

Bank House Care Homes Limited

Willowcroft Care Home

Inspection report

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Date of inspection visit:
21 September 2016

Date of publication:
21 December 2016

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

This inspection took place on 21 September 2016 and was unannounced.

Willowcroft Care Home is owned and managed by Bank House Care Homes Limited. It is situated in the market town of Sutton in Ashfield Nottinghamshire and offers accommodation and nursing care for up to 40 people. At the time of inspection 37 people were using the service.

The service had a registered manager. 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 who used the service and staff at Willowcroft Care Home knew who to report any concerns to if they felt anything untoward had occurred. People's care records showed that any risk to their safety had been identified and measures were put in place to reduce these risks. There were enough staff with the right skills and experience to meet people's immediate needs. Medicines were stored, administered and handled safely.

People were supported by staff who had received the training they needed to support people effectively. People had consented to the care that they received. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People spoke positively about the food they received. They were able to have choice in what they ate at each meal and received support to eat if required. People had regular access to their GP and also other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Staff encouraged people to remain independent wherever possible and where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members.

People received the care they needed in a way that met their needs. We saw staff provide planned care well. There was a range of group activities provided which were aimed to cater for the majority of those living at Willowcroft Care Home. Care plans were written with the involvement of each person and their family. They were reviewed regularly to ensure staff responded appropriately to any change in need a person may have. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

The atmosphere within the home was warm and friendly. People living in the home were asked for their opinions with regard to the service that they received, which meant that their views informed decisions to

improve the service. Staff understood the values and aims of the service and spoke highly of the registered manager. The registered manager had clear processes in place to check on the quality of the service and to ensure that any improvements identified were made and sustained

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 were protected from avoidable harm because staff understood what action they needed to take to keep people safe.

People were supported to make choices, take risks and were protected from abuse by staff who were supporting them.

Staffing levels were adequate to meet people's needs. Staff were recruited through safe recruitment practices.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills, training and experience to support them well.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were able to choose what they ate and their nutritional needs were met.

People had the support they needed to maintain their health and the staff worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were supported to access advocates to represent their views when needed.

People's independence privacy and dignity were promoted and respected by staff.

There were no restrictions on people's friends and family visiting them.

Is the service responsive?

Good ●

The service was responsive.

People experienced a service which was planned around their changing care needs. There was a range of activities arranged, but these did not suit everyone living at the home.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive and friendly atmosphere. People's views were taken into account when improvements to the service were being planned.

The registered manager was supportive and approachable and was aware of their regulatory responsibilities.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Willowcroft 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 21 September 2016 and was unannounced. The inspection team consisted of one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider had 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 took this into account when we made the judgements in this report.

During the inspection we observed staff interacting with the people they supported. We spoke with nine people who used the service and five friends and family of people who were visiting Willowcroft Care Home, as well as two visiting health or social care professionals. We also spoke with the registered manager, providers, one nurse, nine staff, including domestic staff and those working in the kitchen on the day of our inspection.

We looked at all or part of the care records of three people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and audits carried out at the service. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Willowcroft Care Home. One person we spoke with said, "I like it here. Yes I feel safe, there's no violence." Another person answered us, "Yes, I feel safe here." They told us how they felt that the staff were watching them to ensure that they were safe and could tell us about the risks they may be exposed to without this supervision. We also heard from people that they felt their possessions were safe at Willowcroft Care Home. Relatives told us that they felt people living at Willowcroft Care Home were safe and well looked after. One relative we spoke with confirmed they knew what to do if they were concerned for their family member's safety saying, "If I had concerns, yes, I'd talk to the manager of the home, they are very approachable, but I haven't had any concerns yet."

We spoke with staff who knew the different types of harm people may be subjected to. They told us how they would report any concerns to a member of the management team, the local authority or CQC if they suspected anything untoward had occurred so that people would be protected. Staff told us they had received safeguarding adults training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. One staff member told us, "Residents are safe. We have had our training and know what to do to keep them safe."

Care records contained information about how to support people to reduce the risk of harm to themselves and others. Staff were aware of this information and explained to us how they had used it to keep people safe. Information about safeguarding was available in the home and a safeguarding adults' policy was in place. Records showed that referrals to the Local Authority Safeguarding team had been made when necessary and actions had been taken to minimise the risk of an incident reoccurring.

