Exalon Care Limited

The Willows

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 13 and 14 December 2018 and was unannounced. The previous inspection was completed in October 2017 and the service was rated overall as requires improvement. There were two breaches of regulation identified at the previous inspection. These were because risks to people's safety were not being appropriately mitigated and statutory notifications had not always been submitted to CQC when required.

At this inspection we found that the required improvements had been made and the service is now rated good overall.

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Willows can accommodate up to 10 people and at the time of the inspection there were nine people living there. The home is three-storey, with bedrooms and a bathroom on each floor. Bedrooms were spacious and personalised. The ground floor had a staff office, the kitchen, dining room, and living room. There was also a games room with a pool table, computer, and garden access.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a registered manager in post and available throughout the inspection. 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.

People were supported to achieve positive healthcare outcomes. There was a reduction in medicines administration due to improved positive behaviour support plans being developed and followed. Medicines were stored, recorded and administered safely.

Risks to people's safety were identified and assessed to ensure people could maintain their independence. Risk assessments were personalised to people's interests and the activities they took part in.

The staff team learned from any incidents, and reflective meetings took place. These were to help equip staff with the skills needed to support people's behaviours. Positive behaviour support plans were in place and these detailed how staff could identify changes in the person's behaviours, as well as what support was

required.

Complex behaviour and communication needs were understood and supported by the staff team. These were documented in person-centred care plans. People's emotional support needs were met by a kind and supportive staff team.

Health and social care referrals were made in a timely manner and where appropriate. Records showed that input was tailored to people's needs. One person met with a nutritionist and went shopping to identify foods suitable for their diabetic needs. Another person was supported to meet with a community health care professional, to discuss relationships. Information from professionals was included in people's care and support plans.

There were suitable numbers of trained staff available to support people's needs. There were safe staff recruitment and selection processes.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could apply these to the support that they provided to people. People's capacity to consent to specific decisions was assessed when required.

Information was provided to people in accordance with the Accessible Information Standard 2016. People knew how to raise concerns and had access to an independent mental capacity advocacy service for 'drop-in' sessions. These were designed to support people in decisions relating to their care.

People were supported by staff equipped with the skills and knowledge required. Staff received training via online modules and the registered manager was experienced in delivering positive behaviour support training.

People and the staff team were kind and courteous to one another. New people moving into the home were welcomed and people accompanied one another for activities.

Activities at the home and in the community were designed based on what people wanted to do, achieve, and be involved in. The sessions included being part of community groups such as those for singing and music.

People's social outcomes were explored and understood. There were many examples of people achieving their personal goals, including one person who was excited to have been offered an employment placement.

People enjoyed holidays overseas and to destinations in the UK of their choosing. They had scrap books including photographs of their personal highlights from places they had visited and things they had achieved. This was to encourage people to continue to want to achieve new things and explore opportunities to spend time with others in the community.

The kitchen had been re-designed to support people being involved in activities within the home, including cooking. People were supported to make healthier lifestyle choices. Those diagnosed with diabetes were encouraged to research healthier recipes and to work together in preparing and baking these.

Audits were completed, and the registered manager had a strong overview of what was happening in all areas of the service. Staff were supported to take ownership and responsibility of different roles and to

contribute to a combined management and staff team approach to continuous improvement.

There was very much an open door to the management office, with people regularly popping in to chat and spend time with the registered and deputy managers. The management team believed in role-modelling good support and challenging where improvements were required.

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.

Medicines were managed safely.

There were enough staff to meet people's needs.

Accidents and incidents were reviewed and monitored to identify themes.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005.

People were supported to live healthier lives.

Health and social care referrals were made when needed and in a timely manner.

Is the service caring?

Good

The service was caring.

People and staff worked together to promote privacy and dignity.

People received emotional support from caring staff.

There was a mutual enjoyment for one another's company, between people and staff.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Staff had a detailed understanding of people's capabilities, their outcomes, and how to support people to achieve and maintain their skills.

People were encouraged to be actively involved in the

development of the service.

People took part in a broad range of social activities, including choosing their holiday destination overseas and in the UK.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

The management and staff team had a joined up approach to supporting people.

The registered manager had a detailed overview of what was happening in the service.

