Hollybank Trust

Willow Court

Inspection report

Far Common Road
Mirfield
West Yorkshire
WF14 0DQ

Tel: 01924491205
Website: www.hollybanktrust.com

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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 inspection took place on 25 October 2016 and was unannounced. At our last inspection of the service on 10 May 2014 the registered provider was compliant with all the regulations reviewed at that time. This visit was the first comprehensive inspection, using new methodology, where a service is given a quality rating.

The registered provider, Hollybank Trust, provides education and residential care for children, young people and adults living with complex and multiple physical disabilities and associated communication, sensory and learning difficulties. Willow Court is registered to provide nursing and personal care for up to 19 people who require care and attention relating to their complex needs. The single storey purpose built premises provides 19 en-suite bedrooms, three assisted bathrooms, communal lounges and kitchen/ diners. The service is split into three smaller units, known as bungalows. Access into and around the home is level and therefore has good access for people who mobilise using a wheelchair or other walking aids. The home is on Hollybank's main site and has good transport links to local shops and amenities.

The service had 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 spoke to five relatives in person and by telephone. They told us that their relative was safe at Willow Court and that they had no concerns about the quality of care being provided. We found that the staff had an in depth knowledge of how to keep people safe from harm and they spoke confidently about their roles. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They had received appropriate safeguarding training and there were policies and procedures to support them in their role. Risk assessments were in place to identify risks due to people's medical, physical and mental health conditions and to make sure these were minimised.

The service recruited staff in a safe way, making sure all necessary background checks had been carried out and that only suitable people were employed. Processes were in place to assess the staffing levels that were needed, based on people's dependency and the lay out of the building. Relatives told us staff were always available, during the day and night when required. Our observations during the inspection showed there was appropriate deployment of staff, including staff providing care, catering and housekeeping tasks.

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up to date and future training was planned.

Medicines management was well organised and administered in a safe way. This meant that people received their medicines in accordance with the prescriber's instructions.

Staff told us the manager, and other senior staff employed by the service, were supportive and approachable. They also confirmed to us that the on call arrangements were well organised, and that they could seek advice and help out of hours if necessary. This meant there was good oversight of the service, and staff were confident about the management structures.

Staff had a good understanding of the Mental Capacity Act and we observed consent being sought routinely before any support or care was given. People had been supported to make their own decisions wherever possible, and staff had taken steps to support people to do this. Where people were unable to make a decision there was a best interest decision recorded within their care plan and we saw the person and relevant people had been involved in making this. This meant people were given the opportunity to be involved in decision making and decisions were made in the person's best interests. The service had effectively implemented the Deprivation of Liberty Safeguards (DoLS) as required.

Relatives spoke highly of individual staff and told us that staff treated people with the utmost respect and kindness. We saw good practice throughout our visit, including the support of people to move around the home and the encouragement of people to eat and drink. Staff approaches were professional, friendly, appropriate and discreet.

Staff told us they felt supported by the management team and the organisation. Staff told us they had ample opportunities to reflect on the service they provided through supervision and regular contact with each other. Staff told us they were passionate about developing and improving the service for people. People were cared for and supported by qualified and competent staff.

The premises were well maintained, clean, fresh smelling and comfortable. The adaptations and equipment provided, including assistive technology, meant that people could maintain their independence.

People were provided with a varied menu at each meal time. People also had continual access to drinks and snacks in between meals. If people were at risk of losing weight or choking, we saw plans in place to manage this. People had excellent access to health care services, including on site physiotherapists, occupational therapists and speech and language therapy. The service was also committed to working in partnership with other healthcare and social care professionals.

People had their care needs assessed and planned, and regular reviews took place to make sure people received the right care and support. Information in people's care plans was person centred and contained sufficient detail to guide staff.

A wide range of activities took place both on site and in the wider community. People were supported to attend regular activities. Relatives were encouraged to become involved if they wished.

A complaints procedure was in place and records were available to show how complaints and concerns would be responded to. People who used the service and their representatives were encouraged to give feedback, through meetings and reviews. There was evidence that feedback had been listened to, with improvements made or planned as a result.

The manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. We found audits were taking place consistently and were effective in highlighting any issues before they arose and when improvements were needed, the manager was proactive.

