

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Willowmere

East Road, Middlewich, CW10 9HW

Tel: 01606835413

Date of Inspection: 04 March 2014

Date of Publication: March 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	SOS Home Care Limited
Registered Manager	Mr. Christopher Sam Mark Hunter
Overview of the service	Willomere is an extra care housing scheme that provides an in house domiciliary care services. S.O.S Homecare Ltd staff provides personal care to people who live in their own flats in Willomere. Willomere can provide accommodation for up to 79 people. There are currently two people being provided with private care 33 people have their care commissioned by Cheshire east local authority.
Type of service	Extra Care housing services
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Management of medicines	8
Supporting workers	9
Assessing and monitoring the quality of service provision	11
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## Summary of this inspection

---

### Why we carried out this inspection

---

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information given to us by the provider and talked with other authorities.

---

### What people told us and what we found

---

We spent time talking with four people who were very satisfied with the quality of service. All were positive about the care and support provided by staff. All of the people were aware of their care plan and the information it contained about them. People said that staff came to visit and review their care and support regularly.

People who used the service told us that staff understood their needs and kept them safe. They were comfortable with raising concerns if they needed to; none had done so to date.

Medication was kept in each person's flat. All medication was administered by staff from a monitored dosage system or a medication compliance aid.

The four people we spoke to were very happy with the staff, comments made included "Excellent staff know what they're doing" and "Fantastic I can't fault them, they assist me with all of my personal care." The training programme is monitored by the manager who told us that he is liaising with all 17 care staff working at Willomere to check they are up to date. The three staff records looked at had training records that showed they were up to date with mandatory training.

The service had a quality assurance procedure in place that ensures they are continually working to improve services for the people living at Willomere. There was a complaints procedure that was displayed on all notice boards throughout the building. People spoken with told us they would talk to the manager if they were not happy.

You can see our judgements on the front page of this report.

---

### More information about the provider

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

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

---

### Our judgement

The provider was meeting this standard.

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

---

### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People told us that their care and support needs had been assessed when they first moved into Willowmere. These included assessments of people's health, social needs, nutritional status and their communication abilities. Staff told us that assessments were ongoing ensuring people received the right care.

People who use the service described the staff as "Very good" and "Wonderfully supportive." They said that they supported them with kindness and responded flexibly to their needs. People told us that staff had helped them with all of their daily living including assisting with personal care.

People who use the service said that staff always responded quickly if they needed more support and staff were always available to meet their needs.

Everyone had risk assessments to keep them safe and help them live independent lives, risks to people's wellbeing were also assessed, including medication, mobility risks and moving and handling needs. If people required particular pieces of equipment, such as wheelchairs these were ordered for them.

Care staff documented the care they provided and handed over important information about people's changing needs to senior staff. Care plans looked at had been reviewed regularly. Daily notes in people's flats confirmed that staff followed people's care plans.

There was a call system in place for people who use the service to contact staff from their flats. We saw evidence that staff were trained in what to do in emergency situations. The procedure was to also include calling the emergency services. There was an out of hours on call service; staff said they could always contact someone if they needed support in an emergency at night. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

**People should be protected from abuse and staff should respect their human rights**

---

### **Our judgement**

---

The provider was meeting this standard.

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.

---

### **Reasons for 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. Staff had been trained to recognise abuse and gave examples of potential abuse. The provider had procedures in place to prevent potential abuse and monitored areas of risk, including notifying the local authority if there was any changes to people's care plans. Staff spoken to were aware of how to report a safeguarding incident and as part of that to notify the local authority as the lead investigators. The manager told us that there have been no safeguarding incidents in the last 8 months at Willomere since S.O.S Homecare Ltd have been providing the care.

There was a safeguarding policy and procedure in place, which staff understood and knew how to follow. We discussed safeguarding with three staff members, all of them understood the process to report to the manager immediately. There was a whistle blowing policy in place which care workers were aware of and said they would use if they felt it necessary to do so.

