

Premiere Care (Southern) Limited

# The Willows Care Centre

## Inspection report

5-13 Second Avenue  
Margate  
Kent  
CT9 2LL

Tel: 01843228570  
Website: [www.premierecarehomes.co.uk](http://www.premierecarehomes.co.uk)

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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

The Willows Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is a large converted property. Accommodation is arranged over three floors and a lift is available to assist people to get to the upper floors. The service provides care for up to 40 older people, people living with dementia or people with a mental health condition. There were 32 people living at the service at the time of our inspection.

At the last inspection we found continued breaches of regulations 12, 17 and 18 of the Health and Social Care Act 2008 and the service was rated Requires Improvement. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to address the breaches. At this inspection we found that the provider had completed their action plan and the service was no longer in breach of regulations.

Since our last inspection the provider had completed their plan to stop providing nursing care at The Willows Care Centre. People who required nursing care had been supported to move to alternative services and the provider no longer employed registered nurses.

At our last inspection in August 2017 we found people were at risk of harm because their medicines were not managed safely. At this inspection we found that significant improvements had been made to the management of people's medicines and people were no longer at risk.

People were now protected from the risk of harm. Previously risks to people had not been assessed and action had not been taken to mitigate risks. Risks had now been identified and action had been taken to manage them.

Records about people and the care they received were now accurate and complete, held securely and easily accessible to staff when they needed them. The provider had addressed the shortfalls in the record keeping and storage found at our last inspection.

Previously effective systems to assess, monitor and improve the quality and safety of the service were not in operation. Since our last inspection the provider had improved the checks completed at the service and now had oversight of the service. The registered manager and the provider checked all areas of the service regularly to make sure it met the standards they required. Any shortfalls had been identified and action was planned and completed to address them. The views of people, their relatives, staff and community professionals were asked for and acted on to continually improve the service.

A registered manager was leading the service. 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.

Staff felt supported by the registered manager and were motivated. A member of the management team was always available to provide the support and guidance staff needed. Staff worked together to support people to be as independent as they wanted to be. All the staff we spoke with told us they would be happy for their relatives to live at The Willows Care Centre.

Staff were kind and caring and treated people with dignity and respect. They took time to get to know each person well and provide the care people wanted in the way they preferred. People received the care and support they wanted at the end of their life. Since our last inspection the provider had begun to implement the Gold Standards Framework (GSF) for end of life care. The GSF is a recognised approach to ensuring that everyone receives appropriate and individualised care which takes account of their wishes and preferences at the end of their life.

Assessments of people's needs and any risks had been completed and care had been planned with them, to meet their needs and preferences and keep them safe. Accidents and incidents had been analysed to look for patterns and trends. The registered manager worked in partnership with local authority safeguarding and commissioning teams, and a clinical nurse specialist for older people and acted on their advice to develop the service and improve people's care.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager or provider. People were not discriminated against and received care tailored to them. A process was in operation to investigate and resolve complaints to people's satisfaction. People had enough to do during the day, including activities to keep them physically and mentally active.

Changes in people's health were identified and people were supported to see health care professionals, including GPs when they needed. People were offered a balanced diet of food they liked and that met their cultural needs and preferences. Staff supported people to be as independent as they wanted at mealtimes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The registered manager knew when assessments of people's capacity to make decisions were needed. Information was available to people in a way they understood to help them make decisions and choices. Staff treated people with dignity and gave them privacy. The registered manager understood their responsibilities under Deprivation of Liberty Safeguards (DoLS), and had applied for authorisations when there was a risk that people may be deprived of their liberty to keep them safe.

There were enough staff to provide the care and support people needed when they wanted it. New staff were recruited safely. Disclosure and Barring Service (DBS) criminal records checks had been completed to make sure staff were suitable for their role. Staff were supported meet people's needs and had completed the training they needed to fulfil their role.

The service was clean and staff followed infection control processes to protect people from the risk of infection. The building was well maintained and plans were in operation to maintain and improve the environment. People were able to use all areas of the building and grounds and were encouraged to make their bedroom feel homely.