People were protected, with their freedom being supported and respected, because risks were assessed and managed. When we spoke with people they described how they received their care and support in the way that had been assessed for them to receive this safely. For example, one person told us, "I'm free to move around (inside), but I need a member of staff if I want to go outside." People also confirmed that staff provided the support they needed to maintain their independence and remain safe. One person told us that they held their own bank card safely, while another told us they chose to have their money kept in the safe for them. Relatives were also told us how any risks to their family members were identified and minimised. One relative told us, "I was frightened for my husband's safety at home. I'm not frightened for his safety now."

The care records that we looked at showed that risks to people's safety had been appropriately assessed to balance risks with freedom. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. For example, one person's care plan stated that they needed to be sat up in bed when they ate to prevent them from choking. We saw that staff ensured the person was positioned correctly when they were assisted with their food.

Staff explained to us how there were risk assessments in place and following the guidelines set out minimised the risks to people. They gave the example of the codes used on doors to prevent unauthorised

people entering or leaving the building. Another staff member told us, "It is important that any cleaning products are put away so that no one can interfere with them and come to harm. We also ensure there are no trip hazards or trailing wires."

The risks to people's safety were reduced because the registered manager conducted thorough investigations when accidents or incidents had occurred. For example, we saw that measures had been put in place to reduce the risks to people following a recent instance of vandalism to the property. Procedures were in place to protect people in the event of an emergency, such as a flood or fire. Each person had an individual plan to identify available accommodation in an emergency and the support they would require to evacuate the service safely. This meant people could be assured that they would continue to be supported and remain safe in the event of something unexpected occurring.

We saw regular checks and routine maintenance had been undertaken both inside and outside of the home. This included the fire detection system and the water system to prevent the build up of legionella bacteria. Our observations of the equipment used within the home supported this; we saw equipment was well maintained. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People told us there were enough staff to keep them safe and meet their needs. They told us that staff had time to sit with them and talk as well as attending to their care needs. One relative we spoke with confirmed, "There are plenty of carers on shifts." Another relative confirmed that when their family member was supposed to have one to one staffing, this was always provided.

We spoke with staff who told us that the rota allowed enough staff to provide everyone with the care and support that they needed, although several staff told us that they would like additional staffing to provide people with a higher degree of support at mealtimes. We spoke with one staff member who confirmed, "The staffing is about right, if we had more staff we might have more behaviour from people as there could be too much stimulation." We saw that staff had time to interact with people and engage with them in activities that interested them, their interactions were not solely limited to task related activities.

The registered manager told us that staffing levels were based on people's level of dependency. Any changes in dependency were considered to decide whether the staffing levels needed to be increased. The registered manager also explained to us how important it was to know the skill mix of the staff on duty as this could affect the ability of the staff on duty to meet people's needs. The registered manager ensured that the staff on duty had the right skills and would move staff between floors in the home or bring in extra staff to ensure that there were the right number of staff with the right skills available at all times.

Safe recruitment process were in place which enabled the registered manager to ensure people were not placed at risk from unsuitable staff. For example, before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. We also looked at the recruitment files for three members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents.

People's medicines were stored and handled safely. When we asked people about their medicines, one person told us, "Yes I get my medicine on time." Another person told us that the staff looked after their medicines, remarking, "They don't run out [of my medicines]." Relatives we spoke with also affirmed that their family members received their medicines on time and as prescribed. One relative told us how the nurse at Willowcroft Care Home had explained to their family member about the side effects of the medicines they took which have given them reassurance when they had experienced the symptoms.

Staff told us they were confident that people received their medicines as prescribed. Staff confirmed that they had regular training to ensure that best practice was maintained with regard to handling medicines. This ensured they were safely administering people's medicines. We were also told the registered manager undertook checks, audits and observations and saw how these had been used to be sure that people were receiving their medicines as prescribed. Visiting healthcare professionals told us that they were confident that people had their medicines administered correctly and made appropriate referrals for advice if they had any concerns.