The Willows

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 comprehensive inspection was completed on 12 and 13 December 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed information we held about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with two social care professionals for their feedback.

During the inspection we reviewed documents relating to people and the support they receive. This included care and health plans for three people, as well as daily records and medicines administration records. We also looked at information relating to the management of the service. This included local authority reviews, audits, and staff files for four members of the team.

We observed interactions between people and staff and joined the household meeting which was attended by five people and four staff members. We spoke with two people who used the service through informal conversations to gain their feedback. We also spoke with six members of staff including the registered manager and deputy manager.

Good

Is the service safe?

Our findings

At our previous inspection we rated Safe as requires improvement. This was because risk reducing measures were not always in place to help keep people safe.

At this inspection we found that improvements had been made. Risks to people's safety had been identified and assessed. For example, one person enjoyed participating in household responsibilities, such as laundry, food preparation, and ironing. They had a personalised risk assessment in place for these activities. Risk assessments in place for different people also included those for falls, medicines, hospital admissions, and behaviours that may be challenging to support. We saw, and records reflected that people were undertaking their preferred routines and activities. They were supported by staff who understood the risks and provided safe support that promoted people's independence. For example, staff supported people to prepare meals, accompanied people for walks into the local town to go shopping, also to use public transport.

People's behaviours were supported by staff who understood the potential triggers, methods to reduce the likelihood of occurrence, and de-escalation techniques. These were recorded in people's positive behaviour support (PBS) plans. The PBS plan for one person identified that their speech may become more repetitive if they were becoming anxious or agitated. The plan also explained that staff could support the person with one to one time, ensuring that they knew their concerns were being listened to. Where risks assessments were in place regarding people's behaviours, these were cross-referenced to the PBS plans. Staff understood that people's behaviours could impact others, and there were risk-reducing measures in place to support this.

Where safeguarding concerns had been identified, these were investigated, and support systems put in place to reduce the potential of recurrence. Some people were at risk of self-harm, whether this be self-injurious behaviours, concerns over money management, or the excessive consumption of alcohol. We saw records showing that conversations had taken place with people regarding these risks. The meeting notes for one person showed conversations had taken place around support groups, and how the service could support them to better manage their finances. Care plans were in place and there were clear steps that staff could follow to support people's physical and emotional wellbeing if the risks occurred.

Staff felt confident in identifying abuse and understood their responsibility to report any safeguarding concerns. Staff told us they would feel comfortable raising concerns with their team leader, or a member of the management team. They felt that concerns would be resolved by following this process. However, staff also knew they could contact the management team within head office, or they could contact external agencies such as the local authority, or CQC.

Accidents and incidents were recorded and reported to the management team for further analysis. Reports were logged and either the registered manager or deputy manager reviewed them, adding their comments regarding required actions or any follow up action. These were then collated into three monthly reflective summaries which were shared with staff. The summaries included how many incidents had occurred and whether there were any trends, as well as what action had been taken to reduce the likelihood of recurrence.

Reflective practice took place, to learn from any incidents. This was through supervision meetings, through handover conversation, as part of staff meetings, or through informal chats with the management team. The registered manager explained, "We encourage an open and honest culture, where we learn from what has happened. It isn't about blaming people or staff, it is about finding out what we can learn and what could be done better next time. The deputy manager told us, "For some new staff who haven't worked in care before, certain incidents could be quite overwhelming. It is important that we talk through what has happened and make sure that they go through a debrief process." The registered manager also said, if staff didn't learn from the reflective practice that took place after things went wrong, then this would be addressed through performance management.

Medicines were managed safely. People had their individual medicines stored in secure cabinets. Where required and if risks were present, medicines could also be stored in a secure cabinet, accessible by medicines trained staff. Records and medicines stock were checked daily. This reduced the likelihood of any medicines or administration signatures being missed and identified any discrepancies in stock in a timely manner. People were supported to be involved in their medicines routines. We saw in the care plans for some people that they wished to develop their independence with medicines management. There were instructions for staff around how people could be supported. For example, one person knew the times and order to take their medicines. This person had requested to be responsible for the administration their 4pm medicines with staff support. Information about people's medicines was made available to them. This meant they could make informed decisions regarding their medicines. For example, whether they needed pain relief, or medicines that could alter their mood.