The registered manager had informed CQC of significant events that had happened at the service, so we could check that appropriate action had been taken.

Services are required to prominently display their CQC performance rating. The provider had displayed the rating in the entrance hall and on their website.

Further information is in the detailed findings below.

## 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 ●

The service was safe.

Risks to people had been identified and staff supported people to be as independent and safe as possible.

People were now protected from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse or discrimination.

Action was taken to stop accidents and incidents happening again.

There were enough staff who knew people well, to provide the care people needed.

The service was clean.

Checks were completed on staff to make sure they were honest, trustworthy and reliable. □

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed with them and their relatives when necessary.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make their own decisions.

Staff were supported and had the skills they required to provide the care people needed.

People were supported to eat and drink enough to help keep them as healthy as possible.

People were supported to remain healthy.

The building was designed to support people to be as independent as possible.

### **Is the service caring?**

**Good** ●

The service was caring.

Staff were kind and caring to people and supported them if they became worried or anxious.

People were given privacy and were treated with dignity and respect.

People were supported to be independent and have control over their care.

People were supported to spend time with their family and friends.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had planned their care with staff. They received their care in the way they preferred.

People participated in a variety of activities.

Any concerns people had been resolved to their satisfaction.

People were supported in the way they preferred at the end of their life.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Checks completed on the quality of the service had improved and action was taken to remedy any shortfalls.

People, their relatives and staff shared their views and experiences of the service and these were acted on.

Staff shared the provider's vision of good quality care.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were held accountable for their actions.

The registered manager worked with other agencies to ensure people's needs were met.

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# The Willows Care Centre

## 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 took place on 9 and 10 October 2018 and was unannounced. The inspection team consisted of one inspector, a medicines inspector and an expert by experience in older persons care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information about the service the provider had 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. We also looked at notifications and reports received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection we also asked for feedback on the service from community professionals and other visitors who had involvement with the service and staff. We received information from a GP, a podiatrist, a pharmacist, a paid advocate, local authority safeguarding and commissioning staff and a clinical nurse specialist for older people who has supported the registered manager and staff.

We looked at five people's care and support records and associated risk assessments. We looked at everyone's medicine records. We looked at management records including two staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the registered manager, deputy manager, five staff and 16 people who use the service and their relatives.

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



# Is the service safe?

## Our findings

People's medicines were managed safely. At our inspections in January and August 2017 we found people were not always protected from the risks of unsafe medicines management. At this inspection we found significant improvements had been made to the way medicines were managed and all the shortfalls in medicines management had been addressed. Since our last inspection the provider had updated their medicines policy. Staff knew what the policy required and managed people's medicines as it described.

People's medicines were stored safely. Previously nurse's personal food items had been stored inappropriately in the medicines room and there was a risk these could have been mistaken for medicines. At this inspection we found only medicines were stored in the medicines room. Medicines were consistently stored at the manufacturers' recommended room and fridge temperatures.

Some people were given their medicines without their knowledge, these were crushed and disguised in food, known as 'covert medicine administration'. At our last two inspections we found guidance from the community pharmacist about this practice had not been obtained and there was a risk medicines would not be effective. Since our last inspection staff had obtained and followed advice from the community pharmacist about safe covert administration. The community pharmacist told us, 'There is a very good rapport between staff and the pharmacy. If they have any queries there is no hesitation in contacting myself and advice given is taken'. Decisions to administer people's medicines covertly were now recorded and reviewed to assess any risks to the person and showed who had made the decision in people's best interests.

People's medicine administration records (MARs) now contained a photograph of the person to help staff administer the right medicine to the right person. Improvements had been made to record keeping and MARs and cream administration records were completed consistently.

Following our last inspection staff had contacted people's GPs and followed their advice about the administration of homely remedies, over the counter medicines for the treatment of minor ailments. Improvements had been made to the management of 'when required' medicines, such as pain relief. This included a pain assessment chart, which staff used to help people tell them if they were in pain and how much. Staff administered the correct dose of pain relief.

