

Thurlestone Court Limited

Willow House

Inspection report

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Date of inspection visit:
08 January 2018
10 January 2018

Date of publication:
29 August 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 8 and 10 January 2018. Prior to the inspection we had received concerns about how the home managed people's medicines, whether people were having their nutritional and hydration care needs met, staffing levels as well as the management of the home, and attitude of some staff.

Willow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Willow House is registered to provide personal care and support for up to 30 older people some of whom may be living with dementia or have a physical disability. The home does not provide nursing care; people living there would receive nursing care through the local community health teams. At the time of the inspection there were 17 people living at the home.

Willow House has been inspected five times since May 2015. At each of these inspections, we found breaches of regulation and the home was rated as 'Requires Improvement'.

At this inspection, we found further improvements had been made, although some improvements were still needed. People told us they felt safe and happy living at the home, however we found that risks to people were not sufficiently well managed. Support was not always provided in a person centred way: governance systems have not been sufficiently robust over a period of the last three years to identify and bring about the required improvements.

The home did not have a registered manager. A new manager had been appointed; they had applied to be registered with the Care Quality Commission and were available throughout this inspection. They were referred to as the manager throughout this report. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home's quality assurance and governance systems were not effective. Although some systems were working well and improvements had been made since the last inspection, other systems had not identified the concerns we found during this inspection.

Risks to people's health and wellbeing were not always managed safely and the systems in place to minimise risks to people's health and safety were not always understood by staff. Where risks had been identified, action had not always been taken to minimise these risks. For example where guidance had been provided by external professionals, it was not always followed. This placed people at increased risk of choking, developing pressure ulcers and increased risk of falls.

Whilst some premises checks had been completed we noticed a number of bedrooms windows were not

properly restricted. There was no evidence the provider had carried out any form of risk assessment in relation to needs of people currently living at the home and the risks posed by having unrestricted windows that were easily assessable. Following the inspection, the manager gave assurance that following a risk assessments all windows identified were now being appropriately restricted.

Some improvements were needed to the homes recruitment processes to ensure people were kept safe. We looked at the recruitment files for ten staff. We found some recruitment checks had been carried out, but others had not. For example, one person did not have a DBS certificate in place and had been working at the home since November 2017. This meant the provider could not be assured they had taken sufficient action to ensure staff were of good character. Following the inspection, the manager assured the commission that the persons DBS was now in place.

Some people's care and support was not always appropriate, did not meet their needs, or did not reflect their preferences. Prior to the inspection, we received concerns that night staff were expected to get people up early in the morning. We visited the home at 6.45am on 8 January 2018 and found five people were up and dressed and in the process of having breakfast in the dining room. Three of the people we spoke to told us staff had woken them up Against their wishes; We asked staff why people were up so early. Staff told us they were normally expected to get five people up each day. We discussed what we found with the manager who told us people were free to choose when they wanted to get up and go to bed and assured us they would address what we found with the staff team.

Prior to this inspection, we received some concerns regarding staffing levels at the home. We discussed the current staffing levels with the manager who told us they felt there were enough staff on duty to meet people's needs. However, they did not have a system for determining how many care staff were needed in relation to the number of people who lived in the home and their level of dependency.

We have made a recommendation that the provider uses a suitable tool to determine people's level of dependency to ensure that staffing levels are sufficient to meet people's assessed needs

We looked in detail at the care records for six people with a variety of care needs and found that one person's individual needs had not been assessed or care planned to meet them or mitigate risks. Records showed this person had been admitted to the home seven days prior to our inspection for respite care. This person did not have a care plan and the home had not assessed any of the risks associated with providing care and support for this person during their stay.

People received their medicines when they needed them and in a safe way. People were cared for and supported by staff who knew them well. Staff were kind, caring and treated people with dignity and respect. The manager and staff understood their roles and responsibilities to keep people safe from harm; protect people from discrimination and ensure people's rights were protected.

People were encouraged to make choices and were involved in the care and support they received. Staff displayed a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) in ensuring people's rights to make choices where they had the capacity to do so were respected.

