

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

## Willow House

2 Reading Road, Farnborough, GU14 6NA

Tel: 01252522596

Date of Inspection: 23 April 2013

Date of Publication: June 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Staffing</b>	✓ Met this standard
<b>Statement of purpose</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Willow Residential Care Limited
Registered Manager	Mrs. Teresa Morris
Overview of the service	Willow House is a care home in Farnborough owned by Willow Residential Care Limited. The home offers accommodation and personal care for up to eighteen older people over the age of sixty-five years who may have dementia care needs.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 23 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

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### What people told us and what we found

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The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool. The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent most of our time observing care and found that people had positive experiences.

People who could express a view told us the staff were lovely. One said "They were very kind and caring", another person said "The manager is good, she keeps the staff on their toes". Relatives spoken with told us the care provided at the home was good and their relatives were well looked after. One said "My Mum is really happy here and she is well cared for".

People received safe and coordinated care, where more than one provider was involved.

People were treated respectfully and their views were taken in to account by staff. Staff understood the signs of abuse and were confident about raising their concerns with the appropriate people.

People's health and welfare needs were met by sufficient numbers of appropriate staff.

People who could express a view told us if they were not happy they would tell someone. One person said "If I wasn't getting looked after properly they would soon know about it".

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

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## More information about the provider

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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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes

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### Reasons for our judgement

The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent most of our time at the home observing care in the lounge room and dining room and found that people had positive experiences.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with four people who could express a view. They all expressed satisfaction with they way staff managed their care. They told us staff asked their permission before they provided any care. One person said "The girl who looks after me is great and she explained things to me very well before she asked me if I would like to have a bath". Another person said "Staff always ask my permission before they come in to my bedroom".

We looked at four people's care records. We noted care plans had been signed by people and their relatives indicating their agreement with the plans and consent to the care provided. We also noted signed consent forms regarding the administration of medicines and consent to share information with other services. We spoke with one relative during our visit, and asked for their opinion on the care at the home. They told us they visited the home many times a week and always found the care to be good. They said "When my Mum was admitted I was asked to be involved in the planning of her care. Staff asked me to give my consent to them providing Mum's care and they asked me to sign my agreement in her care records". This meant people and their families were asked for consent prior to their care plans being implemented.

We spoke with staff about their responsibilities for ensuring they had consent from people before providing their care. Staff confirmed the importance of ensuring that where possible people and their families understood treatment and care. They talked about gaining consent, and described how they would discuss options and agree a plan of care with people and their family member where appropriate. One staff member said "I would never carry out any care on a person unless I explained what I was going to do".

Throughout the visit we observed staff talk to people and explain what they were about to do. They provided time and opportunities for people to ask questions. Staff used a range of communication skills, including touch and facial expressions to support the verbal information given. This meant people where they were able, gave consent to the care and support they received.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent most of our time at the home observing care in the lounge room and dining room and found that people had positive experiences.

The provider worked in cooperation with others.

We spoke with the registered manager and staff about how they ensured people received safe and coordinated care and treatment. They told us they worked closely with other health and social care teams. For example, GP surgeries, dentists, opticians and adult social care teams. The registered manager explained they liaised with these professions via the 'Single Point of Access Team (SPA). The SPA team is a team that coordinates care between services. Following our inspection we spoke with staff at the SPA team and they confirmed what we had been told. They said they were in regular contact with staff at the home about people's changing care needs. During the inspection we heard several discussions between office staff and other professionals about people who used the service. This meant that arrangements had been put in place to ensure people received coordinated care and that their needs had been assessed and met.

We asked the registered manager how they worked with other providers to respond in the event of an emergency situation. They told us health and social care colleagues had access to peoples care records if and when required.

Whilst we reviewed people's care records we saw that a hospital transfer sheet had been developed for each person. This document contained all of the information that would be needed in the event of a visit to hospital or an appointment. It gave a good overview of the person's health and social care needs, and next of kin details. This meant that in the event of a person moving between services other providers had been kept informed to ensure continuity of care

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent most of our time at the home observing care in the lounge room and dining room and found that people had positive experiences.

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.

During our visit we spoke with the registered manager and two members of staff. All were aware of the provider's internal procedure and the local authority multi-agency procedures for safeguarding people, and had access to them as required. We discussed scenarios with them in respect of various potential safeguarding issues. They demonstrated a good understanding of the various forms of abuse and were clear as to the procedure to be followed if they suspected or observed a person was being abused.