Effective systems were in operation to order and receive medicines, including new and short-term medicines such as antibiotics. Medicines were disposed of safely.

Risks to people had been assessed and action had been taken to mitigate risks and support people to remain independent. At our previous two inspections we found that risks to people had not been consistently identified, assessed and reviewed, including the risk of developing pressure ulcers. Action had not always been taken to reduce risks and provide staff with guidance about how to keep people safe.

At this inspection we found people were supported to manage the risk of developing pressure ulcers. Risk to

people were now assessed monthly using a nationally recognised risk assessment. When people were at risk they were supported to change their position regularly and used pressure relieving equipment safely. Since our last inspection detailed guidance had been provided to staff about how to use this equipment. Equipment we checked was being used correctly and no one had a pressure ulcer.

People were protected from the risk of choking. When staff identified that people may be at risk they referred people to a speech and language therapist. Guidance received about how to prepare meals, such as to mash foods or thicken drinks was used to plan people's care and followed by staff.

People continued to be moved safely. Guidance was provided to staff about the equipment and techniques they should use to move people and we saw staff following this. One person told us, "Staff are very good with the hoist, I feel completely safe". Since our last inspection the provider had purchased new hoist slings and each person had their own sling which staff used only to move them.

Staff followed positive behaviour support plans to help people manage any behaviours that challenged. Plans included any potential 'triggers' and how to respond to prevent people becoming upset or anxious. We saw staff anticipate when the triggers may occur, such as one person getting too close to another person. Staff supported people to avoid triggers, including guiding people to other areas of the room. This helped people to remain calm and relaxed.

Accidents and incidents had been recorded and analysed to look for patterns and trends. Action had been taken to reduce the risk of accidents occurring again. People's falls risk assessments had been reviewed and updated after a fall and action had been agreed with them to reduce the risk of them falling again. Some people living with dementia used alert mats to let staff know when they wanted help in their bedroom. This reduced the risk of them falling as staff helped them to walk to where ever they wanted to go.

Plans were in place and understood by staff about how to support people in an emergency. These included supporting people to move to other parts of the building. Since our last inspection the provider had purchased new evacuation equipment. Staff were trained and confident to use the equipment to evacuate people. Staff had completed fire training and took part in regular fire drills. Regular checks were completed on the building and equipment, including fire safety equipment to make sure they were safe.

The registered manager was completing an equipment audit. They planned to maintain an equipment inventory which showed what equipment was in stock and ready to be used, when people's needs changed or a new person moved into the service.

The service was clean and people were protected from the risk of the spread of infection. Previously we found that the medicines room was dirty and unhygienic and equipment used to administer people's medicines were washed in a dirty sink. At this inspection we found that the medicines room and equipment were clean. Staff had completed infection control and food hygiene training. The registered manager had made sure that protective equipment such as aprons and gloves were easily available to staff and we saw staff using them throughout our inspection. Staff were working with district nurses to offer everyone an annual flu vaccine if they wanted one.

Staff were recruited safely. Previously we found the provider's recruitment process had not been followed and checks had not been fully completed to make sure all staff were honest, trustworthy and reliable. At this inspection we found staff employed since our last inspection had been recruited safely. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use

care and support services. Risks associated with any convictions were now assessed and action had been taken to mitigate them.

People were protected from the risk of staff whose practice was not safe. The provider's disciplinary process had been followed and referrals had been made to the Nursing and Midwifery Council and DBS since our last inspection.

There were enough staff to meet people's needs, when people wanted. The registered manager considered people's needs, staff skills and the lay out of the building when deciding how many staff to deploy on each shift. This included some staff remaining upstairs to support people who chose to stay in bed. People told us, "I push the bell to come down in the morning and the staff come quite quickly" and "I feel safe, there is always someone around". The registered manager had introduced a new team leader role and the team leader deployed staff to support people throughout the day. We saw that the team leader and staff quickly identified when people wanted assistance and worked as a team to support them.