The connection between medicines and positive behaviour support was understood when working towards people's individual healthcare outcomes. The registered manager explained that one person had previously been receiving regular psychotropic medicines to manage their anxieties. In the past twelve months, the team had developed and followed detailed positive behaviour support plans. We saw records showing that the person had only required their medicines when they were aware that their anxieties were increasing due to travelling overseas. They no longer required their medicines because of day to day life.

A facilities manager had been appointed at the service four months prior to the inspection. Their responsibilities since joining had been to address any maintenance issues highlighted in audits, as well as in accident and incident reports, and to maintain the environment. We saw that where maintenance concerns were identified, these were addressed in a timely manner. Also, all gas, fire, water, and safety checks were completed. There had been improvements in the maintenance of the property since the previous inspection. There had also been improvements to the cleanliness of the service since the last inspection. The home was clean throughout and free from odours.

There were enough staff on duty and readily available to respond to people's needs. People knew how to reach staff if they needed them. One person had a doorbell inside their bedroom that they could use to alert staff if they felt they were at risk of an epileptic seizure, as they were aware of their symptoms. The doorbell sounded in the staff office on the ground floor and meant staff could respond immediately to the person's needs.

There were safe recruitment and selection processes for new staff. We checked recruitment records and saw that staff completed an application form, before attending an interview. At interview staff were asked questions including their understanding of reporting any safeguarding concerns. Prior to starting work, staff were subject to a Disclosure and Barring Service (DBS) clearance check, as well as satisfactory character and employment references. A DBS check allows employers to check whether the applicant has any convictions

or whether they have been barred from working with vulnerable people.

Good

Is the service effective?

Our findings

At the previous inspection, we rated Effective as requires improvement. This was because there was conflicting information in records relating to people's mental capacity to consent to some decisions. At this inspection we found that the required improvements had been made.

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 legal authorised under the MCA.

Where required, people's capacity had been assessed regarding consenting to overall care and treatment, or regarding specific decisions, to ensure that they were supported in their best interests. If there were doubts about a person's mental capacity or changes in their capacity, we saw that referrals were made for health checks. Records showed that Independent Mental Capacity Advocate support services were consulted with, and they assisted people in decision making processes where they required support. For example, through decisions such as consenting to having a care plan in place, having their photograph taken, and for care related decisions.

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 are called the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS applications had been made where required. The restrictions were monitored to ensure that they remained the least restrictive way to support people.

The staff team, management, and people understood the importance of equality and treating people without discrimination. We observed the household meeting and saw that people discussed respect of others and staff holistically included this throughout the conversations. Together, they spoke about understanding different people's needs and respecting that some people required more time with them than others. The registered manager explained, "It is about treating people as individuals, understanding and supporting their differences."

Most staff training was completed online, and there were also face-to-face sessions for modules such as MCA, arranged through a training provider. In addition, the registered manager tailored training sessions to help staff address challenges or areas where further training was needed. Online training completion was monitored and overseen by the registered manager. They advised us that competencies and understanding from training modules were checked during conversations, handover meetings, and during supervisions.

The staff team were equipped with the skills and knowledge to support people's individual needs. The service was led by experienced and well-trained management, who maintained their training accreditations. The registered manager held different qualifications as a trainer for behavioural support techniques, as well as being a British Sign Language (BSL) interpreter. They were responsible for delivering training sessions to their staff. This resource meant that staff received training and competency checks personalised to the

people who lived at the service and their specific needs.

One staff member said that the training they had received for substance and alcohol misuse had helped them understand and better support people with their individual needs. Another staff member told us they had received a comprehensive induction, including shadowing an experienced staff member, and completing the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff received up to date supervision meetings and were encouraged to share any feedback. We saw records showing that staff felt happy and supported in their role. Where some staff had raised issues regarding team dynamics, steps were put in place to address these concerns. Technology was used to support timely communication between staff about people's needs. Staff were competent and confident in the use of the electronic care planning, record keeping, and messaging system. The registered manager could oversee when communication updates had been read by staff.

