring recognition for the individuals at The Willow.

The relative we spoke with told us "They are looked after incredibly well and my mother is so much better here. People and staff are thoughtful to each other and it's the little things that make the difference. For example, my mother had a bouquet of flowers when she first arrived".

We saw where possible people and relatives were involved in people's care and reviews of their care. We saw care plans were written with the involvement of the person and their relatives. One relative told us "Always a two way conversation between mum, me and the management. The Keyworker system works very well". Other comments included "Yes I am involved in my care, I can get up early if I want and I can choose" and "It's great as I can do something for them (staff), it keeps me involved".

We were told by the management team and the relative we spoke with how people were given the option to have a trial day or a week at The Willow. People would spend time with other people and have lunch to see how they felt about the home. This meant people were involved in their treatment and care as they could see if they felt The Willow was the home for them.

Staff and management recognised the importance of choice for people. Staff comments included "It is recognising it's freedom of choice for people"; "It is important to talk to people to find out about their choices as it's a sensitive area and we would not want to upset anyone by doing the wrong thing"; "People have the choice to stay in their room if they wish"; "I know [name] does not like to come down to the lounge until the afternoon, it's their choice" and "Yes I definitely give people the choice, for example, who wants to go to bed late or get up early in the morning".

One relative told us how the staff had been very sympathetic and understanding as the family had a bereavement. They said "They care for her (mother) as an individual, my auntie recently died and the staff

were very supportive and understanding".

We saw people's rooms were personalised with their own belongings. They were clean and tidy and people's bathrooms were also personalised. One person told us "My room is lovely, it's just what I want" and the relative we spoke with also said how their mother had been encouraged to personalise their room.

People's dignity and privacy were respected along with their independence. When staff spoke about people they were respectful and they displayed genuine affection. The language used in care plans was respectful. We saw people were well dressed and we were told their clothes were their choice. We also saw the ladies wore jewellery which meant staff recognised the importance and people's choice. Staff explained how they promoted people's dignity. They said, "I ensure doors are closed when delivering personal care, I will close the curtains and I always ask people if it is ok to assist them. I will cover them up when giving care and always knock on people's bedroom doors"; "I always explain how I am going to help them and I always ask their permission"; "We understand people's feelings, it's their home" and "They can do what they want". Other comments from people were, "Staff are very respectful and thoughtful" and "Care is given with so much dignity and compassion by all of the staff".

We saw how people's independence was promoted. For example, the home operated a 'shop' for people. The shop sold stamps, birthday cards, sweets etc. This enabled people keep in contact with family and friends and also to buy cards for people in the home to celebrate special occasions.

Staff told us they understood the importance of confidentiality and we saw when the handover between shifts was taking place; the lead staff member stopped the handover as one person who lived at The Willow entered the room.

## Is the service responsive?

### Our findings

People were assessed prior to moving to The Willow and assessments were used to develop personalised care plans. This helped the staff team to look at the mix of people at the home and to identify individual preferences.

Care plans included detailed information relating to people's life histories, what and who was important to them, their likes and dislikes and there was a photograph of the person on the front of the file. We saw 'life story books' were in people's files. This information enabled staff to know about people's past and tailor people's care to meet their specific needs. People's specific needs were recorded and acted upon. For example, religious needs and those who did not practice any religion. Care plan reviews were regular, these were done either monthly or earlier if the person's needs changed. Reviews included risks to people, for example we saw when people had a fall, this was investigated and options explored to make improvements to mitigate against any further incidents.

People's care needs were responded to. One relative told how their mothers' temperature at night fluctuated and how staff were more than happy to change the duvet to sheets to help regulate her mother's temperature. They also said "They do lots of things to improve her life, they tailor care to the individual". People's health needs were also responded to. For example on the day of our inspection we saw one staff noted one person was not well. They called the GP to visit and informed the family. We also saw records of health visits and health appointments were maintained in people's files so that staff were up to date with people's health needs. This included GP reviews and full daily notes of people's care.

We saw the registered manager was responsive to suggestions on how to improve the service for people. For example, we were told how one person had commented that the music was loud and it was not easy to control the volume. The Manager bought a unit to enable the volume to be managed throughout the home. The manager also told us how they were told people missed writing in their diaries as some people had poor eyesight. They said they would put a diary and a pen in each bedroom so that the person can dictate to a staff member what they would like to write in their diary at the end of each day. This would improve information available for staff at The Willow to be responsive to people as individuals.

People were supported to spend their day as they chose. They were encouraged and supported to participate in activities that interested them. We spoke with the activities staff member on the day of our inspection. We saw the activities staff member recorded what people did on a daily basis and they said they used this to ensure people had the right choices available to them. They said they used the internet to download free music of people's choice. A survey was also carried out to ask people if they were happy with the choices and if they had any other ideas of what they would like to do. They told us people were under no pressure to join in, it was their choice. They said they visited people in their rooms for a chat and to see how they would like to be supported. The relative we spoke with told us that although their mother's hobbies had gone by 'the wayside', staff still encouraged them to keep these interests. Staff knew this person took pride in their appearance, so they painted this person's nails for them. The home had a budgerigar and people were very fond of the bird. One person regularly cleaned the cage out and it was group effort when

feeding the bird. People told us, "I can do knitting and lots of things if you want to, it's up to you". We saw one person was knitting on the day of our visit. The activities staff member told us how people knitted items and sold them in the shop. There was a range of activities for people. We were told one of the staff members came in and played their violin and their two daughters came in to sing to people. They said this was very popular. Other activities included, a PAT dog, Saturday book club where their last book was 'An Inspector Calls', card making and other arts and crafts.

