

Review of compliance

Willow Residential Care Limited Willow House	
Region:	South East
Location address:	2 Reading Road Farnborough Hampshire GU14 6NA
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	<p>Willow House is located in a quiet residential road in Farnborough, within easy reach of the town centre and other local amenities. The home offers personal care for up to eighteen older people over the age of sixty-five years who may have dementia care needs.</p> <p>Communal areas in the home include a sitting room, a dining room and a quiet room. There is a passenger lift to enable</p>

	residents to access all areas of the home.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Willow House was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Willow House had taken action in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 29 May 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

A number of the residents at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

Staff were observed to have a good rapport with people, encouraging them to join in with the activity 'A right Royal Occasion'. We observed that the majority of people were happy to take part in the activity, and enjoyed the experience, several of them joined in with the singing. We observed support being offered in a discrete and sensitive manner and all of the people responded positively to this.

People who could express a view told us they were very happy at the home. They said that the staff were helpful and looked after them well.

Relatives informed us that they were consulted about their relative's care needs, as and when appropriate. They told us they felt able to raise any complaints and they were

confident that their concerns would be responded to and dealt with quickly.

People told us the manager was always around to help them.

What we found about the standards we reviewed and how well Willow House was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People experienced care and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

People were cared for by suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

A number of the residents at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people we have used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

People who could express a view told us they were supported and enabled to do things for themselves.

Relatives informed us that they were consulted about their relative's care needs, as and when appropriate.

Other evidence

We looked at the care records for four people, and found that various sections of the care plans had been signed by the person or their advocate. For example, we saw the home had sought permission to take a photograph of the person, had sought their agreement to use their personal details in their care plan. We saw that people had signed agreements regarding night care arrangements and administration of medicines.

This indicated that people were enabled to express their views and were involved in making decisions about their care.

Care staff spoken with told us that people and their relatives were invited to care reviews. They explained that this was to ensure that people's choices, likes and dislikes could be discussed, and plans amended accordingly. Those people able to speak with us in a meaningful way confirmed that they were included in discussions about their care needs.

The care plans and risk assessments we looked at had been reviewed according to the changes in peoples needs.

A number of people at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

We observed all of the people at the home being encouraged to get involved in the activity going on during the morning.

We spoke with the three staff including the registered manager. They were able to describe to us how they enabled people to make decisions. We observed how they supported people to make their own choices such as the food they ate, the clothes they wore and the activities they took part in.

People who could express a view on the day of our visit, told us they were encouraged to do things for themselves. They told us they were offered choices about what they wanted to do every day.

During our visit we spoke with two relatives, they informed us that they were consulted about their relative's care needs, as and when appropriate. They told us they had been involved in developing their relatives care plan, and that they were involved in the ongoing reviews.

We observed people being spoken with, and supported in a sensitive, respectful and professional manner. Staff were proactive in encouraging people to help themselves. We observed staff knocking on doors prior to entering people's rooms and we heard people being addressed in a respectful and friendly manner. People's privacy, dignity and independence were respected.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's privacy, dignity and independence were respected.

The provider was meeting this standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

A number of the residents at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. We observed throughout the day that staff were able to quickly identify when someone required support, they were attentive to people's needs. Support was given in a sensitive manner, and people responded positively to this.

People who could express a view indicated that they were happy with the care provided at the home.

Relatives spoken with told us their relative was happy and contented at the home.

Another relative told us that staff talked to them about their relative's care, and always kept them informed about any changes in their relative's needs.

Other evidence

We looked at the care records for four people. We found that pre-admission assessments were in place. They covered a number of daily living activities, for example; personal care, mobility, cognition, eating and drinking and social activities.

The care plan documents we looked at reflected the headline need as identified in the

care needs assessments. The care plans were detailed in content, and provided good guidance for staff about the person's care needs and how their needs should be met.

Risks had been identified in the care needs assessments regarding risks to a person's health and safety. For example; skin integrity, mobility, and falls. Action plans and guidance had been developed to ensure that the risks of harm to people had been eliminated or minimised. However we saw that one person, who had dementia, did not have a risk assessment in place. This was discussed with the registered manager and registered provider at the time.

Care records showed us that advice had been sought from other health care professionals regarding people's changing needs.

We spoke with three staff including the registered manager. They referred to care plans when discussing people who used the service, and described how changes to people's care needs were recorded. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

A number of people at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences.

We spent time in the main lounge area in the home and, in particular during morning period. We saw that care staff and an external activity co-coordinator, were supporting 13 people with an activity. Staff were observed to have a good rapport with people, encouraging them to join in with the activity 'A right Royal Occasion'. We observed that the majority of people were happy to take part in the activity, and enjoyed the experience, several of them joined in with the singing. We observed support being offered in a discrete and sensitive manner and all of the people responded positively to this.