On the day of the visit we observed good interactions between people who lived in the service and staff. People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people felt satisfied and were enabled to take control of their lives.

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.

Staff had been recruited safely. There were enough staff to keep people safe and provide the care and attention needed. Staff were deployed effectively.

Staff knew how to protect people from harm and report any safeguarding concerns.

The service had detailed risk assessments and risk management plans in place to ensure people were supported safely.

People's medicines and creams were managed safely and given as instructed by the prescriber.

Is the service effective?

Good

The service was effective.

The service took account of the Deprivation of Liberty Safeguards (DoLS) and had taken appropriate steps to make sure authorisations were in place where needed.

Staff had the right skills and knowledge to support people because they received on-going training and support. New staff completed an induction programme before working as part of the team.

Food provision was of a good standard. People were supported to eat and drink and help was available at meal times for those who needed additional assistance.

External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

The design of the building was suitable for people who required support with walking and adaptations were in place to enhance people's experiences.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained by staff.

We saw staff knew people extremely well and the support they gave was an excellent example of person-centred care.

Personal care, moving and handling and support with eating and drinking was carried out in a professional and courteous manner by staff.

Relatives told us that all of the staff working at Willow Court were caring, kind and totally committed to their work and the people they were supporting. Throughout the inspection we saw people were treated with exceptional kindness, patience and compassion.

Is the service responsive?

Good

The service was responsive.

People had their care needs met by a team of dedicated staff. People had a care plan and this was regularly reviewed to make sure they received the right care and support.

Activities were organised and a varied programme was available for people to be involved in if they wished. Efforts had been made to encourage people to come up with new and interesting ideas or try new things, for example sailing and wall climbing, so that everyone had the opportunity to participate in something they were interested in.

A complaints procedure was in place. The service encouraged feedback and any suggested improvements were listened to and acted on where necessary.

Is the service well-led?

Good

The service was well led.

The manager at the service, together with a senior staff team provided consistent, strong leadership and guidance. Everyone we spoke with were positive about the impact this had on the running of Willow Court.

Systems were in place to monitor safety and quality and where issues were highlighted through audits or surveys for example, action was taken in a timely way to address any shortfalls.

People who used the service and their representatives were encouraged to give feedback, through meetings and reviews. There was evidence that feedback had been listened to, with improvements made or planned as a result.

Willow Court

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 registered 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 25 October 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted local authority safeguarding and commissioning teams who funded placements at Willow Court. At the time of writing this report they had not provided any feedback about the service. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the head of residential and nursing care, the head of risk and compliance, HR business partner for residential services and the registered manager. We also spoke with two support workers and observed the interaction between people and staff in the communal areas and during mealtimes. We also spoke with six relatives, two face to face and one by telephone during the visit and three by telephone on 26 October 2016.

During the inspection visit we looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a care service. This included six recruitment files and the staffing arrangements. We also reviewed records required for the management of the service, including audits, the statement of purpose, staff supervision, staff training and the complaints procedure. 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.

Good

Is the service safe?

Our findings

People we spoke with described staff in positive terms. One person told us, "Staff are excellent. You couldn't fault them." Another person told us, "The staff are very caring, some staff can be a bit wary but they are extremely committed. Their care and understanding is without question." One person summed up their feelings, they said, "[name of person] is safe, the staff find inventive ways to make sure they remain independent but keep them safe, they do a wonderful job." We saw evidence of the measures in place to make sure people were kept safe. For example people who were at risk of falling, staff had introduced new ways of working with individuals to maximise their freedom but minimise the risks.

The staffing levels in place meant that people did not have to wait for attention and this included during the night. Staffing levels meant that people had one to one or two to one support most of the time during the day and where necessary this continued during the night. There was a call system, which some people were able to use either independently or with added assistive technology. We noted the response times to call bells whilst inspecting and found that these were answered promptly. We also saw that the alarm was cancelled at source, meaning staff had to attend the room where the alarm was triggered to turn it off and to respond to the situation.