We looked at staff training records and saw that all care staff had completed Safeguarding of Vulnerable Adults (SOVA) training. However we noted neither the domestic or kitchen staff had completed this training. This meant these staff would not know the procedure to be followed if they had concerns about people being abused. We discussed this with the registered manager at the time. They informed us the kitchen and cleaning staff would undertake this training as a matter of priority.

We also asked staff if they had undertaken any training regarding The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff told us they had and they were able to provide examples as to when a (DoLS) application may be made.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent most of our time at the home observing care in the lounge room and dining room and found that people had positive experiences.

There were enough qualified, skilled and experienced staff to meet people's needs.

On the day of our visit there were 13 people residing at the home. The majority of the people had dementia, however they were mobile and able to walk around the home. We observed five of the people spent a considerable amount of their time wandering around the home and that staff supervised them from a safe distance. We noted there were two care assistants, one cleaner, one cook and the registered manager on duty during the inspection.

We asked care staff if staffing numbers were sufficient to ensure people's needs were fully met. One said "Staffing levels have never been a problem at Willow House we have more than enough staff. Another member of staff said "The manager is always around if we need support". We observed the registered manager helped the care assistants with all aspects of people's care on a number of occasions during our visit.

We looked at the staffing roster for the month of April 2013. This evidenced that two care staff, a cleaner, a cook and the registered manager had been rostered on duty during the day and evening shifts. We noted one waking member of staff and one call member of staff had been rostered on duty during the night. This meant people benefited from sufficient staff to meet their needs.

We talked to the registered manager about staff training. They told us all of the care staff were in the process of undertaking a Diploma in Care. Staff spoken with confirmed what we had been told. Staff also talked to us about other training courses they had undertaken, for example health and safety, moving and handling, dementia care and first aid. Training

records we looked at confirmed what we had been told. We spoke with one relative during our visit, they said "I think staff know what they are doing, they clearly have a good understanding of dementia". This meant that people were being looked after by staff with the right skills knowledge and experience.

## Statement of purpose

✓ Met this standard

The service must tell us about what kinds of services it provides

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### Our judgement

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The provider was meeting this standard.

People who used the service benefited from the knowledge that the Care Quality Commission is informed of the services being provided.

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### Reasons for our judgement

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The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences.

People who used the service benefited from the knowledge that the Care Quality Commission is informed of the services being provided.

During the inspection we requested a copy of the provider's Statement of Purpose. The registered manager was unable to locate the document and therefore could not provide us with the information we requested during our visit.

Following the inspection visit the registered provider sent us a copy of the Statement of Purpose by email on 24 April 2013. We found the document contained all of the required information. For example, the aims and objectives of the provider, the kinds of services provided at the home and the full name and legal status of the registered provider and registered manager. This meant that people knew about the services provided at the home and had up to date information about the registered provider.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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The majority of the people at Willow House had dementia and were unable able to tell us about their experiences in a meaningful way. To help us to understand the experiences of people have we used our SOFI (Short Observational Framework for Inspection) tool.

The SOFI tool enabled us to spend time watching what was going on in the service and helped us to record how people spent their time, the type of support they got and whether they had positive experiences. We spent most of our time at the home observing care in the lounge room and dining room and found that people had positive experiences.

People were made aware of the complaints system.

We reviewed the provider's complaints procedure and found it gave staff the guidance they required to respond to and manage complaints appropriately. We observed the complaints procedure was posted in a prominent position in the reception area of the home. This meant people and relatives had access to the complaints procedure as and when they needed it.

People who could express a view told us they would tell staff if anything was wrong. One person said "If I wasn't getting looked after properly they would soon know about it". One of the relatives we spoke with told us "I have never had to make a complaint, but if I did I would contact the manager". This meant people were confident their concerns and complaints would be listened to.

We asked if any complaints had been made since our previous inspection. The registered manager and staff told us they had not received any formal complaints. One member of staff said "We try to ensure that any concerns are addressed immediately. This helps to ensure concerns do not become a complaint". We looked in the complaints log and noted no entries had been made. This meant that people and their relatives had their comments listened to and acted on.

Staff told us that they understood how to manage complaints and report them to the manager. They were able to explain how they would support people to raise their concerns. One member of staff told us they would assist people to put their complaints in writing if they chose to do so. Therefore we found that people were provided with

appropriate support to make a comment or complaint where they needed assistance.

## 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.

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**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.

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**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.

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**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

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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

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### Essential standard

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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)

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### Regulated activity

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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