Willowbrooke Residential Home Limited

Willowbrooke Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 27 February 2018.

Willowbrooke Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 19 people. At the time of the visit there were 16 people who received support with personal care. There is no nursing care at this service.

At the time of our inspection there was no registered manager in post. The registered manager had recently left. A new manager had been appointed and was in the process of completing an application to become the registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection in March 2017, we found shortfalls in a number of areas. This included shortfalls in the effective management of risks to receiving care and a failure to implement systems and processes for seeking consent and mental capacity assessments. We also found shortfalls in the governance systems. This included a lack of evidence to demonstrate the oversight provided to the registered manager to ensure compliance. The provider had also failed to implement systems and processes for auditing and assessing the quality of the care. These were breaches of Regulation 11, 12 and17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection, we took enforcement action and issued the provider with a warning notice for the failure to maintain good governance and for failing to seek consent. We also met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key question(s), 'Is the service safe, Is the service effective, and Is the service well-led?' to at least good.

During this inspection we reviewed actions the provider told us they had taken to gain compliance against the warning notice and breaches in regulations identified in March 2017. We found necessary improvements had been made in relation to the management of risks to receiving care, the safe management of medicines and seeking consent. We also found significant improvements had been made in relation to good governance and the provision of oversight at the service.

We received positive feedback from people and their relatives regarding the quality of the care delivered. Visiting professionals we spoke with also gave positive feedback about the service. People who lived at the home told us that they felt safe and spoke highly of the owner and the care staff.

We found there had been significant improvements to the quality of care provided since our last inspection.

The registered provider and their staff had made necessary improvements to address the shortfalls we found in March 2017 to ensure the service was compliant with regulations. Necessary improvements had been made to the management of risks to receiving care. Risk assessments had been developed and reviewed to minimise the potential risk of harm to people who lived at the home.

People told us they received their medicines as prescribed and staff had been trained in the safe management of medicines. Improvements had been made to the management of topical creams and thickening powders. Regular medicine audits had been carried out and issues were identified and rectified promptly.

There were significant improvements to processes for seeking consent. The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible. Staff had improved their knowledge and understanding of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent to various aspects of their care was considered. This was a noted improvement since our last inspection.

Staff had received safeguarding training and knew how to report concerns to safeguarding professionals. Accident and incidents had been recorded and staff had sought medical advice where necessary. Safe recruitment of staff and checks were carried out to ensure suitable people were employed to work at the home.

The environment had been adapted to suit the needs of people living at the home. In addition the home had been decorated and maintained to high standards and kept clean. There was an ongoing program of renovation and improvements.

Risks associated with fire had been managed and fire prevention equipment serviced in line with related regulations. Risks of infection had been managed. The environment was clean.

Care plans were in place detailing how people wished to be supported. People's independence was promoted.

The provider had sought people's opinions on the quality of care and treatment being provided. Relatives and residents meetings and surveys had been undertaken to seek people's opinions. We saw the provider was responsive to people's views and opinions and took prompt action to respond to people's feedback. However, they needed to formally analyse surveys and give people feedback.

We observed that regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. People's nutritional needs were met. Risks of malnutrition and dehydration had been assessed and monitored. Comments from people who lived at the home were all positive about the quality of meals provided. We found people had access to healthcare professionals and their healthcare needs were met. Relevant health care advice had been sought so that people could receive the treatment and support they needed.

There were a variety of activities for people including regular fitness exercises, crafts and outdoor trips. We observed people being encouraged to participate in activities of their choice. Feedback from people was positive.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaint's procedure was available and people said they were encouraged to raise concerns.

Staff had had been provided with training, supervision and induction.
Staff told us there was a positive culture within the service. Staff we spoke with told us they enjoyed their work and wanted to do their best to enhance the experience of people who lived at the home.

The provider had considered best practice in various areas and had invested in assistive technology to meet people's needs. There was a commitment to provide high standards of care.

The registered provider used a variety of methods to assess and monitor the quality of care at the home. Governance and management systems in the home had improved and the provider had sought external support to monitor the quality of the service. There were checks in various areas such as medicine, care plans, health and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People and their relatives told us they felt safe and their feedback was positive.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place.