People were supported to make healthier choices to benefit their wellbeing. We saw healthcare records showing they had been involved in consultations with professionals regarding their diabetes. One person had been shopping with a nutritionist, to help identify healthier food options available to them in the supermarket. Another person had been present in the meeting with their GP. The person's records showed they had since the meeting been opting for healthier alternatives, and there was a positive decline in their weight as a result.

The menu options were balanced to reflect meals that different people had chosen. There was a four-week menu, which was designed and then shown to people for their feedback. One person chose to follow a meat-free diet and had a range of vegetarian options available to them of their choosing. Menu options were discussed at the household meeting, and people contributed their ideas. Staff coordinated the meeting and pooled ideas together. For example, one person said they would like to have an apple crumble and others agreed. Staff suggested that as the person was diabetic, as were two others, that they could consider looking at recipes to make a healthier variation. One person didn't wish to speak at the meeting, however staff shared that the person had enjoyed a steak meal during a trip to the pub recently. This was incorporated into the menu plan, with the suggestion of themed meal nights, or a monthly steak night.

People chose how they wanted their bedrooms decorated and these were personalised in accordance to their preferences. One person had their pet hamster living with them. Another person had military memorabilia and ornaments decorating their bedroom. People had been involved in choosing colours when communal areas were redecorated. Also, in preparation for Christmas, people had assisted with decorating the home. The communal kitchen had been redesigned and modernised, incorporating a central island. Staff told us how useful the island was for supporting people to be involved in activities such as baking and independent cooking.

Good

Is the service caring?

Our findings

The atmosphere in the home was warm and welcoming, people greeted visitors at the door, accompanied by a member of staff. One person spent a few hours, two days per week helping with office responsibilities which they enjoyed, these included answering the phone. Another person was keen to tell us about the redecorating that had taken place and how they had been involved in revamping the games room. People participated in different household responsibilities which helped them to develop and maintain skills, such as ironing, laundry, and vacuuming. There had been changes in the people living at the service, with some people leaving and new people moving in. Also, some of the staff team since the last inspection had left and new team members joined. The changes culminated in an improved culture throughout the service, where people took pride in maintaining where they lived and helping one another.

People had family and friends visit them. They were welcomed and spent time together in communal areas, or in the person's bedroom. Two people shared a friendship where they had both lived at the service for many years and enjoyed the same television programmes. Their care plans both stated that they would go to one bedroom to watch their favourites programmes together and this was part of their preferred routines. People also accompanied one another if they were going for a walk into town or needed to go to the shops. This was found to be helpful and welcoming for people who were new to the service and to the local area.

There was a mutual enjoyment for one another's company, between people and staff. We saw one staff member ask a person who had popped into the management office for a chat if they would like to join them for some shopping. The person happily agreed to join them, and they walked to the shops together. At the household meeting, people offered to join one another for activities.

Staff provided people with emotional support. Staff understood that people's mental health and care needs may impact their emotional wellbeing and at different times, the support they require will vary. There were support plans in place to guide staff as to what different behaviours could indicate and the potential triggers that may cause a person to become upset or anxious. One person's care needs meant that their mood fluctuated, but they responded well to tactile contact with staff. We saw them greet staff with an affectionate hug and staff understood that this provided the person with comfort.

Confidential information relating to people was stored securely in staff offices. Although these offices were accessible to people while staff were present, they were locked when not in use. Personal information was not made accessible to those who did not have the right or authority to access it. People's care plans contained a consent form regarding sharing their information with health and social care professionals if needed. Also, staff received training in the General Data Protection Regulation 2018.

People and staff understood the importance of supporting one another with maintaining people's privacy and dignity. At the household meeting, people discussed how they made sure that if a person had not realised the bathroom door was open, they would make sure it was closed. People commented that this was to be respectful to others. There were bathrooms on each floor of the service and when people were being supported with their personal care, the doors were closed. One person had a laminated sign on their

door, to instruct any staff and visitors as to their wishes regarding their privacy. The sign instructed staff and people to knock and wait for the person's approval before entering. We observed staff knocking bedroom doors and waiting to gain permission to enter. People's wishes regarding their privacy were understood and respected.