We observed staff administer medicines in a safe way. Staff were patient and ensured people had the time they needed to take all of their medicines. We saw that staff stayed with each person to be sure that they had taken their medicines after being given them. Staff correctly recorded the medicines they had administered to each person on their medication administration records (MARs). These records were used to record when people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. The MARs included useful information about each person, including whether they had any allergies and the name of their GP.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times but are given when they are needed. There were clear protocols in place for staff to follow before they administered these medicines and we saw staff adhere to these protocols when administering medicines. Where authorisation was in place for people to receive their medicines covertly, for example hidden within foods, staff always offered people their medicines first. Only after several attempts, did staff refer to the person's care plan and proceed to administer the medicine covertly.

Medicines were stored securely in lockable trolleys and a refrigerator within a locked room. The temperature of storage areas and refrigerators were monitored daily and records showed that they were within acceptable limits. This ensured that medicines remained effective. Regular audits were carried out by members of staff administering medication and monthly audits and observations were carried out by members of the management team to ensure that medicines were being managed safely.

Is the service effective?

Our findings

The people we spoke with felt staff were competent and provided effective care. One person told us, "I am confident in the staff, they know my needs." Relatives felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities. One relative, told us about the specific conditions that their family member had and reiterated they felt the staff had the skills needed to provide them with effective support. A visiting healthcare professional told us they acknowledged the service supports people with complex needs. They were confident that the staff had the skills they needed to support people well and received the training they needed to do so.

Staff told us they received regular training and the records we saw confirmed this. One staff member told us, "There is training taking place every week, the residents have a right to competent staff." Another staff member told us how they received training related to people's specific needs such as techniques that may be needed to prevent incidents escalating or providing physical restraint safely. We also spoke with a staff member who had just been promoted to a more senior position. They were able to tell us about the training and support that was available to them to equip them for their new role. The registered manager told us how individual staff members were based on each floor so that they could receive training relevant to the needs of the people that lived on that floor which meant they could understand their diagnosed conditions and support them effectively.

We looked at the registered manager's training matrix which showed that staff had received the training that they required and how any training which needed updating had been refreshed in a timely fashion. The staff told us how they could request additional training should they feel staff required it and this was arranged by the provider. Some of these courses were classroom based and others were provided through distance learning resources such as DVD's and workbooks. New staff members received an induction when they started working at Willowcroft Care Home. This included a period of shadowing more experienced staff members as they got to know how each person needed to be cared for.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. We spoke with a staff member who had recently been promoted and they confirmed that there was support from the registered manager available for them as they took on their new role.

People made decisions about their own care and were given the opportunity to provide consent where possible. We spoke with one person who told us how they had given their consent to their care plan. Another person told us how they had been able to discuss their future wishes with their GP when their care plan was written. A consent form was signed to indicate a person's agreement with their care plan when they moved into Willowcroft Care Home.

We saw that each person had a comprehensive, person centred care plan. The care plans were reviewed regularly to ensure that they remained up to date. A relative also described to us how they were involved in checking and consenting to their family member's care plan as they did not have the capacity to do so for

themselves. We saw that staff always asked people for their consent before providing any care and support. We saw how staff would wait for the person to say 'yes' or 'no', while others would nod or smile in agreement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People were supported by staff who had a good knowledge and understanding of the Mental capacity Act, (MCA) and how to support people with decision making. People's support plans contained clear information about whether people had the capacity to make their own decisions. When people's ability to make their own decisions was in doubt, we saw that assessments of their capacity in relation to the specific decision had been completed. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. Staff told us they had attended training on the MCA. Even when staff knew that a person did not have the capacity to make a decision, they would still talk through how they were going to provide them with support in their best interest.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made applications for DoLS where appropriate to ensure that people were not being deprived of their liberty unlawfully.

People were supported to eat and drink enough to keep them healthy. One person told us, "The food is good, I'd like to have this food at home! The other day there were home cooked flapjacks." Another person said, "[The food] is always varied, always hot." Other people told us how they were able to go out to buy food if they wished and use the microwave ovens provided to prepare their food when they wanted it. Relatives were also of the opinion that the food was good. They told us their family members had enough to eat and drink and any dietary requirements were observed. People also told us how their dietary requirements were understood and accommodated. One person told us, "I'm a diabetic they know what I can eat." Another person said, "I'm wheat free and they give me wheat free bread."