Staff knew how to protect people from abuse and some had received safeguarding training. Risks of fire had been managed.

People's medicines were safely managed. This was an improvement.

The premises had been adapted and maintained to a high standard.

Is the service effective?

Good

This service was effective.

The rights of people who did not have capacity to consent to their care were protected in line with the MCA principles.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

People were supported with their nutritional needs. People's health needs were met and specialist professionals were involved appropriately.

Is the service caring?

Good

The service was caring.

People and their relatives spoke highly of care staff and felt they were treated in a kind and caring manner.

People's personal information was managed in a way that

protected their privacy.

Staff knew people and spoke respectfully of people they supported.
We observed staff and the owners were committed to delivering high standards of care.

Is the service responsive?

Good

The service responsive.

People had plans of care which included essential details about their needs and outcomes they wanted to achieve.
Improvements were required to the care records of people living in the home on a short-term basis.

Information was provided in an accessible manner to people with sensory impairment.

People were provided with a variety of meaningful day time activities and stimulation to keep them occupied. The provider was responsive to people's suggestions and their requests.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

Is the service well-led?

Good

The service was well led.

There was a commitment to provide high quality care and desire to continue learning from best practice.

There were significant improvements in the systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service.

Staff were positive about management and the support they received.

Management oversight had been provided to care staff and the overall running of the service. This was an improvement.

The provider had adapted technology and best practice to enhance people's outcomes and the quality of the care delivered.

Willowbrooke Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 27 February 2018 and was unannounced.

The inspection team consisted of one adult social care inspector, who is the lead inspector for the service and an expert by experience who had experience of caring for older adults and those living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection we had received information of concern and other safeguarding concerns about the service. The concerns had been reported to the local safeguarding authority who had undertaken investigations. We also explored how safeguarding concerns were managed in the service as part of this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service. This included safeguarding alerts and statutory notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events, which the provider is required to send us by law. We also contacted health and social care professionals who worked alongside the service. We also reviewed the information we held about the service and the provider.

We spoke with a range of people about the home including seven people who lived at the home, three visitors and five staff. In addition, we also spoke with the chef, the deputy manager, the interim manager and one of the directors.

We looked at the care records of six people who lived at the home, training records and three recruitment records of staff members and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last comprehensive inspection of Willowbrooke Residential Home in March 2017, we found there was a failure to assess the risks to the health and safety of service users of receiving care or treatment. There was a failure to ensure that people's medicines were managed safely. We also found shortfalls in the governance systems. The provider had also failed to implement systems and processes for auditing and assessing the quality of the care. These were breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report on how they were going to improve the service in relation to the breaches. We met with the provider and they also sent us a report telling us what actions they were going to take to meet the requirements of regulations.

During this inspection in February 2018, we reviewed the actions that the provider told us they had taken to gain compliance against the breaches in regulation. We saw that significant work had taken place since our last inspection to improve the safety, effectiveness and quality of the service. We found improvements had been made in order to meet the regulations in relation to medicines management, and risk management and the provider was compliant in these areas.

We asked people who used the service whether they felt safe receiving care from the service. All people we spoke with told us they felt safe. Examples of comments included, "I'm protected all the way round", "I feel safe because they look after you so well here and they're very kind people. Whatever you want they get for you" and "I wanted somewhere small. I know the residents and I know the staff, I can get about." Similarly, relatives we spoke with were positive, "There's somebody here 24/7, she can't get out of the door. She presses a buzzer to go to the toilet and there's a code to get in."

The registered provider had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training. We saw records of safeguarding enquiries and alerts that had been completed. Evidence we saw demonstrated that care staff were able to report concerns if they suspected people were at risk of exploitation or harm. Safeguarding procedures had been reviewed regularly and information on how to report concerns was readily available in the home. One staff member told us, "We have a duty of care to report any form of abuse and will report any concerns to the manager. We are the eyes and ears of service users."

Before this inspection we received notifications relating to concerns about people experiencing falls. The concerns had been reported to the local safeguarding team. Two of the concerns had been substantiated. We saw outcomes of safeguarding enquiries had been shared with staff and recommendations had been followed. We also noted that the provider had responded to the concerns regarding falls. They had introduced assistive technology such as sensor mats and wireless call bells in all communal areas to ensure people could summon staff for support and reduce risks of unwitnessed falls. In addition there were posters in the communal areas reminding people to summon for help and reduce the risk of falling.