Rota's were designed so that people could spend time with their key-worker. Each person had a nominated key-worker. A staff member told us their role as a key-worker was to, "make sure that the person's care plans and health information is up to date. Ensure that the person is aware of any appointments or updates. We also go shopping with them and make sure they have enough toiletries, clothes, and other items they may need." It was clear through observing the household meeting that people enjoyed the time they spent with their key-worker and valued the relationship. When people and staff were asked to say their highlight from the month, different people and staff referenced time they had spent as or with their key-worker. These trusted relationships were important in ensuring that people felt confident with staff and knew they could raise any concerns or issues they may have.

The service received compliments from relatives during review meetings, as well as from professionals. One compliment shared stated, 'I always thought [relative] was happy, but I never thought he could be this happy!' They praised the service for the positive changes that had occurred in their family member during the past twelve months. We saw records of reviews from local authority commissioners, complimenting the service on meeting people's needs. The registered manager explained that they had worked to develop and build upon existing relationships with families and local authorities. This was clear in the feedback received.

Outstanding ☆

Is the service responsive?

Our findings

People living at The Willows received a support package based on their individual needs and goals. They had funded one to one hours with staff throughout the week and these were designed to incorporate activities and opportunities important to the person. There were measurable achievements that people and staff spoke passionately about. These included supporting people to gaining employment, achieving qualifications, attending new activities, and where appropriate, for people to progress to supported living settings.

People were supported to work towards achievable short-term and long-term social outcomes. The registered manager told us they believed strongly in upskilling people to achieve their potential. We saw people had plans in place to help them work towards moving to supported living, or more independent settings. The registered manager described the care approach as "a hybrid model" and said, "We want to encourage people to realise what they are capable of doing. We don't want to de-skill anyone." They explained that the support provided was a safe and caring environment, while also equipping people with skills towards independence based on their abilities, wishes, and needs. In addition to this, the staff team support people to maintain the skills and work towards long-term goals.

People spoke passionately about wanting to achieve their outcomes. We spoke with one person who explained they hoped to move on to a new setting and into supported living. The person met regularly with the management team to discuss their progress towards this. They also received input from social care professionals to monitor and assess their suitability for a different living environment.

Another person was proud of their success in being offered a work placement. When asked what their favourite part of the previous month was, they said with excitement, "Having a job again." In acknowledgement of their success, they shared a 'high-five' with a staff member and were congratulated at the household meeting. Their broad smile made it evident how pleased they were with their achievement.

People's opportunities to follow their hobbies and interests were enhanced by a supportive staff team who facilitated and sourced contacts and venues within the local community. One person was enthused with wanting to join a performance group. This was because they had attended a show featuring one of their housemates. The show included music and singing, in groups and as solo performers. Plans were put in place for them to join the performance group, following them discussing their interest. The management team supported them to further their enjoyment for watching live entertainment, by identifying performance times for shows at the local theatre.

Another person had an enjoyment and interest in everything related to the military. Their key-worker had facilitated receiving a monthly armed forces magazine from the nearby military camp specifically for the person. They explained they were also in discussions with a representative from the camp to arrange and risk assess for the person to visit and spend a few hours finding out more about what happens there. The staff member was excited about the opportunity to further the person's hobbies and experiences related to this.

There were strong and long-term community relationships, strengthened by supporting people to maintain their independence. One person each day went for walks into the local town. They had always lived in the same town and enjoyed seeing people they knew. One staff member said, "He goes to town every day, people know him and look out for him and he enjoys seeing them for a chat. He knows the local area so well and it helps keep him included in the community that he has always known." People also held annual passes for the local safari park, where large-scale events were held throughout the year. These were renewed each year and people had the opportunity to attend the Christmas 'Festival of Light', the balloon fiesta, and the 'Military Spectacular'.

A project was taking place around creating memory scrap books, including photographs and decorations that people had chosen. These included previous memories of activities or achievements, such as visiting certain destinations, or of time with family members growing up. The trainee deputy manager explained that the scrap books were intended to be ongoing documents, with plenty of space for people to continue with and add to. People had personalised the scrap books with their own decorations and chose where they wanted them to be kept. The deputy manager told us that they wanted to encourage people to reflect upon what they had worked to achieve. This was part of helping people to maintain their confidence and enjoyment for working towards their outcomes.

The service had two vehicles, and these were in use most days to support people to attend events, activities and appointments. People also had train and bus passes, entitling them to discounted travel. One person was discussing their travel plans for their upcoming trip. They were confident in travelling by train and then bus to reach the airport.