There was a complaints policy and procedure in place. We saw the complaint leaflet were displayed around the home and there was a suggestion box in the entrance hall. People and relatives told us they would not hesitate to complain and felt if they did, their complaint would be taken seriously and the staff team would take action. One relative said "I have not had to raise a complaint but I know it would be dealt with speedily and efficiently. Whoever you speak to, I know the details will be escalated where necessary". We were told there had been no complaints over the last 12 months. The manager told us if there was a concern raised they would contact the family, person or professional to talk their concerns through.

Staff told us they knew how to handle any concerns or complaints. They said "I would talk it over and inform the manager or other senior staff and record the details and address the concern first, but if I could not, I would take it through the formal route, to the registered manager" and "If it's something I can solve myself, I would. Otherwise I would report the details to management".



## Is the service well-led?

### Our findings

The leadership and management that we saw on the day of the inspection demonstrated an open approach and supporting culture that encouraged good care and team spirit.

The manager was looking at how they could improve their service. We saw there had been a summer house constructed in the garden which was very close to the home. They said this was going to be used to carry out handovers between staff so that confidentiality was maintained and the handover did not encroach on the people's home. This was also going to be used as a staff room. One staff member told us how they raised a concern about the number of staff. They told us the manager listened, was receptive and increased the staff numbers straight away. One relative told us "They (the manager) is always upgrading the home. For example they recently had the car park re tarmacked. They also went out and bought a special table so that it was easier for people to have their nails done.

People and relatives comments on the workplace culture included; "Very approachable, that's all the staff"; "Staff seem very happy and a lot have been here a long time, there is low staff turnover" and "I can speak to any of the management team or staff, they all listen".

Staff told us they were well supported by the registered manager. They said, "We can talk about ideas, they are receptive to my ideas"; "It is a good culture here and definitely well led"; "Such good communication"; "The manager is so nice"; "Supported well, team work is great"; "The leadership is very good"; "A very good leader, the senior staff are very good, excellent, calm and the whole home benefits and it keeps staff calm also"; "[name] is brilliant with personal matters. I am praised for what I do" and "The manager always says thank you". Staff told us how the provider supported the team, for example at Christmas there was a staff party and gifts.

Staff told us they had confidence in the service and it was well managed. Comments included "All very well managed"; "The manager makes sure we have the right staff"; "[name] has definitely got it (staff) right"; "The manager is 'hands on' and we all work together"; "I felt settled from day one, everyone is so easy to get on with"; "I love it here, I have been here for eight years. This is what care is all about – time to talk to people"; "Good place to work" and "I would not work anywhere else".

We saw there were regular meetings for staff, relatives and people who lived at The Willow. Minutes showed an open discussion where everyone was invited to give their views. At the resident meeting in February 2017, topics for discussion was the activity choices and we saw a special meeting had taken place where people were asked for their opinion on the new food options. The response was very positive.

At a recent staff meeting we saw staff were encouraged to have the 'flu' jab and also the staff pension scheme was discussed.

People and their relatives were encouraged to feedback about the quality of the service. There was a visitor feedback book in the reception. Comments include 'This is an excellent caring home, I would be happy for a

member of my family to live here' and 'I feel it's a wonderful home and would be more than happy to retire here'.

We saw surveys were carried out to obtain feedback from people. There was a resident's survey in July 2016 and a Friends and Relatives survey in October 2016. The comments were very positive, people said 'Very happy'; 'Kind to you' and 'Exceptional, helpful and quick to respond'.

Accidents and incidents were recorded and these identified actions to be taken to minimise the risk of further occurrences. There were systems in place to review these incidents and to identify any trends. For example, we saw one person whose health was being affected by their diet. The manager referred the person to the dietician. Staff told us that learning from accidents and incidents were shared through staff meetings and briefings. One staff member said "Communication is excellent" and "There is the staff message book and handovers".

Systems were in place to monitor the quality of the service. Audits were carried out and included audits of: care plans; medicine; risk assessments, for example falls; safety, for example fire tests and water temperature and people's weights. These audits were reviewed by the manager. If any anomalies arose; these were addressed by the manager. This was to ensure the quality of the service was maintained and improved. We viewed the audits which had taken place of medicines and fire checks and found them to be regularly reviewed.

Staff were aware of their roles and responsibilities. We saw specific areas were allocated to staff, for example, the deputy manager was the medicines champion, one senior care assistant was the fire safety champion and another care assistant was the nutrition and hydration champion. We saw and staff told us they understood their responsibilities.

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.