The home was clean, well maintained, and people were protected from the risk of cross contamination and the spread of infection. Staff had access to personal protective equipment (PPE) and received training in infection control. Equipment used within the home was regularly serviced to help ensure it remained safe to use.

People were aware of how to make a complaint and felt able to raise concerns if something was not right. The provider and manager welcomed comments and complaints and we saw where concerns had been received these had been investigated in line with the homes policy and procedures. People, relatives, and staff spoke positively about the leadership of the home and told us the home was well managed. People said the home had improved since the new manager had taken over. People told us they were encouraged to share their views and the provider employed the services of an external company to regularly seek the views of people and their relatives.

The manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the home were not always safe.

Risks to people's health, safety and well-being were not always being effectively assessed, managed or mitigated.

People were not protected from receiving care from staff who may not be suitable to work in the care profession. Safe recruitment practices and relevant checks were not always followed before staff commenced work.

The provider could not be assured all confidential information was not always stored securely and in accordance with the Data protection Act 1998.

There were enough staff on duty to meet people's needs. However, the provider did not have a systematic approach to assessing staffing levels to ensure they could meet the needs of people living at the home.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived at the service

Requires Improvement 

Is the service effective?

The home was effective

People's consent was gained before care and support was delivered and the principles of the Mental Capacity Act 2005 were followed.

People were cared for by skilled and experienced staff who received regular training and supervision, and were knowledgeable about people's needs.

People were referred to healthcare services and professionals were involved in the regular monitoring of their health.

Good 

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good ●

The home was caring.

People were positive about the care and support they received and felt staff were kind, caring and treated them with respect.

People were encouraged to be involved in how their care and support was delivered were supported daily to make choices.

Staff supported people to remain as independent as possible.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Requires Improvement ●

Some aspects of the home were not always responsive.

People were at risk of not having their care needs met in a consistent way that respected their wishes and preferences.

Care plans did not provide easily accessible information for staff about people's care needs and how people wished to be supported.

People enjoyed a variety of social activities.

People were confident that should they have a complaint, it would be listened to and acted upon.

Is the service well-led?

Requires Improvement ●

Some aspects of the home were not always well-led.

Although quality assurance systems were in place, they were not being used effectively or undertaken robustly enough to identify the issues seen during the inspection. As a result, people could not be assured they would receive safe, high quality care and support

People's care records were not accurate or kept up to date.

People have been receiving a less than good service for over three years.

Action plans identified to address concerns from the last inspection had not been effective in making the changes needed or meeting regulations.

The home valued and responded to people's feedback and the manager was well regarded by people, relatives and staff.

Willow House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 unannounced comprehensive inspection took place on 8 and 10 January 2018. This meant the provider did not know we were coming. One adult social care inspector and an expert-by-experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with dementia. They spoke to people and relatives to gain their opinions and views of the home.

Prior to the inspection, we reviewed the information we held about the home. This included previous inspection reports and statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. We also reviewed the homes action plan, which was sent to the Commission following the inspection in February 2017. This set out how they would resolve the issues identified at that inspection. During the inspection, we met most people and spoke individually with nine people living at the home as well as four relatives; eight staff members, the manager, and the nominated individual. We asked the local authority who commissions services from the home for their views on the care and support given. We also received feedback from a visiting health professional. Following the inspection, we received an email from a relative who wished to share their views of the home with us.

To help us assess and understand how people's care needs were being met, we reviewed six people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included ten staff recruitment files, training records, and systems for monitoring the quality of the services provided. We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.

Is the service safe?

Our findings

Willow House was previously inspected in February 2017; we rated this key question as 'requires improvement'. We found people's medicines were not being managed safely and records did not always include sufficient information to demonstrate how risks were being identified or mitigated.

At this inspection, we found some improvements had been made in the way the home managed people's medicines. Further improvements were needed to demonstrate risks associated with people's care were being effectively managed and to ensure that all people living at the home received care and support in a safe way.