At lunchtime there was a choice of two hot main courses or a salad and two desserts. Information about people's dietary requirements and meal time support was readily available for staff who were serving people their food. We saw that some people were asked to make their choice, while meal options were taken to other people, served on plates, for them to choose the actual plate of food they wanted. A good sized portion of food was presented in an appetising way to each person. People were able to choose who they sat with, or could eat in their room if they preferred. Tables were laid neatly and suitable crockery and cutlery were available to people where this was needed. Staff were present in the dining room throughout the meal. They supported people, if required, in a kind and patient way, ensuring no-one was rushed. Some staff sat and ate their meal with people which promoted interaction and banter, making the mealtime a social occasion. A menu, which showed a range of different foods, was on display which showed the options at mealtimes for the week.

Drinks were offered during the meal. People also had access to drinks and snacks between meals from a

kitchenette on each floor, from which they were able to help themselves as and when they wished. Where needed, records were kept to ensure that each person had enough to eat and drink to reduce the risk of people becoming dehydrated, malnourished or overweight.

People had access to the healthcare professionals when they needed them. One person told us, "The staff know if there's something up with me. Yes, they try and help me." Another person told us how they had recently seen the chiropodist at the home. Relatives told us how staff would arrange hospital appointments when required and would attend with them for support if needed. Staff explained to us how the nursing staff in the home were also used for advice about any concerns they may have relating to people's healthcare needs, so that any assistance from external professionals could be called for quickly if needed.

Visiting healthcare professionals told us that they found the staff at Willowcroft Care Home were always keen to take their advice. Staff would ring to ask advice if they were concerned about a person's physical well-being or mental health and always took notice of what they were told. The registered manager told us how when a GP came to visit people, a single staff member was allocated to support their visit to ensure that information could be passed on effectively.

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP, district nurse or CPN, on a regular basis. Staff noted any advice given by healthcare professionals within people's care plans and any changes to a person's care required were put into place.

Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary. The registered manager told us how positive links had been formed with local GP practices and community support teams and gave examples when they had called upon specialist advisors to get the best information for people that was possible.

Is the service caring?

Our findings

People told us that staff were caring and had formed positive relationships with them. One person said, "The staff are caring. I feel comfortable [being cared for by them]." Another person explained, "Staff notice when I'm down and try and help me." They gave the example of staff going out to buy particular foods for them to cheer them up. One relative we spoke with told us, "The staff are kind and compassionate." Another relative said, "I've got total confidence in the staff, they're kind and compassionate, definitely." They went on to say that their family member enjoyed the company of all of the different staff that worked at Willowcroft Care home. Visiting healthcare professionals told us that staff took the time to get to know people and they usually settled into life at the home quite quickly.

We spoke with a staff member who told us, "Talking with the residents brightens up the day." Another staff member explained how they talked with people to gain their trust and confidence before providing them with support. They told us that this was particularly important for one of the people living at Willowcroft Care Home. Other staff told us about the importance of making sure everyone was always as comfortable as they could possibly be.

During our visit we saw that there was usually a light atmosphere at Willowcroft Care Home and often saw people and staff laughing together. We observed that when staff were involved in supporting people who were upset, their colleagues ensured that they had any assistance they needed to ensure the well-being of the person they were supporting. They also ensured that once their colleague had finished providing support they were offered time to compose themselves as well as offering any debriefing if warranted by the situation.

The registered manager told us that it was important for people to feel like Willowcroft Care Home was their home. Where people wished, their bedroom had been set out according to their wishes and tastes, with personal belongings displayed. If a person liked to sit in a particular place during the day they had the things that they wanted close to hand and were able to keep their personal possessions within communal areas if that was their preference.

We saw that staff were attentive and supportive, speaking with people clearly and directly, but also respectfully. We observed staff respond quickly when people showed any signs of discomfort and provided reassurance when needed.

While there were no visiting clergy at the time of our inspection, we were told that arrangements had been made in the past, and could be made again in the future should people wish, for people to be visited in Willowcroft Care Home to make religious observations.