Staff told us there were enough staff on duty at all times to provide the level of care and support people needed. They told us that every day was different but that staff worked as a team to make sure everyone was attended to. The provider had a utilities department which organised ancillary staff and deployed key staff as required. So, as well as support workers and qualified nurses, the service had housekeepers and laundry assistants. The provider also had a human resources, quality assurance, staffing, IT and therapy department on site. In addition to this staff had access to an enrichment, assistive technology, fundraising and amenities team. This meant that staff employed to provide hands on care were supported by an internal network of expertise as required. We also noted that when a member of the team was away from work that the 'team' worked as a whole to make sure the service ran smoothly. Staff also told us that the manager was very 'hands on' and would work alongside staff where necessary, including weekend and evening shifts. It was clear that staff took a pride in the way they worked together for the benefit of those living at Willow Court.

We observed care staff being attentive throughout the day. During the lunchtime meal, in one of the bungalows, we saw staff were available to offer support and encouragement for one person who was having a lunchtime snack and drink. Some people living at Willow Court received their nutrition and fluids directly into the stomach, by way of a flexible tube, therefore bypassing the mouth and oesophagus. This was done in a discreet way, allowing the person to carry on their daily activities without interruption. We noted that this was well organised and staff communicated at regular handovers what each person had had and still required to make sure there were no gaps in people being nourished and hydrated.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

People were involved in wide variety of activities in-house, on site or in the wider community. On site people had access to a hydrotherapy pool, trampoline, café, educational facilities for example. Within the service they also had access to a multi-sensory room. There was also an interactive room where people could play electronic games with the use of assistive technology and music therapy facilities such as a sound beam and keyboard. In the main foyer there was also a music system, controlled by assistive technology, so that people had control over their environment and be interactively involved at parties and events. People were also involved in what they chose to do and that included where they sat and who they sat with.

The manager took account of people's dependency and occupancy levels when calculating the number of staff needed on each shift. There was a stable core staff team who had worked at the service for a significant length of time. The service had not used agency staff in the last twelve months but had a group of bank workers who were available to them should they have a shortfall in staffing due to absence. At the time of our visit the service provided a qualified nurse on each shift, including during the night and the manager was also a nurse. During the night, five waking night staff were provided and one 'sitter'. This was a member of staff who observed one person from a discrete position to make sure they were safe whilst sleeping due to a chronic condition. Day time and evening shifts fluctuated between 14 and 18 members of staff, depending on the needs of the service and the occupancy levels. Some people went away to spend time with family at weekends, for example, so the staffing levels reflected the occupancy levels at that time.

The provider employed a therapy team, which included a physiotherapist, speech and language and occupational therapist who were on site to provide additional support and advice to staff.

Relatives we spoke with were satisfied with the way medicines were managed by staff. Staff had received training on the administration and management of medicines and only staff deemed as competent could carry out this task. Staff were able to describe how individual's medicines were managed, what to look out for to ensure safety and how to respond to any errors or omissions they became aware of.

We looked at the guidance information that was available to staff regarding medicines to be administered 'when required'. Staff were able to describe to us how these medicines were used and why. We found that detailed written guidance information was also available on individual medicine administration records (MAR). This information helped to ensure people were given their 'as required' medicines in a safe, consistent and appropriate way. The policy being used was based on the National Institute for Health and Care Excellence (NICE) guidelines 'Managing medicines in care homes.'

We looked at the arrangements for the storage and administration of medicines. Medicines were stored safely in a locked wall mounted cabinet in individual bedrooms. Controlled drugs (medicines that require special management because of the risk they can be misused) were stored in a separate locked cabinet in a locked clinical room. Fridge and room temperatures (in the clinical room and individual bedrooms) were being monitored daily to ensure medicines were stored within safe temperature ranges. Perishable items, such as creams and eye drops, were stored in medication fridges as required. We looked at a random selection of people's MARs, the controlled drugs register and medicine stocks. The MARs had been completed to show people had received their medicines as prescribed. The controlled drugs register was correct and had been signed by two staff. The medicine stock we checked matched the records. Arrangements were in place to ensure that medicines were administered safely and in accordance with the person's healthcare needs. We could see that people received their medicines safely and as prescribed.

We looked at the arrangements in place for safeguarding people who are vulnerable because of their circumstances and how allegations or suspicions of abuse were managed. Safeguarding policies and procedures were in place and provided guidance and information to care staff. Care staff told us how they

would recognise the signs and symptoms of abuse and how they would report concerns about people's welfare or safety. They had all received training on safeguarding adults. We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Whistleblowing policies and procedures were in place. Staff told us they would always share any concerns with the manager, nurse of senior staff member. This meant that people were protected from avoidable harm.