We found people were not always protected from the risk of harm. Systems in place to help reduce / minimise risks to people's health and safety were not always effective. Further improvements were required to help ensure people's needs were understood by staff in order to reduce the risk of harm. For instance, we reviewed the care records for one person who had been identified as being at 'very high risk' of developing pressure ulcers. This person had been provided with a specialist pressure relieving airflow mattress and cushion; records guided staff to assist the person to change position every two hours and to check the person's mattress was correctly adjusted for their weight. However, there was no guidance within this person's care plan or risk assessment to instruct staff on what pressure setting the mattress should be set at. Records showed staff signed every two hours to confirm they had checked the setting on the mattress and it was correct. When we checked the person's mattress setting, we found the mattress was not set correctly for their weight. The mattress was set for a person of 22 stone (139.7kgs) records showed the person using the mattress had weighed 47.6kg December 2017 when they were last weighed. We brought this to the attention of the deputy manager who was unable to tell us how this had happened but arranged for the settings of all pressure relieving equipment in use within the home to be checked. There was no evidence this person had been adversely affected or had developed pressure ulcers due to the incorrect setting. However, these types of mattresses must be set at the correct pressure for the individual in order to minimise the risk of skin damage.

Where staff had been provided with guidance by health and social care professionals, this was not always followed. During the inspection, we saw one person had been potentially placed at risk of choking as staff were not following the guidance contained within the person's care plan. In November 2017, the home had sought advice from a Speech and Language Therapist (SALT) about how to support this person to eat safely. Their assessment identified this person should have a diet that was of a texture consistent with being fork mashed. We observed that the consistency of food this person had been given at lunchtime did not match the specialist guidance provided. When asked, staff told us they were aware of the guidance but told us the type of diet the person received was dependant on whether the deputy manager or manager was on shift. Staff we spoke with told us they found this very confusing. When we asked both managers what type of diet this person should have, we were given two different answers. This potentially placed this person at risk of choking. When we brought this to the attention of the manager, they assured us that they would review all guidance provided in relation to people's nutritional needs to ensure people were supported to eat safely.

Where risks had been identified, action was not always taken to minimise the risks. We looked at the records for one person who had been assessed as being at high risk of falls. This person's records showed that they had been assessed by the falls team in July 2017. Staff had been provided with guidance about how to manage risks to this person from falling. These included encouraging the person to use their walking frame, ensuring the person wears their glasses, and that staff should leave the person's bathroom light on at night. Sensor equipment was in use to alert staff to this person's movements to allow them to attend to them quickly.

We saw this person was walking around the home without their glasses. When we checked their room on three separate occasions during the day, we found this person's sensor mat had been unplugged. We also noted that this person had difficulty using their bathroom as staff had placed a commode opposite their toilet. We discussed what we found with the deputy manager and when we checked later that day, we found staff had taken action to address the risks identified. The sensor mat had been plugged in and staff had removed the commode from the person's bathroom.

People were not always protected from the risk of harm as they were living in an environment that may not be safe. A number of bedrooms windows were not properly restricted. There was no evidence that the provider had carried out any form of risk assessment in relation to needs of people currently living at the home and the risks posed by having unrestricted windows that were easily assessable. We brought this to the attention of the provider who was unaware of the concerns relating to the environment and assured us they would take action to mitigate this risk. Following the inspection, the manager gave assurance that following a risk assessments all windows identified were now being appropriately restricted.

The provider had failed to take sufficient action to ensure care and treatment was provided in a safe way, and that risks arising from people's care needs and the environment were being mitigated or managed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, (Safe care and treatment).

The manager could not be assured that all personal and confidential records relating to people's employment were not stored securely or managed in accordance with the Data protection Act 1998. On the second day of the inspection, we asked to see staff recruitment files. These were not available when we asked as the deputy manager had taken them home. We discussed this decision with the manager who was unable to tell us why this had happened, how the confidential information was being stored, or who had access to this information following its removal from the office.