People were supported to make day to day choices such as whether they wanted to join in with activities and whether they wanted to spend time in their room, outside, or in the company of others in one of the communal areas. One person spoke about how staff had supported them to make some difficult choices in their life at times when they felt distressed. They told us how they had been able to reach a compromise on

things that were proving hard to agree on. Relatives we spoke with also felt that people were supported to make choices for themselves as far as they possibly could. For example, one relative said, "[My family member] will decide what to wear. They have access to their room at all times if they want to go and lie down. No restrictions." Another relative told us that their family member was able to choose when they wanted to shower, or was able to decline a shower if they did not want one.

Staff told us how it was important to empower people to make decisions and choices for themselves. They told us how some people would express their choices verbally, while others may use their behaviour to express preference or dissatisfaction. Staff explained to us how important it was to get to know each person and present choices to them so that they could make their decision in an informed way. During our inspection we saw staff offer people support when it was required and also encouraged people to carry out tasks independently when they were able to. Staff told us that it was important to involve people as much as possible so that they could retain their independence and we saw people being encouraged to do things for themselves with support from staff during our inspection.

Information was available for people about how to receive support from an independent advocate to help them to make decisions where needed, although no one was using an advocate at the time of our inspection. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

People were treated in a dignified and respectful manner by staff. One person told us it was important to them to know who was providing them with their care. They said, "You get to know them [the staff], their name, we get on well." We spoke with relatives who told us that their family members were always treated with dignity and respect by staff. One relative told us how the staff tried to keep their family member as calm and relaxed as possible. Another relative told us how proud their family member was of their room, "Especially their en-suite bathroom!" Visiting healthcare professionals told us that they always had access to a private room to consult with people which respected their privacy and dignity.

Staff also told us how important it was to build relationships with people and respect their privacy and dignity. They told us that they would always knock on a person's door and call out to them before entering their bedroom and we saw them do this during our inspection. Staff told us how important it was to encourage people to maintain a good level of personal hygiene and would encourage and assist them with personal care when required. They told us how they would close a person's bedroom curtains before supporting them with personal care to protect their dignity.

Staff we spoke with told us that they all had, respect for the residents. Several staff spoke with us about the importance of building peoples 'self-worth.' They also described how they supported people to maintain their dignity and we saw this demonstrated in their practice. For example, if someone was distressed in a communal area, we saw staff not only provide support to that person but also distract any other people around them so that the person could be supported with a degree of privacy. We saw staff speak with people close by if they were talking about sensitive issues, so that others could not hear what was being said. Similarly, if staff needed to speak to each other about a person's needs, this was done using hushed tones.

People's personal details were kept securely. Information stored in files were located so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully.

People had access to their bedrooms and also several communal areas. Visitors were able to come to the

home at any time and we saw people receiving visitors during the inspection. One visitor told us, "There are no restrictions on visiting times, they [the staff] don't mind if you come at different times." The layout of the communal areas meant that people could receive their visitors without disturbing others.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. We spoke with one relative who told us, "It's a lovely home. The staff look out for [my family member]. If there's any change in their behaviour they [staff] notice." Another relative told us how staff were always very aware of their family member's changing moods and responded accordingly. A third relative explained how staff listened to them talking about their family member and so that they could adapt the care they gave to better meet their needs. We also heard from relatives how their family member had been able to move between the floors at Willowcroft Care Home so that their changing needs could continue to be met rather than having to move to a different care home.

We observed staff respond to people's needs and requests for help. There was always a member of staff with those in communal areas as well as other staff who responded quickly when people called for assistance in other areas of the home. We also saw staff regularly check on people who chose to stay in their rooms. Staff told us that they knew people well, knew who enjoyed their own company, and who might have withdrawn to their room if they felt low or upset and may therefore need a little extra support.

Information about people's care needs were provided to staff in care plans. People's care needs were identified before they moved into Willowcroft Care Home. This formed the basis of their care plans which were regularly reviewed and were also updated when required. Staff told us that they had the time to read people's care plans and were kept informed where there had been any changes.