A thorough recruitment policy and procedure was in place. We looked at the recruitment records for staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering each individual person's care. Risk assessments were in place to help identify risk factors, such as safe manual handling, falls, nutrition, personal grooming and maintaining skin integrity. These had been reviewed regularly to identify any changes or new risks. We also saw that staff were able to effectively manage the agitated and distressed behaviours of some individuals. We saw there were behaviour management plans in place which were regularly evaluated by health care professionals. These detailed the types of behaviour exhibited by individuals and what impact this had on them and others around them. Staff had identified trigger points and patterns of behaviour and staff had clear instructions on how to diffuse situations and keep people safe from harm. This helped to provide staff with information on how to manage and minimise risks and provide people's care safely

We toured the premises during this visit. The service had a homely feel and was clean, fresh smelling and hygienic. We saw there were systems in place to ensure the service was clean and well maintained. We saw evidence that regular safety checks were carried out and saw the records for these. A maintenance contractor was used where necessary and the maintenance staff reported issues promptly. Servicing and maintenance certificates were in place. For example, we saw certificates for manual handling equipment, electrical appliances, legionella testing (which is a water borne virus) and fire safety equipment. However, the electrical installation certificate had lapsed, meaning the provider could not be assured that the electrical wiring was safe. This was discussed at the time of the inspection and before leaving the premises we were informed that an electrical contractor had been booked to carry out the necessary checks on 2 November 2016, and that this had been a genuine oversight.

A business continuity plan was in place, along with an easily accessible file containing key information and guidance that staff might need in an emergency. For example, personal evacuation plans for people who may need assistance in the event of a fire. Fire drills were part of the service's emergency plans and we saw evidence that regular fire training and drills were undertaken. The last fire drill had taken place in September 2016 and included a full simulated fire evacuation. The records indicated that staff had responded appropriately during the drill.

The manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. They recorded any accident on the day it occurred and completed a monthly analysis of incidents to help identify any trends or problems within the service. The manager had reported one serious injury to the Care Quality Commission in the last twelve months, as required. Action had been taken to address future incidents. This demonstrated that the safety measures within the service were effective.

The provider information return form indicated that there had been 104 medicine errors made in the last year. When we checked this during the inspection we found that these related to minor errors and that there had been no adverse impact on individual people who used the service. Every event was recorded, for example if a member of staff had inadvertently forgotten to sign the MAR chart for one round of medicines administered, this could account for seven errors, if the person was taking seven separate drugs at that particular time. This demonstrated that the registered provider viewed all errors as potentially serious and we noted the manager had taken action to speak with staff through meetings and supervisions to ensure practice was improved.

Good

Is the service effective?

Our findings

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 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.

The provider had devised their own Mental Capacity Assessment forms tailored to the people being supported. Each assessment was decision specific and was documented and evidenced thoroughly throughout individuals care plans. The innovative ways the staff supported people to be involved and communicate decisions about their care was through the use of planned scripts developed by the speech and language therapy team (SALT), the use of symbols and talking mats and communication devises where appropriate. Where communication cannot be established this is documented through best interest decision involving multidisciplinary teams and families. During the inspection the SALT were at Willow Court doing some communication work with a person about end of life care. The MCA and best interest paperwork was seen in care plans. This demonstrates that
staff have a strong visible person centred culture that is exceptional at helping people to express their views so that they understand things from their point of view.

We observed staff routinely seeking consent and offering people explanations before support was provided. This was done in a discrete and helpful way. We saw staff getting down to the person's eye level and making sure they understood what was being asked or offered. Staff had received training in the MCA and those we spoke with had a clear understanding of what it meant and the impact it had on people living at Willow Court. There were fourteen DoLS authorisations in place at the time of our visit. There were also 4 in the application renewal process and 1 had not been granted due to a demonstration that the person had capacity. This showed that the manager was aware of her responsibilities to apply for authorisations should these be necessary.