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

Safe recruitment processes did not always protect people. We looked at the recruitment files for ten staff members who were providing care to people. Whilst some recruitment checks had been carried out, others had not. For example, we found disclosure and barring (police) checks had not been completed on all staff before they provided care and support to people or before they worked unsupervised, as they should be. The disclosure and barring service helps employers make safer recruitment decisions and helps to prevent unsuitable people working with people who may be potentially vulnerable. Records showed a new member of staff had been appointed and started working at the home in November 2017. One member of staff did not have a DBS certificate in place and was working unsupervised. We raised our concerns with the manager and asked them to provide the Commission with evidence the provider was in receipt of a valid DBS certificate or put in place suitable management arrangements until this had been obtained. Following the inspection the manager confirmed that the person's DBs was now in place.

The failure to complete necessary checks before allowing staff to provide care had exposed people to unnecessary risk. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People said they felt safe and well cared for at Willow House, their comments included "I do feel safe" and "I'm very happy here." One person said, "It's not like living in my own home, but it's very good." Relatives told us they did not have any concerns about people's safety. One relative said, "From what I can see, people appear to be safe and we haven't had any concerns about our relatives safety."

Prior to this inspection, we received some concerns regarding staffing levels at the home. At the time of the inspection there were 17 people living at Willow House. They were supported by four care staff, the deputy manager, a housekeeper, a chef, a kitchen assistant, and the manager. People were supported at night by two waking night staff. People living at the home, their relatives and staff all told us they felt there were sufficient staff on duty to meet people's care needs. We looked at the duty rota over a four-week period and found the staffing levels were sufficient to meet people's care needs. We discussed staffing levels with the manager who told us they felt there was enough staff on duty to meet people's needs. However, they did not have a system for determining how many care staff were needed in relation to the number of people who lived in the home or their level of dependency.

We recommend the provider use a suitable tool to determine people's level of dependency to ensure that staffing levels are sufficient to meet people's assessed needs.

At the inspection in February 2017, we identified that people's medicines were not always being managed safely. At this inspection we found improvements had been made and people received their medicines when they needed them and in a safe way. Medicines were stored safely and records were kept of all medicines received into the home. Staff told us they had received training in the safe administration of medicines and records confirmed this. Medicine administration records (MARs) showed people received their medicines as prescribed. We checked the quantities of a sample of medicines against the records and found them to be correct. Body maps were used to provide staff with details of the area to which topical creams should be applied.

Medicine audits were completed regularly to help ensure any errors were quickly identified. An independent pharmacist had completed an audit of the homes medicine management systems in May 2017. We looked at the report and found this had not identified any significant concerns in the way people's medicines were being managed.

People were protected from the risk of abuse. Staff attended safeguarding training to enhance their understanding of how to protect people. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Other areas of risk management had improved and were being well managed. We had previously identified that guidance for staff in the management of risk was not always clear. Records had not demonstrated the care and support people needed to mitigate risks. At this inspection we found improvements had been made in reducing risks to people's well-being, including those associated with people's behaviours, specific health care conditions and for those at risk of not eating and drinking enough to maintain their health.

The home was clean, well maintained and there were no unpleasant odours. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection and had received training in infection control.

Accidents and incidents were recorded and reviewed by the manager. They collated the information to look for any trends that might indicate a change in a person's needs and to ensure the physical environment in the home was safe. Each person had a personal emergency evacuation plan (PEEP) and the provider had contingency plans to ensure people were kept safe in the event of a fire or other emergency.

Equipment owned or used by the home, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. Appropriately skilled contractors had completed all necessary safety checks and tests.

Is the service effective?

Our findings

At our previous inspection in February 2017, we identified that people were potentially having their rights unlawfully restricted due to a lack of understanding of the Mental Capacity Act 2005 (MCA). At this inspection, we found that improvements had been made.