Risks to people were assessed and their safety was monitored and managed so they could stay safe and their freedom respected. We found accidents and incidents had been recorded and support had been

sought from emergency services and health professionals where this was required. Accident and incidents had been analysed to identify patterns and trends. Lessons had been learned from these events. Staff had recorded the support they had provided to people after the incidents. This included records such as post-falls observations. Staff had also reported significant injuries and incidents to the local safeguarding authority in line with local and national guidance. This meant staff had awareness of their responsibilities in the safeguarding of people and people could be assured the registered provider and the staff would raise safeguarding concerns to allow independent investigations by relevant authorities.

Risk assessments had been undertaken in keys areas of people's care such as falls, nutrition, skin integrity and moving and handling as well as choking and the use of equipment such as bed rails. The manager had reviewed risk assessments and took appropriate action when people's needs or risks had increased. For example we found they had reviewed people when they had lost significant weight and referred them to specialist professionals such as dieticians. There was a review and update in their care plan to demonstrate the change in risk and changes to the measures that were required to minimise the risks to this person's health and wellbeing.

We looked at the arrangements in place for managing people's medicines. There had been a significant improvement to the safe management of medicines. At the last inspection we found people's medicines such as topical creams and thickening powders had not been safely managed because medicines were not always signed for. During this inspection we found there were clear records to show how topical medicines were managed. These included body maps. Errors had been identified in a timely way through medicines audits and the correct actions had been taken to reduce risks of reoccurrences. People and their relatives were satisfied with the way medicines were managed. Staff designated to administer medicines had completed safe handling of medicines training.

We observed staff administering medicines during the inspection. They were kind and patient with all of the people they administered medicines to. Staff took time to explain to people what the medicines were for and waited whilst they took them. They administered medicines safely, by checking each person's medicines with their individual records before administering them. This ensured the right person got the right medicine.

Records were kept for medicines that were awaiting disposal and medicines for disposal were kept securely. Arrangements had been put in place to ensure unwanted medicines were disposed of on a monthly basis. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard or secure safe, access to them was restricted and the keys held securely. Staff had monitored the temperatures in the medicines storage rooms and fridges and kept records of these checks. The effective monitoring of temperatures would ensure that temperatures in medicine storage areas were kept at the recommended levels to prevent medicines from being compromised.

There were policies and procedures which defined and described the service's responsibilities in relation to medicines. People's care records contained comprehensive information about the medicines they took, their benefits and side effects.

We looked at the risk assessments in place concerning fire safety and how people would be supported in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP). This provided staff with guidance on how to evacuate people in the event of an emergency. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures

and fire exits were kept clear. Records showed that staff had regularly tested firefighting equipment.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, fire alarm, call bells and electrical systems testing had been undertaken. These measures helped to make sure people were cared for in a safe and well maintained environment.

We found there were plans in place to respond to any emergencies that might arise and staff understood these. The provider had devised a continuity plan. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power, accommodation or severe weather.

People we spoke with and their relatives told us they felt that there were adequate staff numbers during the day and at night.

Comments about staffing included; "Yes, there is enough staff, if I press the buzzer they're there in no time." All visitors we spoke with told us there was always staff about when they visited.

We looked at recruitment processes and found the service had policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of three staff members and found that robust recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. One of the directors had been appointed as the infection prevention and control champion. They were responsible for sharing best practice with staff. During our visit we observed staff supporting people wearing the correct protective clothing. There were policies and procedures for the management of risks associated with infections. People told us staff wore their uniforms and gloves and disposed of used gloves appropriately. Risks of infections had been managed and regular infection control audits had been undertaken. We found the environment was kept clean and decorated to a high standard.

Good

Is the service effective?

Our findings

At our previous inspection of Willowbrooke Residential Home in March 2017, we found the provider had failed to provide staff with guidance on how to seek consent and protect the needs of people who lacked mental capacity. This was because people's consent to receiving care had not been considered. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in February 2018, we reviewed whether actions had been taken to address the shortfalls. We found that significant improvements had been made in respect of seeking people's consent and the service was no longer in breach of the regulation.