Care being provided was person centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. Each person had a health 'passport', which was taken with them to hospital or medical appointments; they gave clear information to other health care professionals about the abilities and needs of the person, where the person had difficulty communicating with others. Staff were able to tell us how the use of facial expressions, body language, laughs/smiles and even shouting out was each person's way of communicating. We observed staff to be kind, patient and attentive with people who could not directly say what they wanted or needed. We saw that where people had wheelchair straps or belts in place when they used this equipment, there was a corresponding risk assessment and care plan for the restraint in their care files. Staff told us they did not use

physical restraint with anyone using the service.

There were 'champions' and staff with lead roles within the service who actively supported staff to make sure people experienced good healthcare outcomes, leading to an increased quality of life. These included dignity champions, safer food better business leads, an infection control lead, tissue viability lead and visual impairment lead to list a few.

People were weighed on a regular basis according to their needs; this usually meant a weekly or monthly check by the staff which was then recorded in their care file. The care staff monitored their weight gain or losses and liaised with the GP, dietician and the Speech and Language Therapist (SALT) as needed. All visits and outcomes were recorded in the care files. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately. This meant people's health and wellbeing was monitored so they remained well and received appropriate care and support.

People told us they thought staff had the right skills, abilities, knowledge and experience to provide a good standard of care and to meet their relative's needs. One person told us, "The staff are extremely good. I am really pleased with them all." Another person told us, "They respond to [name] needs in a meaningful way. They do it right, not just token gestures." One person summed up their view, they said, "Staff are wonderful, they are a dedicated group." Another person described how with the intervention and patience of staff, their relative had made a significant improvement. They had blossomed from a child to an adult and after being fearful and having little social skills was now socialising, going out with friends and enjoying activities. They went on to say that the staff team had 'protected' their relative whilst at the same time 'challenged' them, pushing boundaries but making sure their relative retained control. They attributed this to the efforts of staff and the attention their relative had received.

Newly appointed staff were taken through a comprehensive four day induction programme, which was accompanied by on-going shadowing and further training. The training records showed that staff were provided with a range of training, with refresher training provided on an on-going basis. Information provided told us that the majority of staff were up to date with their training, with some staff needing to complete refresher courses. The manager had this in hand and training was programmed to take place in the coming months. Checks of the care staff files showed that they received regular supervision from a senior member of staff and had an annual appraisal of their work performance with the manager. Records seen indicated that supervision meetings were held every two to three months. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice. The provider had also initiated a training programme for senior members of staff entitled, "Leaders of the Future" where staff were given dedicated time to attend a one day training course, for five weeks, to enhance their skills, including management of staff, mentoring and problem solving.

All the staff we spoke with told us they received excellent support from the senior management team to carry out their roles effectively. One staff member told us, "There is always a senior or a nurse on duty to ask advice from." Another staff member told us, "I love working here, I wouldn't have stayed so long if I didn't. I would have a relative of my family live in here. That's how confident I am about the care." Staff also told us they met regularly with a senior member of staff for supervision. This is a one to one meeting where staff can discuss any issues in a confidential setting, including practice issues or required training.

The food we saw being served to people was appetising and we observed one person enjoying their lunchtime snack. We also saw that people were supported to have drinks and snacks throughout the day.

Menus were on a four weekly cycle and were changed according to the season. We looked at the menus for

winter and saw that people were offered a varied and nutritious diet, with plenty of alternative dishes if the main menu was not suitable for people. Special diets were catered for and where necessary people were referred to other health care professionals such as the Speech and Language Therapy Team (SALT) who were on site and could respond promptly to peoples changing needs. Staff gave us examples of the different foods they offered to encourage people to eat well and meet people's individual needs. Food preparation was viewed as an activity, and each day a member of staff supported a nominated person to prepare and cook tea for the bungalow. It was noted that people who could not necessarily eat the food, due to swallowing difficulties, still enjoyed preparing the meal.

People could see their doctor when they needed to and the local doctor visited on a weekly basis to hold a 'clinic'. People also told us about the way medical appointments were planned, meaning their relative was seen at home, by the consultant, meaning they did not have to travel and wait in an outpatient department. They also described how prompt action by the staff team meant that hospital admissions had been prevented because staff were attentive and sought the required attention when any sign of illness or deterioration was noted. We also noted that the manager had organised links with the local hospital meaning individuals had a 'fast track' to be admitted should they require hospital treatment without having to go through the accident and emergency department and wait to be seen and assessed. People told us they were contacted if anything changed with their relative's treatment and care and that they felt fully involved at a level which suited them.