People were protected from the risk of abuse and discrimination. Policies were in operation to safeguard people from abuse and available to staff. Staff told us about different types of abuse and were comfortable to report any concerns they had to the registered manager or provider. Staff were confident that any concerns they raised would be addressed quickly. The registered manager discussed any concerns with the local authority safeguarding team and acted on their advice to keep people safe. Staff knew how to whistle blow outside of the service if they needed to.

## Is the service effective?

### Our findings

Staff had the skills to meet people's needs. At our inspections in January and August 2017 we found that nurses did not have the skills they needed to meet people's needs. Since our last inspection the provider made changes to their registration and nursing care is no longer provided at the service: all the nurses had been made redundant and the provider had reviewed their staff training programme. A new trainer had been employed and was providing face to face training and competency assessments for staff. Staff told us the new training was informative and they had completed training in a number subjects, these included person centred care and emergency first aid. One staff member told us, "We know what we are doing now and we are trained". New staff who did not have a recognised vocational qualification in social care completed the Care Certificate. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life.

Care staff had completed medicines administration training before the nurses stopped administering medicines in October 2017. Their competency had been assessed and we saw staff administering medicines correctly in a caring and confident way. Four staff had completed a diabetes and insulin administration training course facilitated by the local Clinical Commissioning Group. They now administered people's insulin which gave people more control over their lives, as they no longer had to wait for the district nurse to visit.

Staff regularly met with the registered manager or deputy on a one to one basis to discuss their performance and personal development. Staff continued to have an annual appraisal which included discussing plans for their future development.

Since our last inspection the provider had reviewed and amended their assessment processes. The registered manager met with people and their families to complete an assessment of their needs before they began to use the service and after a stay in hospital. This included finding out how people preferred their care provided. This helped the registered manager make sure staff could provide the care and support the person wanted. People were only offered a service or supported to return to the service when the registered manager was confident staff could meet the person's needs, all the equipment people required was ready for them and the person would get along with other people already living at the service. Further assessments of people's needs were completed once people began to use the service. Assessments were reviewed monthly and were used to plan people's care and support with them.

People were supported to stay well. People who required long term nursing care had moved to alternative services since our last inspection. Short term nursing care was provided by district nurses. Staff identified changes in people's health quickly and referred them to health care professionals, such as GPs. One person told us, "The doctor is called if I need him". Any advice was recorded and followed. A GP told us, "If I make recommendations, these are acted on". People were offered regular health checks and told us, "The optician came in and prescribed me reading glasses" and "I regularly have the chiropodist for my feet". New people were offered sight and hearing checks shortly after they moved in. The registered manager told us that having glasses and hearing aids that met their needs supported people to be more independent and

reduced their confusion.

Some people had remained in bed and did not get up. Staff had recognised that people's physical and mental health may benefit from being supported to get out of bed and sit in a chair either in their bedroom or in the lounge. They had worked with occupational therapists and physiotherapists to support people to get out of bed when they wanted to. One person who had remained in bed for several years, now got up for an hour each day to have a meal in the dining room. The person told us they enjoyed doing this and we saw them smiling and chatting with staff and others.

The management team worked with other providers to make sure people's needs were met. For example, there had been long delays in some people being assessed and given continence products by the local health authority. The registered manager had contacted the local clinical nurse specialist for older people care homes and they had met with the lead continence nurse to devise a plan to assess everyone. This plan was underway and some people's continence products were now supplied by the health authority. The provider was supply products for other people until their assessments were complete.

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 take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

Staff understood the principles of MCA and supported people to make choices. They provided information to people in ways they understood. For example, we observed a staff member offering one person a choice of three different drinks at lunchtime. They placed the drinks in front of the person and explained what each one was. The person chose which one they wanted. Some people who were not able to visit local shops, had recently attended a clothes show at another of the providers services. Seeing the clothes had helped people decide what they wanted to buy. People had enjoyed the show and at their request a clothes show had been booked at The Willows for shortly after our inspection.