People who lived at the home and their relatives told us they felt their needs were effectively met. Comments included, "The staff are competent", "The food here is quite good, you get variety" and, "Yes I'm glad they can call the doctor for me anytime."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

When we undertook our inspection visit no DoLS authorisation requests had been submitted to the local authority as everyone who lived at the home was free to leave the home and had mental capacity to consent to living at the home. At our last inspection in March 2017, we found the provider had failed to carry out mental capacity assessments to check if people could make decisions about their care. We also found consent was not sought in various areas of people's care. At this inspection we found significant improvements had been made. Following our last inspection the provider had sought support from MCA/DoLS specialist professionals at the local authority. Staff had received additional training in understanding the principles of mental capacity and their knowledge had improved. We saw evidence that people's consent in various areas had been sought in all care files we looked at. This included consent to the use of photography, application of bed rails and medicines management. Mental capacity assessments had been completed to support people in their decisions making processes.

We reviewed the training records for the whole service and found staff had received regular training. They had also been provided with supervision. Induction was offered to all staff before they commenced their role. This included spending time shadowing experienced staff. Following their induction staff completed training that was specific to the needs of people they supported. For example staff had received; training in areas such as safeguarding, medicines management and first aid training. In addition staff were required to

complete refresher courses online using e-learning. Records we checked showed that staff had completed their refreshers courses when they were due.

We observed that people's needs and choices were considered during the delivery of care. For example we saw people being asked what they wanted to eat and where they wanted to sit. People told us they could get up anytime they wanted and chose to spend time in their bedrooms if they wanted to. One person told us, "I'm a great sleeper, I can sleep until 09.00hrs. I sometimes ask them to wake me up earlier."

There were processes in place to ensure there was no discrimination, including in relation to protected characteristics such as race, religion, gender or age. For example, the provider offered their staff training in equality and diversity. There was a policy to protect people against discrimination and harassment. Information on how to report concerns was readily available in prominent places within the home. There was a notice board dedicated to sharing information on protecting people. We also noted that there was a safeguarding champion who was nominated to attend external meetings with other agencies to share good practice around safeguarding and protecting people from harm and discrimination.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. The premises had been renovated and adapted to a high standard to meet the needs of people living in the home. In addition the provider had an ongoing programme of renovations and decorations. They informed us they were consulting people in preparation for new decorations. There was room for people to sit with their visitors privately. We saw some people had brought their own personal items that helped personalise their bedrooms and made it homely for them.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were able to eat their meals at their own pace. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer.

Comments about the food were positive. Comments from people who lived at the home included, "Some food I like better than others, but there's always a choice", "I enjoy the fish and chips from the chip shop" And, "I enjoy the fish and chips from the chip shop." We spoke to the kitchen staff who informed us people had two choices of hot meal at lunch time and in the evening. The kitchen staff showed a good knowledge of people's dietary needs, preferences and special requirements. They informed us the menus were on a four week rotation and seasonal to provide people with variety and choice. Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase nutritional intake. People were weighed regularly. We found staff assessed people against the risks of malnutrition and made referrals to dieticians and Speech and language therapists (SALT) where appropriate.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support. Care records we looked at contained information about other healthcare services that people who lived at the home had access to. We noted that people had received visits from for example, GPs and district nurses and practice nurse.

Documentation was updated to reflect the outcomes of professional health visits. We spoke to one visiting professional who informed us the staff were proactive in involving specialist professionals and that they would seek advice if ever they were unsure about people's conditions. This meant that people could be assured they would have access to specialist professionals if they needed them.

Good

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We observed interactions between people and staff and we also spoke to people. Comments included, "They've got some lovely staff", "They're so kind they'll do anything for you", "They're very good, they're kind", "They treat you very well, they're lovely. The older ones are better, they've more experience, but I have no complaints, they're all kind" and "I get on smashing with them all, I have no problems."

Comments from visitors included, "They treat people very well, and they always ask if [relative] needs anything. They're kind" and "My relative is cared for really well, they make a fuss of [relative], they really look after him."