The service had excellent links with health and social care services. The manager and staff team actively encouraged multi-professional involvement from community healthcare professionals and facilitated other regular on-site clinics. Such as: Respiratory Consultant, Neurology Consultant, Dietician, Specialist PEG Nurse, Wheelchair Assessments and Orthotics. This showed that where people have complex/continued health needs staff always sought to improve their care, treatment and support by identifying and implementing best practice.

Good

Is the service caring?

Our findings

All of the feedback we received about the care provided by the service was extremely positive. One person told us, "The staff are lovely, they know how to care 100%." And, "We are welcome at any time, we feel like part of the team, we work in partnership with the staff." Another comment we received was, "We have built up a trusting relationship with the staff and that is crucial." Relatives explained to us that staff always went over and above what was expected to make sure people experienced excellent levels of care and lived in a service which maximised independence and treated everyone as individual and 'very special.'

Some people who lived at the home had complex needs and were not able to verbally communicate their views and experiences to us. Due to this we used a formal way to observe people during this inspection, to help us understand how their needs were supported. Throughout our observations we saw staff treated people in a very professional and extremely friendly manner. We observed that staff were kind and patient with everyone. They were motivated to ensure that each person led a meaningful and enriching life. We saw they displayed compassion whilst getting on with the reality of life for people who used this service in a practical way. For example, where people received their nourishment by means of an endoscopic tube which passed into their stomach through the abdominal wall, they had to carry with them bulky equipment if they wanted to move around. Instead of equipment being visible and restricting activities away from the service, rucksacks' have been adapted so that they could accommodate the equipment whilst being secured onto the back of wheelchairs. This meant that people were able to move around freely whilst not interrupting this important medical intervention.

We saw staff knew people extremely well and the support they gave was an excellent example of person-centred care. For example, staff knew subtle signs displayed by people and understood when people needed some quiet time away from communal areas and time alone. One person indicated, through their actions that they wished to go to their room and staff immediately recognised what they wanted to do. A member of staff accompanied the person to their room straightaway and spent time with them to make sure they settled and were comfortable. Another person wanted to use the multi-sensory room and again staff were available to take them there and knew what type of music and lighting the person preferred. This meant that each person was able to access their own personal space, communal areas or other facilities as they wished.

Staff approached people in a sensitive and calm way. Staff spoke at a pace the person could understand and where there was potential uncertainty staff checked that the person had understood what had been said to them. Communication was tailored to each person and a range of practical and technological methods were seen being used which allowed each person to communicate with staff and visa versa. For example staff used pictures, touch and observation to be able to communicate and find out what people's needs and wants were. It was clear that each person was able to communicate in a meaningful way for them and that they were able to overcome some of the obstacles associated with their disability. This enhanced people's quality of life because they were able to communicate their needs and maintain choice and independence without staff having to guess.

Staff gave us examples of how people communicated and the methods they used to tell them if they needed support. This staff said could be difficult to recognise unless they knew the person well. For example, one person shook their head or nodded to alert staff. The details in the care plan included the information when we checked and highlighted that the movements could be very slight and difficult to spot. This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

The service was set up in a strong person centred way and staff were constantly exploring different ways to enhance to quality of people's lives. Staff told us, "Even on my days off I am thinking about things and ring other staff to see what they think of an idea." It was clear that staff looked at new ways of working and thought 'outside the box' if they were facing challenges. We observed that staff had an in depth knowledge of the people they were supporting and we saw a variety of ways being used to encourage people to be independent and maintain their privacy. Interactions between staff and those they supported showed us the care and friendship that had developed and we could see that people knew that they mattered and were valued.

Willow Court has achieved the National Gold Standards Framework (GSF) accreditation for quality end of life care at "Beacon" status. GSF is a systematic, evidence based approach to optimising care for all those people approaching the end of life. Out of the 16,346 care homes in England there are only 111 homes including Willow Court with this award. This demonstrated that the scheme had evaluated that end of life care provided at Willow Court was of a high standard. The registered manager had also organised training with the help of the local services and specialist staff on site as part of this accreditation. Everyone was working collaboratively to provide appropriate training programmes to meet staff needs.