Many of the people living at Willow House were living with dementia or frail health and were not always able to make decisions about their care and how they were supported. In these instances, care must be provided in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 spoke positively about the staff and told us they were pleased with the care and support they received. When we asked people who lived at the home if staff sought their consent prior to providing assistance, one person said, "They always ask me how I would like to be supported, and explain what they are doing." Staff had received training in MCA and demonstrated how they applied the principles of the legislation in their daily practice to support people to make decisions

During this inspection, we saw staff were supporting people to make their own decisions, as far as this was possible. Where this was not possible, staff were working in line with the MCA principles. People were asked by staff for their consent before providing care. They were supported to make choices about what they would like to eat or drink or how to spend their time. We saw staff asking one person if they wished to have a wash and get dressed. The person had said they did not wish to and the staff member respected this. They told us they or another member of staff would return a little later, and we saw they did this and the person was then ready to receive assistance.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and found that the he manager was aware of their responsibilities and where people had been identified as having their rights restricted; DoLS applications had been made to the local authority.

People were supported by skilled and knowledgeable staff who knew them well and could meet their needs. People told us they were well cared for, and had confidence in the staff supporting them. One person said, "All the staff are excellent, well trained and good at their job." Willow House continued to provide staff with training, support and the opportunity to obtain further qualifications in care to meet people's needs effectively.

When staff started work at Willow House, they received an induction to help ensure they understood their role and responsibilities and had the knowledge to support people effectively. Records showed new staff undertook an induction programme, which followed the Care Certificate framework. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The induction included a period of working alongside more experienced staff until they had developed their skills sufficiently to support people living at the home. There was a comprehensive staff-training programme in place and staff confirmed they received regular training in a variety of topics. These included dementia care, first aid, infection control, moving and handling, food hygiene, safeguarding, and Mental Capacity (MCA). Other more specialist training included palliative care [care of people who are at the end of their life] and pressure sore prevention. There was a system in place to support staff, which included regular one to one supervision and annual appraisals. Staff we spoke with told us they felt supported by the manager and had access to regular training when needed.

People were able to see a range of health care services when needed, and had regular contact with dentists, opticians, chiropodists and GPs. People's care plans contained details of their appointments. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For instance, records showed where people had needed the specialist advice of dietician's or speech and language therapy (SALT) referrals had been made in a timely manner. We asked people if their health care needs were being met. People and relatives told us the staff always tried to plan appointments to fit in with people's needs. One person said, sometime it nice to have my daughter here when the doctor visits. Another said "I often have trouble with my hearing aid, I let them [staff] know and they arrange for someone to come. They have been here this morning to fix it." A visiting health care professional told us they had no concerns about the care provided by the home and said staff made appropriate referrals when people's needs changed.

People told us they enjoyed the meals provided by the home. Comments included, "the food is excellent" and "very good, I have no complaints." One person said, "I am always happy when the grub's up." People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. Throughout the inspection, we saw people were offered snacks and hot and cold drinks and people told us they could have drinks and something to eat whenever they wanted. The chef told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and we saw there was a list of people's dietary requirements in the kitchen.

We observed the lunchtime meal; people sat around a large table in the main dining room and staff sat with people providing assistance appropriately and discreetly. Meals times were relaxed, social occasions were people and staff engaged in conversation, and light-hearted banter whilst enjoying their meals. Care records highlighted where risks with eating and drinking had been identified. For instance, where people required a soft or pureed diet, this was being provided. Meals including softer diets were nicely presented and we saw each food item was processed individually to enable people to continue to enjoy the separate flavours of their meals.

People who needed assistance from staff to ensure they ate and drank enough to maintain their health had their food and fluid intake monitored. Staff were provided with guidance about how much people should be drinking to maintain their hydration and this had been reviewed by their GP. Specialist advice had been sought in relation to people's nutritional needs and there were systems in place for reviewing how well people were eating and drinking. Staff were aware of their responsibility to record and review people's diet and fluid intake and report any concerns to the manager.

Accommodation was provided over two floors The home was maintained in good order. People's bedrooms were spacious and people were able to personalise these with their own furniture and belongings. There were two lounge areas and a dining room. Gardens were well-maintained and provided pleasant seating areas.

Is the service caring?