Our judgement

People experienced care and support that met their needs and protected their rights.

The provider was meeting this standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

A number of the residents at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. We observed that people were being cared for in a friendly and sensitive manner.

People who could express a view told us they felt safe living at Willow House.

Relatives told us they believed their relative was safe living at the home. They said they would raise concerns if need be and told us they were confident that their concerns would be addressed.

Other evidence

The home's safeguarding policy and procedure included the local authority multi-agency safeguarding procedures. These documents were easily accessible by staff, and provided staff with clear guidances as to how they would identify and deal with suspected abuse.

We spoke with three staff, they informed us that they were aware of the home's protection of vulnerable adults procedures and they had access to them as required. We discussed scenarios with them in respect of potential safeguarding issues. They

were clear as to the procedure to be followed if they suspected or observed someone was being abused.

Staff told us they had undertaken training regarding protecting vulnerable adults from abuse. We saw training records that confirmed this. We asked if they had received training regarding the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager informed us staff had undertaken training in this area. We saw records that confirmed this was the case. This means that they would have an understanding of issues that may arise in respect of people who do not have the mental capacity to make decisions about their health and daily life.

We saw from the records, that accidents and incidents were being dealt with properly. Social and health care management teams were kept up to date in respect of any incidents or potential safeguarding issues.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was meeting this standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

A number of the residents at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. Throughout the visit we observed interactions between people and staff. We found staff had a good understanding of peoples needs, and that they had the skills required to meet their needs.

We also spoke with relatives visiting the home. They told us staff were skilled and looked after their relatives well.

Other evidence

We looked at the recruitment files for three of the recently recruited staff, and found there were effective recruitment and selection processes in place. We found that all three of the files had the information required in respect of Schedule 3 of The Health and Social Care Act (Regulated Activities) Regulations 2010. For example all the files we looked at had a current Criminal Records Bureau check, and previous employer and character references had been sought and received.

We looked at the staffing rosters to check when these people had started work. We found all these checks had been completed prior to these people starting work.

Application forms had been completed detailing previous experience of prospective staff. Health declarations forms were in place and had been fully completed.

We spoke with one recently recruited member of staff. They told us they had been required to attend an interview with the registered manager prior to being offered the job. They told us the manager asked them about their previous experience in relation to care. They also told us that had not been permitted to start work, until all of the required checks had been undertaken.

Our judgement

People were cared for by suitably qualified, skilled and experienced staff.

The provider was meeting this standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

A number of the residents at Willow House had dementia and therefore not everyone was able to tell us about their experiences. To help us to understand the experiences of people have we used our SOFIA (Short Observational Framework for Inspection) tool. The SOFIA tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time, the type of support they get and whether they have positive experiences. Throughout our visit we observed the registered manager engage with people, and they responded positively to her.

People who were able to express a view told us that they were asked for their views about the service.

Relatives told us they were asked about the quality of care provided during review meetings that were held at the home. They told us they were sent surveys about the care provided.

Relatives told us that they were confident that any issues brought to the registered managers attention would be dealt with in a timely manner

Other evidence

We asked the registered manager about the arrangements in place at the home for monitoring the quality of the service. She said that she spent time every day walking round the home speaking with people, their relatives and staff. Staff and people we spoke with confirmed what the registered manager had said.

We observed several interactions between the registered manager, people, their relatives and staff. All appeared to be comfortable and confident in her company, often referring to her by her first name. We also observed the registered manager undertaking personal care duties, staff told us this was a regular occurrence.

The registered manager told us the provider visited the home a number of times every week. She said that the visits involved the provider meeting with her to discuss any issues or concerns. She also told us the provider would spend time with people talking to them. One person spoken with confirmed the owner visited the home regularly, and that he spoke with them during his visits.

We asked the registered manager if the provider reported on his visits. She told us, he did not write a report but noted the date of the visit in his diary. We checked the diary and confirmed that some visit records had been made. The manager informed us that she spoke with the provider on a daily basis.

We spoke with the provider about how he monitored the quality of care at the home. He told us he visited the home at least three times a week, and that staff were not aware that he was coming. Staff spoken with confirmed this. He also said that he had confidence in the registered manager's ability to ensure that people were receiving good care.

We saw evidence of audits being undertaken; for example care plan audits, pharmacy audits and infection control audits.

The registered manager showed us responses following the recent survey sent to people and their relatives on 31 March 2012. We looked at the survey; it was a tick box format with comment boxes. The returned surveys indicated that people were happy with the care provided. The registered manager told us she was in the process of analysing the information received, in order that she could address any issues that had been identified from the surveys. We saw this analysis was a work in progress.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider was meeting this standard.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
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