People's ability to make particular decisions had been assessed. When people were not able to make a decision, such as taking medicines to keep them well, decisions were made in their best interests by people who knew them well, including staff, their relatives and health care professionals. Records of the decisions were kept and showed who had been involved in making the decision and why.

Several people were the subject of a DoLS authorisation and others were waiting to be assessed by their local authority. Applications had been made appropriately and people were supported to move freely about the building. Conditions on people's DoLS had been complied with. The management team knew when people's DoLS authorisations were due to expire and had submitted new applications where necessary.

Most people told us they liked the food at the service. Everyone told us if they did not like what was on the menu an alternative of their choice was prepared. Their comments included, "Cook will do anything for me if I don't like what is on offer", "The food is good, I always have a choice"

and "I like my breakfast, I really enjoy it".

Meals and drinks were prepared to meet people's preferences, including dietary needs and cultural preferences. Meals were balanced and included fresh fruit and vegetables. People were involved in planning the menus at residents' meetings. At people's request, one curry had been removed from the menu. One person told us, "I don't like the hard chips". The registered manager knew that the oven chips were too hard for some people and the provider was planning to install a deep fat fryer so chips and other foods could be prepared as people liked them.

Snacks and cold drinks were always available in the lounge, in addition to meals and hot drinks that people were offered regularly throughout the day. We saw some people helping themselves to these and staff offered them to other people. The number of chocolate biscuits and snacks on offer had been increased at people's request and we saw people enjoying these. Staff gave people other snacks at their request. For example, one person enjoyed a bowl of ice-cream shortly after their breakfast.

People were protected from the risk of not eating or drinking enough. The risk of people losing weight were identified and people were referred to the dietician for advice. Staff increased people's calorie intake in line with best practice guidance while they were waiting to see the dietician. Staff also had followed the dietician's advice. Records showed this was effective and people's weight had increased.

The provider had begun to refurbish the building and further works were planned. The lounges and dining rooms had been redecorated and people had been involved in choosing the colours. New ceiling lights had been fitted in the lounges, dining room and some corridors which simulated daylight. New signs with words and pictures had been put up. We saw that these helped people move around the building more easily. Work had begun to make the rear garden more accessible to people and improve the amount of space available for people to sit or walk in the garden.

## Is the service caring?

### Our findings

People were treated with respect. At our inspection in August 2017 we found some staff did not treat people with respect. At this inspection we saw that staff treated everyone with respect. People were treated as individuals and their choices and lifestyles were respected. Some people preferred to spend their day in a quiet atmosphere while other people preferred to spend time with others and take part in activities. The communal areas had been rearranged to allow both groups of people to spend their time in the way they wanted. Background music was played in the dining area. People have been asked about their music preferences and people and staff sang along to rock and roll together.

People had been given opportunities to discuss their sexual orientation or gender identity and their responses were respected. Staff gave people time to chat privately about their personal relationships if they wanted to. People were treated as individuals and their choices were respected. They were referred to by their preferred names and were relaxed in the company of each other and staff. People had been asked about any preference they had for the gender of the staff member who supported them. People's responses were respected. Those who wished to, were supported to apply makeup every day. One person told us this was very important to them.

Staff treated people with care and gave them the time and attention they needed. People and their relatives told us staff were kind and caring. People's comments included, "Nothing too much trouble" and Carers are all very good". Staff and the provider also cared about people's friends and relatives and offered them support if they needed it. For example, staff raised concerns about one person's relative travelling home alone. The provider paid for a taxi to take the relative home safely and shared the staff's concerns with other relatives who supported them.

Staff knew what caused people to become anxious and gave them the reassurance they needed. We saw staff chatting to people quietly and holding their hand to give them the reassurance they wanted. A paid advocate told us, 'The staff have been able to build relationships with people who can be difficult to engage with'. People and their relatives agreed with this. One person's relative commented, "It is better than before. The staff are so much better, so much more involved than previously. They seem to know much more and are better informed about my loved one".