Our findings

People who were able to share their experiences with us told us they were happy living at Willow House. One person said "The staff were kind, caring and know what I need". Other people's comments included, "The staff are kind and helpful," "All the girls [staff] are all very good" and [person's name] "he's marvellous." For those people who were not able to share with us their views about living in the home, we saw them to be smiling, laughing, and positively interacting with staff which indicated they were comfortable in the staff's presence.

There was a relaxed and friendly atmosphere within the home. Staff spoke fondly about people with kindness and compassion. There was warmth between staff and people they supported. People told us they were happy with the care and support they received. One person said, "I'm very happy here, I have no complaints." Another said, "It's not my own home, but yes I'm happy. If I wasn't I would leave". Staff told us they enjoyed working at the home and said that it was important that they got it right for people. Relative we spoke with were complimentary about the care and support people received. One relative said, "It's clear they only want what's best for mum."

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Information about people's needs and preferences was obtained and recorded as part of their pre-admission assessment. People's care plans were clear about what each person could do for themselves and how staff should provide support. People were asked if they wished to have same gender carer to support them with their personal care needs. People we spoke with told us their personal preferences were known by staff and respected.

People felt their views were listened to, and told us that staff always treated them with dignity and encouraged them to remain as independent as possible. When people needed extra support this was provided in a considerate way, which did not make them feel rushed. Throughout the inspection, we saw and heard people being supported, staff spoke with them in a calm, respectful manner, and allowed people the time they needed to carry out tasks at their own pace. People told us they were involved in making everyday decisions about their care and support and made choices each day about what they wanted to do and how they spent their time. One person said, "Staff always ask me what support I need and check that I am happy with the way they have supported me." People told us staff respected their privacy and we saw staff knocked on people's doors and waited for their response before entering their rooms. People's bedrooms were personalised and furnished with things that were meaningful to them. For instance, photographs of family members, treasured ornaments, or pieces of furniture.

People were encouraged and supported to maintain contact with their relatives and others who were important to them. Throughout the inspection, we saw relatives coming and going, spending time with their loved ones. As part of the inspection process, we looked at compliments, which had been received by the home. One person wrote "The care and attention you showed my father was faultless and wonderful." Another described the staff as "dedicated, compassionate, and respectful." Another paid special thanks to the new manager who was described as very imaginative, hardworking and an asset to the home.

Is the service responsive?

Our findings

At our previous inspection in February 2017, we identified that people's care was not always person centred, had not always met their assessed needs, or did not reflect their personal preferences. At this inspection, we found some improvements had been made. However, other improvements were still required.

Prior to the inspection, we received concerns that the home was cold and that night staff were being expected to get people up from 6.00am. We visited the home at 6.45am on 8 January 2018; we found the home to be warm. Five people were up and dressed; four of which were in the process of having breakfast in the dining room. Three of the people we spoke to told us staff had woken them up, one person told us they were awake and happy to get up, and one person declined to speak with us. We asked staff why people were up so early, staff told us they were normally expected to get five people up each day. When we asked what happened if people did not want to get up, one member of staff said, "if people don't want to get up we move on to the next person, we try not to get the same people up each day." We discussed what we found with the manager who told us people were free to choose when they wanted to get up and go to bed. There had never been an expectation by the management of the home about how many people should be assisted by night staff. The manager assured us that she would address what we found with all staff.

We looked at the care records for six people with a variety of care needs and found that one person's individual needs had not been assessed or planned for. Records showed this person had been admitted to the home seven days prior to our inspection for respite care. This person did not have a care plan and the home had not assessed any of the risks associated with providing care and support for this person during their stay. For example, the home had not carried out any assessment of this person's general health, nutrition, skin integrity, personal care or mobility. Records did not contain any guidance for the staff on how to meet this person's specific needs or support their well-being during their stay.

We discussed this with the manager who was unaware the person did not have a care plan. They assured us staff had been given all the information they needed to provide care and support for this person in a safe way. The manager told us this person had full capacity and was capable of directing their care and support. We spoke with the person and their relatives who told us they were happy with the care and support they received and did not have any concerns about how staff supported them or that they did not have care plan in place. Staff we spoke with described how they supported this person during their stay, but said this information was only shared verbally through daily handovers and the person's daily records sheets.