Our observations and our conversations with people showed that people were treated with kindness, respect and compassion, and that they were given emotional support when needed. For example we saw people being sensitively supported to ensure they maintained their dignity. Staff spoken with, the manager and the owners had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. Comments from staff included, "You get to really know the person. We are a caring staff team and want the best for the people in our care" and "I like my job and I enjoy supporting people."

Throughout the inspection we observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. We found all people were well groomed and presentable. Staff had a good understanding of protecting and respecting people's human rights. One member of staff had been appointed as a dignity champion. They had signed a dignity pledge. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. These champions attended meetings with other organisations and shared best practice with other staff in the home.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, we observed people eating independently and we noted some people were independently managing some of their own personal care needs. Staff explained how they promoted independence, by enabling people to do things for themselves.

Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner. Staff we spoke with described how they ensured people's dignity was maintained when they assisted them with their personal care tasks. They maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. There was a confidentiality policy which was available to care staff. We observed staff knocked on bedroom doors before entering.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative told us they were invited for lunch as they had travelled quite a way. They were told, "This is [relative's] home, and if you were visiting her at home you wouldn't bring your own lunch."

We saw people were supported to express their views on matters that were important to them and were also involved in making decisions about their care as far as possible. We found records demonstrated how people had been involved in the review of their care records. Some people could not remember if they had been involved in the reviewing of the care plans however they told us they had been involved in writing their care plans. The registered provider had information and details that could be provided to people and their families if advocacy was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People who lived at Willowbrooke Residential Home gave us positive comments about the staff team and the care and support they received at the service. All responses regarding life in the home were positive. Comments from people included, "I do exercises, all sorts of things, handicrafts, I'm never bored", "We do yoga, tai chi, dominoes, I enjoy those", "I read the paper, do the crossword, knitting and croche" and "I watch DVDs and sport on the TV, I never get bored."

Comments from visiting relatives included; "[My relative] likes the activities and he joins in. He reads the paper as well" and "She listens to the radio and TV. They try to get her involved in the activities."

We checked how the provider ensured that people received personalised care that was responsive to their needs. The care plans were well written, comprehensive and person centred. We saw records were audited for accuracy and action taken where quality needed to be improved. The care records had been developed, where possible, with contributions from each person and their family. They identified what support they required. People and their relatives told us they had been consulted about support that was provided before using the service. People were encouraged to stay on a temporary basis before deciding to move in permanently. In addition care records we reviewed showed that people's needs had been assessed before they started living at Willowbrooke Residential Home. This was to ensure that the home and staff were able to meet people's needs before they decided to admit them into the home.

Staff completed a range of assessments to check people's abilities and review their support levels. They checked individual's needs in relation to mobility, mental and physical health and medicines. Specific requirements for each individual had been identified. For example, people who required assistance with moving, soft diet, people who were at risk of falling and people who were at risk due to their vulnerability. Assessments and all associated documentation were personalised to each individual who stayed at the home. Care plans and risk assessments had been reviewed and dated. However, we noted that plans for people staying in the home on a temporary basis or on respite care did not always have care review records. We discussed this with the manager and they assured us that this would be reviewed. This would ensure a person centred approach to care reviews.

The provider was responsive and had used technology to support people to receive timely care and support. For example at our last inspection we made recommendations regarding the provision of call bells in communal areas to ensure people could summon for help. At this inspection we found the provider had purchased modern wireless and portable call bells to ensure people could summon for help from wherever they were. The provider had also responded to the emerging risks associated with ageing such as falls. They had proactively purchase assistive technology for the monitoring of falls. The equipment would be brought into use if there was a need to monitor people at risk of falls with their permission. There was also a working broadband and a telephone system that was easy to use and accessible to staff and people who lived in the home. Staff used online videos to provide people with exercise demonstrations from the internet.