**People should be given the medicines they need when they need them, and in a safe way**

---

## **Our judgement**

---

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

---

## **Reasons for our judgement**

---

Medicines were handled appropriately; we looked at four care plans, all of which had medication information in place describing what the medication was and what it was for. The information was also seen in Medication Administration Records (MAR) sheet records, they contained the times and frequencies of when the medication should be administered or prompted. All medication was dispensed by staff from a monitored dosage system or a medication compliance aid.

Staff said that they assisted people to take their prescribed medication and where possible self-medication was promoted. Staff told us that they would record if an individual did not take their medication and would notify the senior or manager straight away.

Records indicated that the medication needs of people who use the services were assessed and monitored by a GP review. Decisions about medication were made by the person, GP, advocate/family and a member of staff. Storage of medication is decided by the person and staff, but staff ensure that it is appropriate and secure. We looked at a copy of the medication policy and procedure that was updated in August 2013.

The three staff training records looked at showed that all staff had attended medication training.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## Our judgement

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## Reasons for our judgement

---

People we spoke to had confidence in the skills and experience of their care workers. One person told us "The staff are excellent, they are highly trained." Another said "Staff know what they're doing."

There were arrangements for supervising care workers and monitoring their performance. Care workers received regular individual supervision. Supervision records included competency checks, goal setting and information from spot checks. All three staff files we looked at contained evidence of regular supervision and staff told us that they felt supported and encouraged by the senior staff and managers.

All staff received professional development. Care workers' inductions covered core areas of service user care and protection.

We spoke to three care workers and the manager on duty about the training they had received and looked at training records. All staff had completed annual mandatory training in core skills and health and safety topics. Competency checks on staff knowledge and understanding were part of the training and professional development process. Staff were trained and assessed in the use of equipment used in people's flats on a one to one basis. The service had a system for ensuring staff training was kept up to date; the manager told us that he was in the process of checking all staff training to ensure all staff were competent in their roles.

We looked at the training programme completed for three staff working at Willomere; all were up to date in mandatory training.

Staff had annual appraisal reviews, which included an analysis of their training needs.

The provider may wish to note that the staff personnel records looked at did not contain an up to date photograph. We were told by a manager on site at the inspection that she was auditing all staff files and the photographs had been taken and she was waiting for them to be delivered to provide up to date ID badges and to put a copy on personnel files. Staff spoken with confirmed they had, had their photographs taken by their new employer.

In discussion with staff there was an issue with the travel time allocated to them on their daily timesheets (called runs). We spent time talking to management regarding travel time and were told that they would initiate travel time on each run as appropriate to the distance from one service users flat to the next.

## Assessing and monitoring the quality of service provision

✓ Met this standard

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

---

### Our judgement

---

The provider was meeting this standard.

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

---

### Reasons for our judgement

---

People who use the service, their representatives and staff were asked for their views about their care and treatment. People told us they were able to give views about the service and be listened to. They said their feedback was regularly asked for. They understood the procedure for making a complaint. The staff monitored the quality of care through regular visits to people's flats.

People who lived at Willomere and their families were asked for their views about the care and support provided. We saw evidence that feedback from people was reviewed and acted on. A feedback questionnaire was completed by each person when they had their care review. The manager on duty could not provide a collated quality assurance audit for Willomere at the time of this inspection as they had only been providing a service for 8 months and she said this would be completed after 12 months as part of the annual audit.

We looked at records for residents meetings that were taking place monthly. All people living at Willomere were invited to attend and comment on the care provided by S.O.S Homecare Ltd staff. We did not see any negative comments made regarding the care provided.

The service had clear procedures for managing risks. These included risk assessments in the people's flats, health and safety risks and individual risk assessments. We looked at the incident reporting system and talked to the manager about how they learnt from incidents. Incidents would be reported, assessed and any actions taken if needed. There had been no reportable incidents at Willomere in the last 8 months.

People we spoke to said that they would talk to the staff if they were not happy with anything. The complaints procedure was on display on notice boards throughout Willomere.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - 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.

---

**Moderate impact** - 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.

---

**Major impact** - 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

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

---

### Essential standard

---

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

---

### Regulated activity

---

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---