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

People and relatives, told us they were involved in identifying their needs and developing the care plans. Other care plans we saw were personalised and provided staff with detailed guidance about each person's specific needs. The manager carried out an initial assessment of each person's needs before and after they moved into the home. This formed the basis of a care plan, which was further developed with the person, their relatives and staff as they had got to know them.

Care plans contained information about what the person could continue to do for themselves and how they liked to be supported. Each section of the plan covered a different area of the person's care needs, for example, personal care, mobility, physical health, continence and skin care, communication and mental health and emotional support. Important information, such as allergies and health conditions was easily available for staff at the front of the care plan. People, who wished to, had made advanced directives detailing their preferences for the end of their lives and these were documented in their records. People were supported at the end of their lives by staff who received specialist training.

Where people had been identified as needing support to manage long-term health conditions, for instance diabetes, we saw the manager had sought specialist advice and provided staff with information on how to recognise signs and symptoms that would indicate the person was becoming unwell and what action staff should take. Where people had specific needs relating to living with dementia. The home had sought guidance from the 'older person's mental health team' and provided guidance for staff to follow to support this person's well-being and minimise the impact this might have. Staff were able to describe how they supported people during these times.

Staff gave us examples of how they had provided support to meet the diverse needs of people living at the home including those related to disability, gender, ethnicity, faith and sexual orientation. For example, people were supported to attend their local church. Each person's care plan contained a life story, which covered the person's life history. This gave staff the opportunity to understand a person's past and how it could influence who they are today. Staff we spoke with were knowledgeable about the care and support people required. For example, one person was able to keep their dog in their bedroom. They told us, "I could not bear the thought of being separated from my dog." Care records showed the support the person required to maintain the dog's wellbeing including feeding and cleaning.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all services from 01 November 2017. The manager was aware of the Accessible Information Standard and we saw that people's communication needs were clearly recorded as part of the home's assessment process. This information was then used to develop communication plans, which would indicate people's strengths, as well as areas where they needed support. This approach helped to ensure people's communication needs were met.

People had many different opportunities to socialise and take part in activities if they wished to do so. Each person's care plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. People who wished to stay in their rooms were regularly visited by staff in order to avoid them becoming isolated. One person said, "I enjoy using my Kindle and iPad. I have my own Wi-Fi which means I don't need to leave my room if I don't want to." People spoke positively about the level of activities and entertainment provided by the home. One person said, "There is always something going on." Another said, "I quite like quizzes and music men the best." People told us they enjoyed spending time with each other, and told us they were looking forward to summer so they could get out in the garden. A relative said, "The Christmas party was packed and buzzing with visiting families, and the buffet was fantastic. The organised visits by young children are good for the residents and I suspect for the children."

People were aware of how to make a complaint, and felt able to raise concerns if something was not right. One person said they would speak to the manager if they were unhappy and another said "I would speak to my daughter." The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged,

investigated, and responded to. None of the people we spoke with had needed to make a complaint, but felt confident the manager would take immediate action to address any concerns they might have.

Is the service well-led?

Our findings

Some aspects of the home were not well led. This was the fifth inspection of Willow House since May 2015. There had been two comprehensive inspections, one focussed and one responsive inspection. At each of these inspections, we found breaches of regulation and the home was rated 'Requires Improvement'.

At this inspection we identified improvements were still required and there were four breaches of Regulation 9, 12, 17 and 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Breaches of Regulation 12 and 17 had also been identified at the inspections in May 2015, November 2015, May 2016 and February 2017. Although the management team had introduced a range of quality and risk audits systems, these had not been effective in addressing the quality and risk issues identified by CQC during this and previous inspections. It was clear the provider and new manager had a plan in place and were working hard to improve the quality of care provided at Willow House. However, these changes had not been fully implemented and still needed time to fully embed.