There was a commitment to ensure people were supported with a variety of activities of their interest and to

keep them active and stimulated. People had access to various activities to keep them active. There was a dedicated activities co-coordinator who assisted five days of the week. Activities were planned in advance and people were invited to take part. It was evident there was a commitment to support people to maintain an active life style and strong ethos for supporting people to remain active members of their local community. We noted a minibus was available for outdoor and day trips to local nature reserves and to local places and satellite television was made available to all people in the home. Comments from people included, "They organise trips and I've been to shows" and "There's a trip to St Anne's and I'm looking forward to that." One of the directors told us; "We noted that some of our male residents love watching sports so we decided to invest in Sky Sports to ensure they don't miss out on the sports they like."

People were supported to keep healthy and active. We saw there were regular planned sessions for gentle physical exercises such as Tai Chi and Yoga. During the inspection we observed one of the Tai Chi sessions. We saw people were engaged and supported to take part according to their physical abilities. We received positive comments from people. One person told us, "These stretches (exercises) are just what my back and shoulders require, it helps with the pain." We observed the activities coordinator engaging with people in a positive and inclusive manner taking consideration of their choice and abilities. We saw a lot of crafts made by people proudly displayed on the tables.

People were supported to maintain local connections and important relationships. One person told us, "A volunteer takes me to church on a Wednesday and I go to Bible study on a Thursday and church on a Sunday." In addition people in the home were supporting a local charity organisation. People were supported by staff to make greeting cards and other ornaments that were sold with all proceeds donated to charity. This helped to enhance people's well-being and feeling of self-worthiness.

We found staff had sought accessible ways to communicate with people when they had visual impairment to reduce or remove barriers. For example we found various pictorial messages and signage in the home to help people with sight and cognitive impairment to ensure they could communicate effectively. In addition the provider had acted in an innovative manner and purchased a digital voice operated assistant (also known as Amazon Alexa) for an individual with visual impairment to allow them to check time, listen to music and keep up with latest news and listen to audio books. This meant that the person could have equal access to information regardless of their impairment.

People we spoke with knew how to make a complaint or raise concerns and felt comfortable to do so if needed. We saw people were encouraged to do so by information that had been posted in the home in the service guide provided to them when they first arrived. People were confident to speak up.

The service had a complaints' procedure that was made available to people on their admission to the service. A copy of the complaints' policy was on display in the service and had been written in a format that enabled people who used the service to understand the procedures. The procedures were clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. Comments from people included, "I think I'd tell them, but up to now I've never seen anything wrong" and "Information about complaints is probably in the information pack. I wouldn't have any problems taking it further."

Records we reviewed showed one complaint had been received since the last inspection. Evidence we saw showed that the complaint had been dealt with appropriately in line with the organisation's policies. We saw the complaints' process in place. It guided staff to ensure that concerns and complaints were used as an opportunity to learn and drive continuous improvement. For example people told us their food was

being served hot following a complaint about food being served cold. Another person raised concerns about their mattress and a new one was purchased immediately. This showed that complaints had been used to improve people's experiences and to improve the quality of care provided.

Records we saw demonstrated that the provider and the staff had considered people's preferences and choices for their end of life care. For example, a significant number of staff had received training in supporting people toward the end of their life, there was a policy that asked staff to record where people wished to die, including in relation to their protected equality characteristics, spiritual and cultural needs. There was also guidance on communicating with families and professionals to support people towards the end of their life. Records of care we checked demonstrated whether people wished to discuss their end of life care or not. This showed that there were plans to ensure that people were supported at the end of their life to have a comfortable, dignified and pain free death.

Good

Is the service well-led?

Our findings

At the last inspection, we found the provider had failed to operate effective governance and quality assurance systems to monitor and improve the quality of the care and treatment provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, we took enforcement action against the provider and issued them a warning notice which stated when we expected them to be compliant with regulations. At this inspection we found a significant amount of work had been undertaken to improve the quality of the care provided and the governance systems in the home. Necessary improvements had been made and the provider had met the requirements of the regulations associated with the breaches of regulation we found in March 2017.

During our last inspection there were three breaches of regulation. At this inspection in February 2018, we identified all of the breaches of regulations had been addressed. We also noted and concluded that there had been a significant improvement in the governance systems at the service and that the provider had committed to make the necessary improvements required for the care and safety of people living at the home. The provider would now need to ensure that the standards are maintained and sustained in the future.