People were supported to remain independent. Some people used adapted cutlery and crockery to help them remain independent at meal times. Other people drank independently with straws.

People received their care in private. We saw staff knocked on bedroom and bathroom doors before entering. People told us staff always did this, their comments included, "Staff always knock on the door before they come in" and "They always knock and draw the curtains". The provider knew about the new general data protection regulations and kept personal, confidential information about people and their needs safe and secure.

People's friends and relatives were able to visit their loved ones and spend time with them as often as the

person wished. People's visitors and visiting professionals were made to feel welcome by staff. People were supported to keep in touch with their friends and relatives and celebrate special occasions. One relative said, "I am always made to feel welcome".

People who needed support to share their views were supported by their families, care manager or statutory advocates, including paid relevant persons representatives (RPR). An RPR is appointed when a person is deprived of their liberty by a Deprivation of Liberty Safeguard. They are informed about the person's care and any changes to it and can ask for a review of any decisions. The RPR can also appeal against the DoLS authorisation if the person disagrees with it. A RPR for some people living at the service told us staff knew people well and acted on any advice they gave them



## Is the service responsive?

### Our findings

At our last inspection the provider had put a plan in place to improve activities and occupation available to people. This had been implemented, however, further changes were being made to recruit another activities coordinator. We saw that staff spent time chatting to everyone and supported them to do things they enjoyed such as listening to music. Some people preferred to spend time in a quiet lounge reading, doing crosswords and watching television and told us they were supported to do this. Other people went out for a walk, to a café or to purchase items they wanted. One person told us, "I went out recently for a coffee with the activities leader and one of my friends who lives here".

The provider continued to employ outside companies to visit the service to provide activities and entertainment, such as seated exercises. A pet therapy dog visited the service during our inspection. We saw that people enjoyed spending time with the dog. People told us they were looking forward to the dog's visit. Everyone was pleased to see it when it arrived and enjoyed stroking it. Some people living with dementia were very calm and still in the company of the dog.

Some people were involved in day to day tasks on occasions, such as folding laundry or laying the tables. Following our inspection, the deputy manager told us they had increased peoples' opportunities to take part in this type of task. We will ask people about their enjoyment of these tasks at our next inspection.

Guidance to staff about people's needs, preferences, life history and how they liked their care provided had improved since our last inspection. Staff knew people well, including where they had lived, and their previous occupations. One person commented, "Staff are very chatty and have made the effort to get to know me". They used this information when planning people's care with them. For example, staff supported people to listen to music they liked and had given regard to people's culture and religion when offering them choices. For example, one person enjoyed popular music, while another found particular hymns enjoyable.

Everyone's care plan had been reviewed and rewritten with them. Information was available to staff on handheld electronic devices which they carried with them at all times. Staff told us up to date information about people was now accessible when they needed it. Reviews of people's care were completed monthly and the computer system reminded staff when reviews were due so they didn't get missed. All the care plans were up to date.

People's relatives told us they were now better informed about changes in their loved one's needs. One person told us, "before I didn't get feedback when my loved one went to the doctor but that has improved and I now get rung if there are any problems".

Since our last inspection the provider had begun to implement the Gold Standards Framework (GSF) for end of life care. The GSF is a recognised approach to ensuring that everyone receives appropriate and individualised care which takes account of their wishes and preferences at the end of their life. Staff we spoke to were enthusiastic about completing the GSF and making sure people's preferences were fulfilled at

the end of their life.

Staff had begun training and were putting what they had learnt into action. At the time of our inspection staff were talking to people and their representatives about things that were important to them at the end of their life, including their spiritual needs. Plans included the person's preferred place to die, any resuscitation decisions and things which were important to them.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as pictures, to support people to tell staff about their needs and wishes and be involved in planning their care.

The provider and registered manager had listened and responded to complaints people and their relatives had made. This included meeting with people to fully understand their concerns and discuss and agree solutions. One person told us their relative had complained about an incident. Their complaint had been investigated and the registered manager had apologised for the mistake. They had changed systems at the service to prevent a similar issue arising again.

People and their relatives knew how to raise any concerns and told us they were confident to do this. One person told us, "I would talk to the manager if I have a problem and would be happy to complain if I needed to".

## Is the service well-led?

### Our findings

Since our last inspection the previous registered manager had resigned and a new manager had been registered by the Care Quality Commission (CQC). The registered manager had oversight of the service and had been supported by the provider, deputy manager and staff team to improve the service. Everyone we spoke with told us the service had improved. Their comments included, "The new manager is an improvement" and "It's like working in a different work place".

The provider had a clear vision of the service which included supporting people to be independent and treating them with dignity and respect. Staff and the registered manager shared the provider's vision and provided the service as they required. Staff were clear about their roles and responsibilities. Staff were reminded of their roles at regular staff and supervision meetings. All of the staff we spoke with told us they would be happy for their relative to receive a service at The Willows.

Staff felt supported by the management team and appreciated by the provider. They told us the management team provided them with support and guidance when they asked for it and were always available. One staff member told us, "No question is a stupid question, they will always help and advise". Staff worked as a team to provide people's care and support. A team leader had oversight of each shift and allocated tasks to staff. Staff were held accountable for their work. Some staff had been given the role of key workers. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Key workers were enthusiastic about their role and described to us how they had supported people to personalise their bedrooms and purchase items they wanted, such as clothes and cosmetics.

The quality of checks completed on the service had improved since our last inspection. Checks and audits were completed regularly by the management team and any shortfalls found were now addressed. The provider employed two consultants who had completed full audits of the service. Some areas for improvement had been noted, an action plan was in place and the provider and management team had begun to address these. The supplying pharmacy had completed a medicines audit in September 2018 and found no concerns.

The provider had plans in place to continually improve the service. A programme of refurbishment was underway. The management team kept their skills and knowledge up to date by attending forums, conferences and training provided by the local clinical commissioning group. They also implemented guidance from the national institute for care excellence. This included guidance around oral care and inviting a product supplier into the service to train staff how to use products effectively.

Before our last inspection the provider had recognised that further improvements were needed to make sure records about people and their care were accurate and detailed. They had introduced an electronic care records system and everyone's care plans and risk assessments had been rewritten with them and their relatives. Staff told us the electronic care planning and recording system had reduced the amount of time they spent writing records and this had given them more time to spend with people. The registered manager and provider worked closely with the company who supplied the system to make changes and develop the

system as the service developed, such as the inclusion of the Gold Standards Framework for end of life care. The time that people received their care and support was accurately recorded. All the records we asked for were available and up to date.

Information from the electronic care records was used to monitor the care people received. The registered manager and provider were able to make sure important checks on people had been completed, such as safety checks. If they were concerned a check had not been completed they contacted staff and made sure it took place. Information was quickly available to health care professionals, such as GPs and paramedics. A podiatrist told us, 'The personal centre management software enables me to effectively look at the individual client, their needs and also what has been done to effect treatment planning'.

Confidential information about people was now stored and disposed of safely. Information on the electronic system was encrypted and password protected and only accessible to staff with the provider or registered managers permission. Information about people was no longer displayed in view of people, staff and visitors. Plans were in place to expand the electronic system to allow people's relatives to remotely view their records with their permission.

People, their relatives, staff and community professionals were asked for their views about the service. The last survey was completed in December 2017 and feedback was positive. Suggestions staff had made, such as to undertake training on the use of prescribed thickener and purchasing a raised toilet seat had been implemented. Residents and relative meetings were held regularly and changes at the service were discussed. CQC inspections were talked about at the September 2018 meeting and people were encouraged to share their views with us, which they did.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. We had been notified of all significant events at the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception area and on their website.