The home did not have a registered manager at the time of the inspection. A new manager had been appointed; they had applied to be registered with the Care Quality Commission and were available throughout this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run

During this inspection, we found that although the home's quality assurance and monitoring systems had improved they were still not always effective. Systems and processes had failed to identify a number of concerns we found at this inspection. For instance, the provider had a recruitment procedure and policy in place. However, the quality assurance systems had not identified where employment checks had not been completed. This meant they did not have a robust system in place to ensure all staff recruited were safe to work with people who were vulnerable due to their circumstances.

Care plan reviews and audits were taking place, however these had failed to identify that some risks to people had not always been identified or managed safely. Not everyone living at the home had had their needs assessed. Where staff had been provided with guidance this was not always followed which meant people were not always being supported in a safe or person centred way.

People were not protected from the risk of harm as they were living in an environment that may not be safe. Whilst some premises checks had been completed, risks to people's health and wellbeing had not always been identified, assessed or mitigated.

Although the management and staff structure provided clear lines of accountability and responsibility and staff knew who they needed to go to if they required help or support. We identified that inconsistent messages had at times been given to staff, which had potentially placed people at increased risk.

People's personal confidential information was not always held securely in accordance with the Data protection at 1998.

Failure to ensure systems were effective in assessing, monitoring and improving the home was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We met with the provider and manager following the inspection, and discussed what we had found. They told us they fully acknowledged there was still some work to do to fully embed changes they had made, but felt that the introduction of the new manager was an asset to Willow House.

People described the new manager as very approachable and always available if they wanted to talk with them. "One person said, "I can talk to them [the manager] about anything." Staff told us the manager always had time to listen to what they had to say.

There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty through handover meetings. These meetings facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Team meetings were held regularly. Staff told us these meetings were useful and the minutes showed staff were actively encouraged to provide feedback and make suggestions that could improve people's experiences of care.

People and relatives we spoke with told us they felt the home was well led. People described the new manager in positive terms and told us they had made a visible difference to the way Willow House was run. Comments included, "very good," "friendly and professional," "they listened to me," One relative said "The new manager runs it extremely well I have confidence in the manager now."

The manager told us the home was developing a positive culture that was person-centred, open and inclusive by drawing on their knowledge of Dementia Care Matters a nationally recognised learning development programme. Their vision for the home was to provide and maintain a high standard of personalised care, which was flexible to meet people's needs. Staff had a clear understanding of the values and vision of the home, spoke passionately about providing good quality care but felt that at times they were given inconsistent messages, which left them confused.

People were encouraged to share their views and were able to speak to the manager when they needed to. Senior managers told us they encouraged people and their relatives to provide feedback about the care and support they received. We saw that the home employed the services of an external company to seek the views of people and their relatives about their experience of the services they received. A random sample was completed on a monthly basis. The results were collated and returned to the provider and manager for review. We reviewed the most recent report and found that the responses of the people surveyed were positive.

The manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The manager told us they kept updated about changes in practice via the internet and email correspondence sent out by the local authority and the Care Quality Commission.

The manager had notified the Care Quality Commission of all significant events, which had occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and treatment was not appropriate, did not meet their needs, or reflect their preferences. Not everyone had their needs assessed or had a plan in place for their care Regulation 9(1)(a)(b)(c) (3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The failure to operate an effective recruitment procedure exposed people to unnecessary risk. Regulation 19(1)(a)(2)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to the risk of harm as care and treatment was not always provided in a safe way. Risks to people's health and safety had not been identified or mitigated. People were not being protected from risks associated with the environment. Regulation 12(1)(2)(a)(b)(d)

The enforcement action we took:

Pursuant to Section 12(5)(b) of the Health and Social Care Act 2008 we imposed a positive condition on the providers registration:

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems and processes in place to assess, monitor, and mitigate risks to people. Records were not accurate, up to date, complete, or maintained securely at all times. Regulation 17 (1)(2)(a)(b)(c)(d)

The enforcement action we took:

Pursuant to Section 12(5)(b) of the Health and Social Care Act 2008 we imposed a positive condition on the providers registration: