Lothlorien Community Limited

The Willows

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection was carried out on 24 February and 2 March 2015 and was unannounced. At the inspection in July 2013, we found a breach in the legal requirements in relation to staff training and support. We undertook a follow up inspection in March 2014 and found there were no breaches of legal requirements. The inspection was brought forwards because of concerns raised to the Care Quality Commission (CQC) from an anonymous source, in regards to people's care and welfare. We investigated these concerns as part of our inspection visit and found they were partially substantiated.

The Willows provides accommodation and personal care for up to six male adults with a learning disability and behaviours that can challenge. There were six people living at the home at the time of the inspection. There is a communal lounge/dining room, a small lounge and a kitchen with seating on the ground floor. There is a garden with a paved area at the back of the home.

The home is run by a registered manager who was not present on the days of our visit as they were on a year's planned leave. 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. In the absence of the registered manager, a temporary manager had been appointed who was present on both days of the inspection.

Sufficient staff were not always available to meet people's assessed needs. It had been assessed that there should be four staff to support people during the day, but on a number of occasions there had only been three staff available. As the staff team was small, there were not enough staff available to cover all the required shifts and the provider relied on existing staff and staff from the sister home working overtime, which was not sustainable.

Staff had received training in safeguarding adults and knew what action to take in the event of any suspicion of abuse. The manager knew what to do if they received information about potential abuse and had regular contact with the local authority safeguarding representative.

Comprehensive checks were carried out on all staff at the home, to ensure that they were fit and suitable for their role. Applicants were interviewed, and criminal record/ barring checks and two references were obtained before the person started to support people at the home.

Risks to people's safety were assessed and measures were put in place to minimise the level of risk identified. The manager carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Accidents and incidents were reviewed to see if there were any patterns or if lessons could be learned to support people more effectively to ensure their safety.

Medicines were stored individually for each person. Staff had received up to date training in how to give medicines safely and their competence was assessed to ensure that people received their medicines as intended by their doctor.

People were supported to have a varied and balanced diet. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat as independently as possible.

People's health needs were assessed and monitored and professional advice was sought when it was needed. Clear guidance was in place for staff to follow for people who had specialist health needs.

New staff received an induction, which had been redeveloped to include specific training about supporting each individual who lived in the home. Staff were trained in areas necessary to their roles. Training had been booked to ensure that all staff had completed specialist face to face training in how to support people with behaviours that may challenge and people with specific needs concerning their diet.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards which apply to care homes. A DoLs authorisation was in place for one person. The manager understood when an application should be made and was aware of the recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. As a result DoLS applications were being made for everyone who lived in the home to ensure that people were not deprived of their liberty unnecessarily.

People's care, treatment and support needs were clearly identified in their plans of care and included people's choices and preferences. Clear guidance was available on how to support people with their individual and complex needs. Staff knew people well and how to communicate with them, and understood their likes and dislikes. Staff treated people with kindness, encouraged their independence and responded to their needs. People were supported to remain in contact with people who were important to them, such as family members.

People had the opportunity to go out into the community on a regular basis and to use local transport. Most people attended a day centre, but people also spent time at home with staff undertaking activities and household tasks.

Information about how to make a complaint about the service was given to people who used the service and displayed in the home. Relatives said that they felt confident to make a complaint and that it would be acted on.

Staff understood the aims of the home and were motivated to support people to the best of their ability. However, changes in the staff team and the management

Summary of findings

of the home had resulted in low staff morale. Staff said the new manager who had been appointed was approachable, resulting in an improvement in staff morale.

The provider was not always proactive in identifying shortfalls in the service so that it could continuously improve. Quality assurance processes were in place but had not identified shortfalls in staff specialist training and the environment. People were asked for their feedback about the service, but the views of their relatives and/or representatives were not proactively sought.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Checks were carried out on staff before they started to work at the home, but staff were not available in sufficient numbers to meet people's needs.

Medicines were stored and given safely, and staff had received training to ensure that they were competent in administering medicines safely.

Staff knew how to keep people safe. Risks to people's safety and welfare were identified and control measures were in place to minimise the impact on people.

Is the service effective?

Good

The service was effective.

A programme was in place to ensure that staff received the skills and additional specialist knowledge to meet people's individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People were consulted about their dietary needs and these were taken into account when providing people with meals.

People's health needs were assessed and people were supported to access health care professionals as needed.

Is the service caring?

Good

The service was caring.

Staff knew people well and communicated with them in a kind and relaxed manner and in a way that valued their individuality.

People were supported to make informed decisions on a day to day basis.

People's dignity and privacy was maintained and they were encouraged to develop independent skills.

Is the service responsive?

Good

The service was responsive.

People received care and support from a staff team who were knowledgeable about their support needs, interests and preferences.

People were offered activities that they enjoyed, at home and in the local community.

Summary of findings

Information about how to make a complaint was clearly displayed in the home in a suitable format and action had been taken to address any complaints raised.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There had been a number of staff changes in the service which had affected the morale of the staff team. Staff said that morale was starting to improve and they had a clear understanding of the home's aims and these were put into practice.

Quality assurance and monitoring systems were in place but were not always effective in identifying shortfalls in the service.

Feedback from people, their relatives and staff was not always sought in a formal way so that shortfalls could be identified to continuously improve 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days, on 24 February and 2 March and was unannounced. One inspector, who had skills and experience in communicating with people with a learning disability, carried out the inspection.

As the inspection was brought forward we did not send the service a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we looked at previous inspection reports and notifications about important events that had taken place at the service.

People were able to talk to us, but varied in their ability to tell us about their experience of living in the home. We talked with five people who lived in the home, observed staff helping people with food and drink at breakfast, supporting people with activities and talking with people during the day. We spoke to the manager, deputy manager, operations manager and five staff, including care staff, senior care staff and night staff. We saw the communal areas of the home and three people's bedrooms, with their consent. We spoke with staff about one person's care needs, spoke with them and their relative, looked at their care plan and observed how staff supported them. This was to track how people's care was planned and delivered.

During the inspection we viewed a number of records including two care plans, three staff recruitment records, the staff training programme, staff rota, medicine records, environment and health and safety records, risk assessments, menus and quality assurance documents. After the inspection, we spoke with two relatives and received feedback from a care manager from the local authority.

Requires improvement

Is the service safe?

Our findings

People said that The Willows was a good place to live. Comments included, “I like living here” and, “I feel safe living here”. Relatives felt assured that when they left their relative at the home, that they were in safe hands.

People’s needs had been assessed to establish the support and staffing levels that they required for their needs to be met. Staffing levels were based on the information and assessments about people’s care needs in their care plans. Three people required individual support for specified hours during the day and one person required one to one support at night time. Therefore, four members of staff were required during the day and one waking and one sleeping-in staff at night time. The deputy manager told us that four staff were assigned to each shift during the day, but there had been a few occasions when there had been shortfalls due to staff sickness and lack of staff to cover the shifts. There had been 13 days in January and February 2015 where there had only been three staff available to support people.

A number of staff had recently left and on the day of our visit the service only had a total of five staff to support people during the day. The night staff team consisted of three members of staff, who also supported people at another home nearby, which was part of the same company. Therefore, in order to ensure that there were sufficient numbers of staff on shift, existing staff at the home and the sister home (who knew peoples' needs) were working overtime to fill in the gaps in the staff rota. This was not effective, as evidenced in the staff shortfalls on shifts and also was not sustainable due to staff working long hours and the difficulty in covering staff sickness or leave. The manager told us that the service had started the process to recruit additional staff, but the provider had not been proactive in ensuring that there were sufficient staff available to meet people’s needs.

We found that there was a lack of sufficient numbers of staff to meet people’s needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014.

Potential staff completed an application form which included information about their skills, experience, qualifications and past employment history. The application form asked people to include any gaps in their employment history together with the reasons for these gaps. If the person was successful, identification checks, criminal record/barring and vetting checks, and two references were requested to assess the person’s suitability to support people at the home. A check list was in place to record that all checks had been carried out before the person worked at the home.

Staff had received training in how to keep people safe and demonstrated that they had a good understanding of what constituted abuse. Staff said that if people were treated as individuals and respected, there was less risk of people receiving care that was discriminatory or abusive in nature. Staff also knew how to "blow the whistle". This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. Staff said they would intervene to stop any behaviour that they identified as poor practice and report it to a senior member or the home manager. They also knew that they could report any concerns to other members of the company if they did not receive a satisfactory response to their concerns.

Staff felt confident that any concerns they raised would be listened to. However, if their concerns were not taken seriously, staff said they would refer them to the Care Quality Commission. Staff said that the contact details of the Commission and the local authority were available at the home, so that there would be no delay in reporting any serious concerns. The home manager had a copy of the document ‘Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway’. This contained guidance for staff and managers on how to protect and act on any allegations of abuse. The manager was aware of when and how to contact the local authority about any safeguarding matters so that advice could be sought about how to keep people safe.

Potential risks to people in their everyday lives had been identified such as when undertaking household tasks, attending to their personal care, maintaining their health and when travelling in the community. Each risk had been assessed in relation to the impact that it had on each person and control measures had been identified, which reduced the potential risk to the person. Therefore clear guidance was in place for staff to follow about the action

Is the service safe?

they needed to take to make sure that people were protected from harm. For one person there was a high risk that they may harm themselves or other people when out in the community. The control measures in place were that this person received individual support from staff who had received training in how to support people whose behaviour may challenge. This meant that this person could access the community safely on a regular basis.

Accidents and incidents were recorded by staff and reported to the home manager. Each incident contained information about what had occurred. It also contained the triggers to the event, the outcome for the people involved and any lessons learnt, so staff could support the person differently in future to minimise the risk of the incident reoccurring. The information was sent to the quality team to rate the risk, and the operations manager received weekly reports about all accidents and incidents so that any trends or patterns could be identified. The manager and operations manager demonstrated that they had taken action to ensure that lessons learned from incidents had been put into practice at the home.

The manager carried out regular health and safety checks of the environment and equipment. These were to ensure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances at the home were safe, that water was maintained at a safe temperature, that staff undertook practices to minimise the spread of any infection and that fire equipment was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the home in the event of a fire.

Medicines were stored securely in each person's room. Staff accompanied each person to their room to support them to take their medicines in private. Medicines were received into the home from a pharmacy each month. Senior staff checked all medicines to ensure that they matched with the medication administration record (MAR) printed by the pharmacy. Most medicines were administered using a monitored dosage system or "blister packs". This meant that the name of the medicine and the person for whom it was prescribed was written on each medication. This helped to ensure that people were given the right medicine as prescribed by their doctor. When medicines were received other than in a monitored dosage system, medicine tablets were counted each day, as part of the system to monitor that medicines were given correctly and safely.

MAR charts were accurately completed and clear guidance was in place for people who took medicines prescribed "as and when required" (PRN). People's doctors had been contacted to make sure that people were only given homely remedies such as pain relief and cold remedies, that did not have an adverse effect on their health. Information on the side effects of each person's medication was kept in the person's room, so that staff were aware. Staff had received training in how to administer medicines safely. Staff's competency to administer medicines was regularly assessed and staff that undertook this role had received additional training in the management of medicines.

Good

Is the service effective?

Our findings

People told us that they chose what they wanted to eat and that they had different meals each day. They said that when they went out to day services they took a packed lunch with them. One person showed us their packed lunch and said that they liked the fruit that it contained. Each week, people met with staff to decide what meals they wanted to eat the following week. The weekly menu was displayed in the kitchen.

People ate their meals in the lounge/diner or in the kitchen where a table and seating was available. People did not require practical support with their meals, but staff were available to ensure that people did not rush their meals and to encourage a social occasion. People's individual needs in relation to their nutrition were contained in their plans of care. The service provided support for people who have Prader-Willi Syndrome (PWS). This is a rare genetic condition that causes a wide range of symptoms including a constant desire to eat food, driven by a permanent feeling of hunger and can easily lead to dangerous weight gain. Staff had been provided with information from the Prader-Willi Syndrome Association about the condition. An individual plan had been put in place which gave staff clear guidance on the signs and symptoms to look out for, how to support people to maintain a healthy diet, and what to do if people obtained food in addition to their daily needs.

