Inspection Report

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: 22 January 2014

Date of Publication: February 2014

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Records	✗ Action needed

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'.

Summary of this inspection

Why we carried out this inspection

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.

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 22 January 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with other regulators or the Department of Health.

What people told us and what we found

A number of people who use the service had advanced dementia and were not able to verbally communicate with us, or had very limited ability to do so. Therefore we spent time looking at care records and talking to representatives of people who use the service. We talked to staff and observed interactions with the people using the service to determine how their needs were being met and to understand their individual experience of the service.

The people who use the service who could communicate with us told us that they were well looked after and that the staff were very caring and understood their needs well. Representatives of people who use the service told that the home was always clean and tidy and that they could visit their relative at any time. One representative told us that they visited their relative several times a week and that the provider always made them feel welcome. One representative told us "my relative is well cared for and is very happy".

We looked at the care records of seven people using the service. We found the records to contain details about the person's likes and dislikes, their personal and medical history and next of kin. However we found that the assessments and reviews were inconsistently completed and did not include appropriate information in relation to the care and treatment being provided to people using the service.

The staff we spoke with had a good understanding of adult safeguarding and understood their role and responsibilities in the safeguarding of adults at risk of harm. The staff we spoke with knew how to raise concerns and how to reduce risk of harm occurring.

On the day of our inspection we found there to be sufficient number of staff on duty. We found the staff to be supportive and caring of all of the people and they had a good understanding of their care and support needs. We observed the staff and their interaction with people and saw them arranged activities to suit each person's needs. Staff had received the appropriate training to support the people, many of who could not verbally communicate their wishes.

We spoke with representatives of people who use the service and they were satisfied with the care being provided to their relatives. One representative told us "the staff are very approachable and know how to care for people with dementia". Another representative told us "my relative can be very challenging and repetitive and the staff deal with it very well". All of the areas of the home that we looked at were clean and tidy. The kitchen was well organised and medication was secure. The representatives we spoke with all said that the home was always kept clean and tidy. One representative complimented the housekeepers saying "the rooms are always kept lovely and clean"

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

What we have told the provider to do

We have asked the provider to send us a report by 05 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Through a process called pathway tracking we looked at the care records of seven people who use the service. We spoke to a senior carer on duty, care staff and representatives. We also observed how staff interacted and supported people who use the service.

The provider had clear guidance and polices on completing pre admission risk assessment and these were present in all of the care records we looked at. The pre admission assessment detailed the care needs, mental health and social history of the person. Each care record had a photograph of the person on them.

The provider had a policy on developing ongoing care plans and reviewing the care of people using the service. On the records we looked at we saw that people's care needs were reviewed every month and this was completed by the person's key worker but the quality and content varied depending on who had carried out the review. From the records we looked at we saw that some of the care plans and reviews did not have current information or reviews of diet, food intake, weight or bowl movements. The majority of the care records we looked at did not include information about the person's behaviour or their needs in this area.

We spoke to representatives of people who use the service and they told us that care staff kept them verbally informed if the needs of their relative changed however they did not receive a copy of care plans or views. Communication between the representatives and the provider were also not recorded despite there being a form on the person's care plan where this could be recorded.

We spoke to seven representatives of people who use the service. One representative told us that the quality of care was good and that his relative had stabilised since living at Willow House. Another representative told us "the staff are very approachable and know how to care for people with dementia". Another told us "my relative can be very challenging and repetitive and the staff deal with it very well". One person who uses the service told us "my carer is nice and looks after me well". Representatives of people using

the service thought that the care needs of their relatives were reviewed regularly however the provider may wish to note that none of the representatives we spoke to had received a copy of a review. One representative said that they had attended a review but had to ask to be involved.

Some of the people who use the service had varying degrees of challenging behaviour and the provider had provided de-escalation training so that staff could manage behaviour and calm people. Staff had also received training on coping with aggression and dementia care planning. The staff we talked to explained how the training helped them to care for people who easily became distressed or aggressive. This meant that care staff were able to de-escalate challenging behaviour before it affected other people using the service.

Safeguarding people who use services from abuse ✓ Met this standard

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

The provider had an up to date adult safeguarding policy in the manager's office and it was accessible to all of the staff. There was a staff hand-out that detailed how to identify abuse and how to report it. The hand-out made reference to No Secrets 2000 guidance and the provider's internal safeguarding policy. The provider also had the Hampshire County Council policy on file but the provider may wish to note that it was not the most recent version which was published in July 2013.

From the staffing records we looked at we saw that staff had been trained in adult safeguarding and the Mental Capacity Act. The staff we spoke with described their role in the safeguarding process, different forms of abuse and how to report it. Staff also explained how to reduce the risk of harm and what to do if it occurred. Staff also talked confidently about how they used distraction techniques to calm people down if they became agitated or confrontational with other people using the service. One staff member told us "the person I am key worker for can become very distressed and cause upset to other people and so I take them away from the situation and take them for a walk to help calm them down". Another member of staff told us "because I know the resident well, I know when they are becoming upset or agitated and will distract them by giving them something different to do".

We spoke with staff at Hampshire County Council who told us that no safeguarding alerts had been reported to them and they currently had no safeguarding concerns about the provider.

We spoke with representatives of people who use the service and they told us that they thought that the provider kept their relatives safe. One representative told us "I am satisfied that my relative is safe and that any risks are properly assessed". Another representative told us that they visited the home unannounced several times a week and had not seen anything to cause them concern. The provider may wish to note that the representatives we spoke with could not recall being told by the provider how to raise a safeguarding concern or had been given any information on safeguarding.