The home had a program of regular group activities which people could join in with if they wished to and were able to. One person told us how there was plenty to do and lots of activities. They told us that although they did not always cater for their own tastes, they always tried to join in. A relative told us how their family member was encouraged to join in with the activities by staff, but they were able to decline and not take part if that was their preference. Another relative said, "The activity lady is really good, always trying to interact and get different people to join in. We heard from people that a course in using tablet computers had been arranged so that they could try using them. As a result of this one person had begun to use social media as a way of keeping in touch with their friends and family.

People felt able to raise concerns and complaints and told us they knew how to do so. One person said, "I'd speak to the carers first if I had any issues and then the manager." They went on to say that they would feel comfortable to do this. Another person told us how they felt that they could suggest things or make a complaint and the staff and the registered manager would listen and try to accommodate their wishes. Visiting healthcare professionals told us how any concerns that they raised with the registered manager in the past had always been resolved quickly.

Staff we spoke with told us that they would take any actions they could to resolve a complaint that was made to them, so that things were put right as quickly as possible. Staff consistently told us that they would ensure that the registered manager was informed if they received a complaint. One staff member said, "I would always tell [the registered manager] if I was told about an issue or concern, but if it was anything

small that I could put right first I would do." So people knew what to do if they had a concern or complaint, the complaints procedure was made available to people and was displayed on a notice board.

We reviewed the records of the complaints received to date in 2016 and saw that two complaints had been made. The complaints had been investigated and communication had been maintained with the complainant throughout the process. The complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. The registered manager told us about the importance of, "Picking up issues as we go along, while they are small and can be put right easily." They said that building and maintaining positive communication between staff team members was key to this.

Is the service well-led?

Our findings

People benefitted from the positive and open culture at Willowcroft Care Home. We saw people felt comfortable and confident to speak with the staff that were supporting them. Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke with during our visit were friendly and approachable. They understood their roles and responsibilities and interacted positively with people using the service. Visiting healthcare professionals told us that the management at the service were present and approachable. They said they would be able to speak with them if they had any concerns and action would be taken to resolve the issue.

Staff told us that they felt well supported by the registered manager and the team leaders. We spoke with one staff member who told us, "If I was worried about anything I would speak to [the registered manager] and they would do things to put things right." They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. All staff we spoke with reiterated that they were confident that they would be listened to if they spoke up and their concerns taken seriously and acted upon.

The position of the offices within the service meant that the leadership was visible and accessible to those using, visiting or working in the service. One relative told us, "I know the manager and where the office is. You can talk easily." Another relative told us how they had needed to access some paperwork and the registered manager helped them to locate it. They told us that they were pleased with how their family member was being looked after.

There was good management and leadership at Willowcroft Care Home. People and relatives all knew the registered manager and provider and spoke positively about them. Staff told us how the registered manager and the provider were present in the home every day and spent time speaking with those that lived and worked there. A staff member said, "It is a family run business and they [the registered manager and provider] have been there for me." All of the staff we spoke with said that the registered manager was approachable and easy to talk to.

The conditions of registration with the CQC were met. The service had a registered manager who understood their responsibilities. They had worked at the service for five years and had recently been promoted into the registered manager role. They had a good understanding of their responsibilities and told us that they usually saw the provider every day and described the support they received from them as "Fantastic." Staff confirmed that the registered manager and provider was usually seen by them every day when they were on duty.

A management team was in place which worked across each of the three floors within Willowcroft Care Home. This ensured that there was always clear leadership available to staff. There was good delegation of tasks with each member of the management team knowing what was required of them, and staff knowing who was responsible for what. Providers are required by law to notify us of certain events in the service.

Records we looked at showed that CQC had received all the required notifications in a timely way.

People could be assured that the service was of a high quality. People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. Where any areas of improvement within the documentation had been identified this had been addressed. There was a system of audits in place and these had been completed in areas such as health and safety, the kitchen and medicines administration to ensure that the service complied with legislative requirements and promoted best practice. Observation was also undertaken of staff practice to ensure that staff were working in the correct way.

People were encouraged to give feedback on the quality of the service provided. One person told us, "I can suggest things or make a complaint and they [the registered manager] would listen." The views of those using the service were sought through the Service user meetings and feedback surveys.

Clear communication structures were in place within the service. There were regular staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff, for staff to discuss issues as a group and for areas where improvement was needed to be discussed. Notes were made for staff who were not able to attend to refer to.