The registered manager was extremely keen to provide training and with full involvement of staff, families and people who used the service it was clearly an area of care which the service excelled in. We saw that staff were proactive in planning for end of life care and evidence of how they were supporting people was detailed in their care plan. This meant that when people required this type of care and support, staff would be prepared with relevant and up to date training.

Willow Court had planned, organised and facilitated a range of social events including a garden party to support bereaved families, a Jamaican night and Winter Wonderland Christmas Markets. This showed that staff used creative ideas to include people and those close to them to join in activities and remain part of the service, including when a relative no longer used the service or had died. It was evident throughout the visit that staff are willing to go that extra mile.

During the visit we spent time in the communal areas of the service. Interactions we observed between staff and people who used the service were respectful, supportive and encouraging. Staff were respectful when talking with people, calling them by their preferred names and being discreet when offering personal care support. Staff took time to help people get comfortable and made sure they were settled before walking away.

Staff were keen to explain to us how they celebrated individual successes including achievements which had had a positive impact on each person's life. The service had recently taken part in a local week-long event entitled, "Kirklees Learning Disabilities Week." Amongst the events there had been an awards ceremony and people had been nominated for awards. The event was inspired, organised and led by the manager of the service and hosted on site, as part of working in partnership with other services in Kirklees. This meant the registered manager valued people's individual strengths and had ensured they were recognised and celebrated via the awards ceremony. It demonstrated the registered manager respected

diversity and valued the people they supported. However, it was also clear that other strengths and achievements were celebrated on a daily basis, no matter how big or small. If it was a positive step for someone this was acknowledged and additional achievable goals were set for each person which were reliant on their individual circumstances and level of ability.

We observed staff routinely seeking consent and offering people explanations before assistance and support was provided. We saw that people were treated with dignity and their privacy was respected. Where personal care was being provided or offered people were assisted to either their bedroom or the bathroom so that their care needs could be dealt with behind closed doors. Staff were observed knocking on people's bedroom doors before entering.

Care plans included detailed information about a person's lifestyle, including their hobbies and interests and the people who were important to them. This showed that people and their relatives had been involved in assessments and plans of care. We saw care plans included how people liked to be got up on a morning and what their morning routine should be like. For example, one person liked to be woken 'gently' by having their over sink light on and music playing for ten minutes.

Staff told us that they kept up to date with people's changing needs through handovers at the start of each shift and reading the care plans. We sat in and observed the handover in the afternoon and noted that detailed information was passed on as described.

Good

Is the service responsive?

Our findings

Throughout our visit we saw that visitors were welcomed and clearly knew all of the staff team. People we spoke with told us there were no restrictions on visiting. Instead of a board with staff photographs and names, a folder was provided on the reception desk with these details. This had been introduced to avoid the entrance looking too 'institutionalised' and more homely. An office in the entrance was occupied during the day by the manager and a receptionist was available in the foyer between 9.30am and 4.30pm, Monday to Friday.

The provider, who has a charity status, had a fundraising department and a range of events were organised to raise money for the whole site. This as also been done by the staff team at Willow Court who have also involved people in charity walks. Staff have raised over £4,000 which has contributed to the purchasing of the new music system and large screen television in the foyer of the service.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the individual person. Each person also had their own assessment record, care plan and care records. Records showed that the care plans reflected the information which was gathered during the pre-admission stage.

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. All care plans we looked at had consistent documentation. Care plans we saw covered all areas of daily living and the care people required. The information included individual needs and preferences and staff had consulted with other health care professionals to make sure the support being provided was the 'best it could be.' Information was written in a clear print and pictorial format that people could easily understand. For example, care plans included information which had been shared and agreed with family members, the staff team and other health care professionals including the GP, Speech and Language Therapist and the physiotherapist. Information showed what the individuals daily routines were and where they needed support. It also stated what tasks they could do independently. Life history information was also included in people's care plans to help gain a real sense of the person moving into Willow Court. The majority of care plans had been routinely reviewed on a monthly basis by care staff. Records were also available of annual reviews which had included the person using the service, a family member or other appropriate person was consulted, for example a social worker.