There were adequate systems in place to ensure that people's valuables and money was

safe. Staff explained that valuables and money were all labelled and locked in the manager's office but if people wanted to access them they were able to do so.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider has locks fitted to all external entrances but staff explained that they took people who use the service out in the community if they requested to go out. Staff explained that doors needed to be secure as some of the people who use the service wandered and would be unsafe if they left the premises alone.

On our visit we walked around the home and looked in all of the bedrooms, bathrooms, toilets, communal areas, the kitchen and the laundry. The staff told us that some of the bedrooms and recently been redecorated and carpets had been replaced. Some of the people's mattresses and bed bases had also recently been replaced. Most of the people who use the service shared a bedroom with one other person and the representatives that we spoke with were happy with this arrangement.

The home had a secure lawned area to the rear of the property and people had access to this. We spoke with one representative who told us that their relative had access to the garden when the weather was fine however they thought that more use of the garden could be made by the provider.

We looked at the provider's internal system for monitoring the suitability and safety of the premises. The provider had an established audit programme and we evidenced that they carried out audits of the premises every week. From the records we looked at we saw that where risks had been identified they had been reported to the maintenance team. However from the records we looked at we saw that some repairs had taken several months to be completed. For example a faulty window latch in one of the person's bedroom had taken three months to be repaired.

The staff we spoke with explained that they had regular fire drills and fire alarm tests. Staff were also able to identify and show us where the fire evacuation point was. From the training records we looked at we saw that staff had received training on the principles of fire safety. There was a plan for each person should a fire occur and this was on the person's care records.

All of the areas of the home that we looked at were clean and tidy. The kitchen was well organised and medication was secure. The representatives we spoke with all said that the

home was always kept clean and tidy. One person using the service complimented the housekeepers saying "the rooms are always kept lovely and clean"

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We looked at staffing rotas and evidenced that staffing was appropriate to the needs of the people who use the service. We evidenced that there was a senior carer on duty on every shift who care staff could raise any concerns with. The manager was also on site in the day time from Monday to Friday but could be called at the weekend if needed.

There were a minimum of three carers on every shift and if a person using the service needed to attend a hospital appointment a member of the provider's bank staff would accompany them to the appointment. There was a waking member of night staff on duty throughout the night and also a sleeping member of staff who could be called upon.

The staff we spoke with told us that they had enough time to give individual attention and support to each person who uses the service. Staff also told us that they were well supported by the manager and that the manager offered them coaching and advice about how they could do things better for people. One staff member told us "my manager offers me ample development and training opportunities". The provider also offered apprenticeships and from the training records we looked at we saw that the one apprentice working at the home had a comprehensive training plan on their file.

The registered manager had a National Vocational Qualification (NVQ) Level 4 in Social Care and two of the care staff had an NVQ Level 2 in Social Care. The provider had a comprehensive training package for carers. The training on offer was appropriate to the needs of people using the service. For example, the care staff had received training on dementia care, dealing with aggression and end of life care. The staff we spoke with told us that the training equipped them to care for the people some of whom had challenging behaviour.

From the training records we looked at we saw that staff had undertaken equality and diversity training. The staff we spoke talked with about treating people equality and about giving every person who uses the service the chance to achieve their potential, free from prejudice and discrimination. We spoke with one person's representative who told us that their relative was treated respectfully and that staff gave them the individual attention that they needed.

The staff we spoke with told us that the manager held regular staff meetings and at these

meetings they discussed the needs of people using the service and any changes in their health and wellbeing. They also used the meetings to discuss training needs and cover arrangements

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The home used paper care records on which they recorded the assessments and reviews of all people using the service. The records were fully accessible to all staff. The policy on assessments and care planning were comprehensive. The policy outlined the need to assess all aspects of people's needs including mental health, culture and consent to care and treatment. The policy also outlined the need to assess the involvement of people using the service and the options given to them about their care. However, people's care records were not accurately or appropriately completed.

We looked at the records of seven people who use the service. We found that reviews had been carried out monthly but the quality and content varied depending on who had carried out the review. When we looked at the care records, for example, for people who needed to be prompted to eat there were missing entries about what they had eaten and drank for large parts of the day. This meant that the provider could not demonstrate if the person had received enough or too little food and drink.

In some of the care records we saw the assessment focused on the physical disabilities of the person when their primary need appeared to be their memory loss, dementia or behaviour. This meant that their needs were insufficiently detailed. For example, some records stated that the person had advanced dementia however the records did not explain whether what the person had capacity or not to consent to given their condition. This meant that capacity to choose if to take medicine or about their daily routines were not appropriately recorded. On one of the records we looked at a decision had been made not to resuscitate a person however there was no evidence to suggest that this had been adequately discussed with the person's representative or that their views on this had been gained. Behavioural assessments were also not routinely assessed or recorded.

Bowl charts were inconsistently completed as were weight charts which the provider has a policy of assessing and recording monthly. This meant that the provider was not able to identify if people were losing weight at a rate that would cause concern.

Consultation with representatives was not recorded in six of the records that we saw neither was any record of multi-disciplinary involvement including that of the GP or community psychiatric nurse who staff told us regularly engaged in the care of people who use the service. This meant that there was not a full or holistic assessment or ongoing review of people using the service.

Whilst risks had been assessed on admission to the home we could not evidence that these had been linked to safeguarding concerns in reviews of people who use the service. For example, the risk of people leaving the home unattended or how their behaviour could cause a risk to other people using the service.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: The provider had not ensured that people who use the service were protected against the risks of unsafe or inappropriate care and treatment because there was not an accurate record in relation to the care and treatment for each person. Regulation 20 (1) (a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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

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