People enjoyed holidays and travel opportunities and were supported to research destinations of their choice. In 2018 one person had visited Spain, and the previous year Portugal. In another person's care plan, we saw that they had visited Canada to see relatives. People also chose to holiday in the UK and explore their hobbies in doing so. For example, one person had spent time in Devon and talked about enjoying fishing whilst they were there.

We saw people accessing technology to maintain contact with family members, and to research their interests. One person used the computer to email relatives and during the inspection was printing their travel passes for a trip to see family overseas. Another person used the computer for design purposes and enjoyed designing. Some people had mobile phones and were aware of how to use these to contact the service if they were spending time in the community. Technology was risk assessed where required, for example where one person chose to chat with people over the internet. Open conversations took place with them and they understood how to stay safe online.

Information was presented in an accessible format, to meet people's individual needs. The service met requirements of the Accessible Information Standard 2016 (AIS). The AIS is a legal requirement for health and social care services to ensure information about people's care is provided to them in their preferred and accessible format. We saw that people's care plans were discussed with them. People knew how they could raise concerns or complaints. For one person they had utilised this in sharing their feedback with the CQC via the website. Menu's and other information such as activities, were presented in pictorial format to help people make decisions.

People's specific and complex communication needs were met by a staff team that worked together to share their knowledge. Staff supported one person who had impaired hearing and did not communicate verbally. The person could not always communicate using standard British Sign Language, but instead used a series of movements that would indicate certain needs or responses. Staff met with the person's family to

find out more about the person. They also tried different signed approaches to identify what the person could understand. The registered manager explained that the person would repeat back some of what they signed to them and that this was often a way they communicated their response. We saw the person tapping their lip and asked staff if they knew what this meant. The staff member informed us this meant the person wanted their lipstick and they promptly went to get this for them.

Care plans contained person-centred details and reflected people's needs. People's preferred routines were recorded, for example the time's people usually chose to go to bed, and the television shows they enjoyed. People had personalised activity programmes in their care plans, reflecting their interests.

Shared interests were recognised, and small group activity sessions took place. In-house activities from external entertainers and services were being trialled and had been found to be successful. A craft group had completed a trial session, and a group of people had shared their positive feedback. Because of this, the group had been booked to attend the following month for a full activity. There were also plans to introduce visiting music and singing acts for activity sessions. The management team explained that this was because of people's enjoyment of musical performance and that at least four people shared this interest.

People were supported to have choice and control over decisions relating to the service. People were offered to chair the household meetings, attended by people and staff. We observed a staff member supporting the person chairing the meeting to design an agenda and discuss how they could facilitate the meeting. The person was supported to lead the meeting, with the staff member encouraging involvement from each person who had chosen to attend. The agenda included menu choices, respect and kindness towards one another, laundry schedules, and any concerns. At the meeting people and staff were encouraged to share in an open forum. However, where there were indicators to more private concerns, staff asked the person if they would like to speak privately after the meeting.

There had not been any complaints from relatives logged as received since the previous inspection. We checked records and saw that audits were in place for if complaints were received.

If people raised complaints or concerns, they were encouraged to put the complaint in writing, or be supported to do so and asked if they wanted the concerns investigated formally. Some people wanted to share day to day concerns with management and were welcomed to do so. Other people chose to ask the registered manager for a "game of pool". The registered manager said that this gave them a good opportunity to speak with the person while they were relaxed and comfortable in the games room. They said this often meant they got the most from the person about how they were feeling during this interaction.

There were links with Independent Mental Capacity Advocate (IMCA) services and once a month there was an advocacy 'drop-in' session held at The Willows. People were welcomed to visit the advocate and discuss their care, any decisions or concerns, and to gain awareness of their rights.

People were supported to understand their human rights and to ensure that informed decisions could be made about their body, relationship and lifestyle choices. This included conversations about sexual education, choices and health with those who had the mental capacity to consent to relationships. Staff had joined people at appointments with healthcare professionals to discuss options available to them regarding their body, for example with the women's health nurse. We saw records showing that one person had been visited at different times by a healthcare professional. Records showed that the person could discuss relationships and time was given to ensure the person had the opportunity to ask any questions they may have regarding these.