There was no registered manager employed at the home. The registered manager had recently left the organisation. The deputy manager had been overseeing the running of the service and had been appointed to register with the Care Quality Commission as a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We looked at how the registered provider demonstrated how they continuously learnt, improved, innovated and ensured sustainability in the service. At our last inspection we found the auditing systems at the home were not adequately monitoring the care delivered to ensure it remained safe. This included people's medicines, health and safety concerns and compliance with regulations. In addition the provider was not providing oversight on the registered manager to check if they were meeting the regulations. At this inspection we found there was a structured programme of service improvement that had been established at the home. The registered provider had established a robust formal auditing system to assess quality assurance and the maintenance of people's wellbeing. We saw that audits had been undertaken in various areas such as medicines, health, staff files and care files. They had provided oversight on the manager and staff. There was a genuine desire to learn from experiences and to improve the service further.

Following our last inspection in March 2017, the provider had introduced a care consultant to audit the quality of the care people received and governance systems in the service. We saw that the external consultant had visited the home on a monthly basis to undertake an audit of the whole service. They offered additional support to the provider and the staff where required. This included, checking recruitment, that staff training was up to date, updating policies, and governance training among other things. We noted that

shortfalls identified by the audits were rectified in a timely manner. This meant that the audit systems in the service had been improved and had been effectively used to identify and rectify shortfalls in a timely manner and to ensure lessons were learned and improvements were made to the quality and safety of the care.

We checked how people who used the service, the public and staff were engaged and involved in the running of the service. We found the registered provider had established systems for seeking feedback from people, their relatives and staff. There were residents and relatives meetings, newsletters and relatives and residents surveys. One person commented about meetings, "We have them occasionally, things usually change, and they try their best." Another person said, "I don't go to the meetings. I don't wait until the questionnaires come round if there is anything, I talk about it." In addition, there were staff meetings and staff surveys.

We saw the manager and the provider shared the visions, challenges and expectations with staff during the staff meetings. Staff we spoke with told us they felt listened to and felt free to make suggestions about the running of the service. We noted that the questionnaire completed were not formally analysed and feedback given to people. However, we saw that all the issues that had been raised in the surveys had been promptly resolved by the owners. Formalising this process would demonstrate how the provider had acted and responded to people's views and feedback about the quality of care and service provided. We spoke to the manager and one of the directors; they advised that all requests and feedback was acted upon immediately however, they had not formally recorded their analysis. Our conversations with people confirmed this. The provider informed us that they would review their processes and update their practice accordingly.

Staff we spoke with told us they felt the manager and owner worked with them and supported them to provide quality care. Comments included, "The owner is around all the time, he's very good and responsive." Everyone we spoke with said the manager and the owners were approachable.

At our last inspection the provider had failed to provide oversight on the registered manager to check their performance and compliance with regulations. We found necessary improvements had been made to the governance systems in the home. Staff we spoke with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The manager and their staff were familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering, activities, catering and domestic duties. Each staff member took responsibility for their role and had been provided with oversight by the manager.

We noted that the provider had considered best practice guidance and some staff had been appointed as champions in various areas such as dementia, safeguarding, and dignity. We also noted that the staff and the registered provider had joined local initiatives with the local authority and local clinical commissioning groups to develop expertise in areas such as prevention of pressure ulcers and reducing risks of dehydration in care homes.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found handovers were used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's care records showing what care was provided and anything that needed to be done
We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and relating to people who used the service. Notifications had been submitted and the manager knew their regulatory responsibilities for submitting statutory notifications to the CQC. A notification is

information about important events that the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered and to support care provision, service development and joined-up care. They worked with organisations such as local health care agencies and local commissioning group, local pharmacies, practice nurses and local GPs. The manager had a system to ensure the service shared appropriate information and assessments with other relevant agencies for the benefit of people who lived at Willowbrooke Residential Home. Feedback from a professional showed the service had worked in an open and transparent manner. During the inspection we found the owner, manager and staff open and transparent with the inspection and keen to address any shortfalls we identified.

During this inspection we noted that that there had been a significant effort from staff, the manager and the provider to address the shortfalls we identified during the last inspection. There was a genuine commitment to provide a high standard of care based on caring ethos and to enhance the people's experiences of people Willowbrooke Residential Home.