The provider had four minibus's to enable people to access the community. Staff told us that they drove the minibus, as part of their duties, and they enjoyed making sure people were able to access the local shops and amenities. People were also involved in sailing activities and wall climbing.

Each person had their own weekly activity timetable devised by the enrichment team, which detailed the things the person liked to do. One individual went sailing, took part in carriage riding and spent time in the hydrotherapy pool. They also enjoyed doing craftwork, cycling, shopping and cooking. The range of

activities available on site was extensive, including on-site educational and enrichments activities such as, Imuse (which is a state of the art technology that allows people with a physical disability to create pictures and sound with body movement), photography, beauty and pamper, wheelchair dancing, wildlife and nature and aroma-therapists visiting the service to do one to one sessions. Some people also had jobs at the onsite shop and accessed community facilities including horse riding, ice skating, local colleges and sports centres'. The focus of the service was to enable people to be as independent as possible and to enjoy their lives. The service developed ways which helped people gain independent living skills through supporting them with housekeeping tasks such as bed making, room cleaning, taking laundry to the in house laundry area and cooking simple meals.

We looked at the arrangements in place to manage complaints and concerns that were raised. The service had a policy which staff followed. There had been one formal complaint in the last twelve months. This had been resolved and addressed within the providers agreed timescales. We saw many thank you cards and comments from relatives detailing their appreciation of the service in reception. Relatives we spoke with told us they were confident when raising issues with the manager or the staff team and that things were dealt with openly, transparently and without fuss. None of the people we spoke with had had to raise a formal complaint. They told us that if they were unhappy about something, they raised it at the time and action was taken immediately. These had been minor matters and had not needed to be made formal.

Good

Is the service well-led?

Our findings

Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and staff meetings. Staff told us they had a shared commitment in developing and improving the service they provided for people at Willow Court. We noted a lively and positive culture within the service. Staff morale was described as "high" and the staff we spoke with gave us the impression they were totally committed to providing good quality support for people who used the service.

We found audits were taking place consistently and were effective in highlighting any issues before they arose. The manager and staff team were proactive and looked at ways to make improvements in every aspect of their work. Staff, from the manager down, had a good grasp of the overall running of the service.

Staff we spoke with were enthusiastic about their work and were clear about their roles and responsibilities. Staff spoke with us about supporting people to live lives which were meaningful and promoted their sense of well-being. The provider prides itself on Quality Life for Life and this was reiterated by one of the relatives we spoke with. They told us this was true throughout their dealings with the service. Staff described to us how they built on professional and caring relationships to enhance the lives of the people they supported.

Relatives we spoke with said they had a good relationship with staff, including the manager. They also told us they had ample opportunities to give their views on the service and they felt listened to. They all knew who the manager was, by name, and described her as capable and competent but more importantly interested in the service and 'getting it right' for each individual who lived at Willow Court.

One staff member, when referring to the manager, told us, "She makes sure the residents come first." Another staff member said, "The manager knows what is happening. As a team we work really well together." Staff also confirmed to us that on call arrangements were well organised. This meant staff could seek advice and help, out of hours, from a senior member of staff.

During our visit the atmosphere throughout the home was welcoming, lively and busy without being loud and intrusive. People using the service were relaxed and comfortable in their surroundings.

The service had systems in place to monitor and improve the quality of the service provided. The provider had a range of departments responsible for key areas of the service, for example health and safety, staffing, human resources and IT. This meant if there were any organisational issues then the staff team had an expert to call upon. In addition to this, within the service, staff also had designated responsibilities, for example organising the medication, including ordering, auditing and managing the clinical room. We saw records of audits, including checks made on equipment to make sure it was safely maintained and in good working order. Other audits included medicines management, falls monitoring and analysis and care plan records. A quality monitoring tool and action plan was also in place, highlighting areas for improvement and the actions taken and planned. There was also evidence of staff meetings, with discussion of practice issues and relevant areas for improvement. The provider information return (PIR) also contained information that indicated the registered provider monitored and reviewed the quality of care and support provided within

the service on a regular basis.

The manager was aware of notification requirements and we had received notifications about appropriate events that occurred at the service. Notifications are incidents or events that the registered provider has a legal requirement to tell us about.□