People's 'end of life' wishes were discussed and recorded in their care plans. In the care plans reviewed, we saw that people had expressed their feelings regarding whether they would wish to receive emergency treatment in hospital. Also, where they would prefer to live in the event of being diagnosed with a terminal health condition. Some people had chosen to share their preferences in more detail, including the type of religious service they would prefer.

Bereavement counselling was facilitated through a local charity hospice. This service was made available to people who had family members pass away, to support the person's emotional wellbeing. The registered manager explained that people visited the hospice for a trial and introduction to the counselling, to see if it would be of positive impact to them.

Good

Is the service well-led?

Our findings

At the previous inspection we rated Well-Led as requires improvement. This was because the now registered manager had not been registered with CQC. They wrote to us following the previous inspection to advise when this requirement had been met.

The registered manager was available throughout this inspection. They were supported by a deputy manager, and a trainee deputy 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 and associated Regulations about how the service is run.

A range of audits were completed to monitor the health and safety of the service. These included audits of infection prevention and control, medicines, health and safety, and fire systems. Audits were also completed monthly by a member of management from head office, focussing each month on a different CQC Key Line of Enquiry.

There was a clear and credible management strategy for driving continual improvement at the service. The registered manager told us, "When I started in this role, there was a lack of clear and transparent leadership. I have been and will continue to be 100% honest with people, staff, relatives, and stakeholders." They explained that rebuilding relationships with people and their relatives, as well as commissioners at the local authority had helped the service to implement plans for improvement. They continued by explaining, "I have delivered what we promised would be done following the last inspection" and this supported what we found during the inspection.

The number of people living at the service had increased, as had the staff team. The registered manager explained that to ensure this growth was sustainable they ensured that placements were offered to people who would work with those that already lived at the service. This approach also applied when appointing new members of staff. They told us they aimed to ensure staff had the right mix of skills and personality for the team dynamics and to support those living at the service.

The staff team supported the registered manager's vision and spoke with enthusiasm about wanting to support people to achieve their outcomes. The registered manager explained that previously people's outcomes that the local authority funded the service to achieve were not being met. However, there was evidence shown in records that showed these were now being achieved or were in the process of being worked towards. The registered manager said this approach had helped improve relationships with funding authorities.

There was a combined approach to wanting to provide consistent standards of support, understanding the importance of working together as a staff and management team. The registered manager explained, "I expect management to role model best practice when supporting people and to encourage an open culture amongst the staff team of challenging any areas for improvement." One staff member told us, "I know that

as a team leader I role model good support and care for other staff and that when running the shift, I make sure everyone is happy and any concerns are dealt with there and then." The registered manager told us, "I think the staff team are tremendous, they really do work so hard. I am proud of them."

The registered manager maintained their knowledge of good practice. This was done through maintaining their existing qualifications and taking the opportunity to gain further accreditations. The registered manager had in 2018 achieved their NVQ Level 5 management and leadership qualification and was supporting their staff team to achieve qualifications appropriate to their role. They also completed independent research and attending information and networking forums.

The office where the management team worked had an 'open door policy' and we saw that this applied to people and staff. Staff told us they felt supported by the management team and that they knew they could go to them if there were any concerns or if they needed advice. The registered manager explained that the staff team culture had required some improvements over the past twelve months. We saw that the staff team worked and communicated well together and spoke positively about the support they received from one another. The registered manager told us this had been achieved by fostering a culture where honesty was encouraged. They said staff were encouraged to learn from where things had not gone to plan or performance managing staff where needed.

The registered manager spoke with enthusiasm about understanding people's backgrounds and how these may impact their outcomes. They told us that some people had experienced a lot of "false starts" in life and challenges from their upbringing. These challenges required support alongside focussing on moving forward with achieving their goals. They explained that the service "did not have a numbers approach". While the team wanted people to plan for "moving on", this was not at any set timeframe as the approach to their support was personalised to their individual needs and outcomes.

Feedback about the service was actively sought. This was through household meetings, reviews involving people and their family, as well as professionals. In addition, staff attended regular meetings and were given the opportunity to discuss their ideas, as well as what was working well and any challenges.