Relatives said that the staff informed them about any changes in people's health and that they had a good understanding of their health needs. People's care plans gave clear written guidance about people's health needs and medical history. For people with specific health conditions, information was available to staff about how the condition affected the person, from their point of view. For example, one person's plan said that they did not feel pain and bruised easily, so this was something that staff needed to look out for when supporting them with their care. Each person had a "Health Action Plan" which focused on people's health needs and the action that had been taken to assess and monitor them. This included details of people's skin care, eye care, dental care, foot care and specific medical needs. A record was made of all health care appointments such as to the doctor, hospital, specialist epileptic nurse or dentist. This included the reason for the visit, the outcome, and any recommendations and if a follow up appointment was required. People's weights were monitored and this was undertaken more frequently for people with specific dietary requirements. In addition each person had a "Hospital Passport". This provided the hospital with important information about the person and their health if they should need to be admitted to hospital.

New staff received an in-house induction which included reading policies and procedures, completing training in key areas and shadowing senior staff. The induction process had been redeveloped to extend over a 12 week period and could be adapted to cover specific areas of training and to incorporate the individual needs of each person who lived in the home. Five staff had completed Diploma/ Qualification and Credit Framework (QCF) level two. These are nationally recognised qualifications which build on the induction programme and demonstrate staff's competence in health and social care. New staff were provided with training in a range of key areas such as health and safety, moving and handling, emergency first aid, infection control, safeguarding, food hygiene and what to do in an emergency. These courses, apart from moving and handling people safely, were provided for staff via a computer programme. After accessing the training, staff's knowledge was assessed by completing a number of related questions about the topic. The home provided specialist support for people with behaviours that may challenge and people with PWS. However, although all staff had completed basic on-line training in how to support people with behaviours that may challenge, only three staff had received practical face to face training in this area. Also, no staff had completed specialist training in how to support people with PWS. After the inspection the manager sent confirmation that four staff had been booked on face to face training in how to positively support people with their behaviours and that a further two staff would have their training refreshed; all staff had been booked to attend face to face PWS training; and four staff were booked on level 3 face to face autism training. This action meant that staff would have the training and specialist skills and knowledge that they needed to support people effectively.

Only staff that had received the relevant training supported people who may require restraint as the last resort to manage their behaviours. Where restraint was used, the reason for it had been recorded together with the learning about how the situation could have been managed differently. As a result of a form of restraint being used, the

Good

Is the service effective?

manager had arranged a meeting with one person's representatives to ensure that decisions with regards to their care and treatment could be made in their best interests.

The manager had a system in place to ensure that staff received regular support through two monthly individual supervision sessions and an annual appraisal. A representative of the company ensured that staff received this support through their planned visits to the home.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concerns decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this. Staff understood the principles of the Mental Capacity Act 2005 and explained that everyone had the capacity to make day to day decisions and choices.

People's mental capacity had been assessed and taken into consideration when planning their care needs. For one person it had been assessed that they had the capacity to indicate if they did or did not want to take part in activities and decisions on a daily basis. However, this person would need support from others such as an advocate and family members in order to make other decisions to ensure that they were made in their best interests.

The home had assessed everyone's needs in relation to the Deprivation of Liberty Safeguards and the new Supreme Court Judgement. An application for one person had already been submitted to the local authority and the manager stated that additional applications would be made. These applications varied according to people's capacity and included people who could not leave the premises without staff to support them to remain safe. These applications ensured that an independent assessment would be made as to whether these people were being deprived of their liberty.

Good

Is the service caring?

Our findings

People told us that they liked the staff team that supported them. One person told us they liked a particular member of staff and another person told us that they had friends at the home and pointed to a staff member to indicate that they were their friend. People told us that staff encouraged them to be independent. One person told us they helped staff with some dusting and polishing. Another person was being supported to take their medicines by themselves, with limited staff support. Feedback from relatives and professionals was that people were well cared for at the home. Comments included, "The care is good"; "The staff are really kind"; and "He seems happy and comfortable and is encouraged to maintain his independence where possible".

Each person had a keyworker who had a particular responsibility for involving and supporting the person with their care needs. People knew their keyworker and said that they were involved in decisions about their care and treatment. One person told us that they had a meeting about their care needs next week. They said that the people who they wanted to attend were coming including their Mum and Dad and the home manager. The person said that at the meeting people would ask him how he was and that staff would help him to make his views known.

People were supported to remain in contact with members of their family. One person was being supported by staff to visit their Mum the next day. Relatives told us that they stayed in regular contact by telephone, visited the home, or if this was difficult that staff drove their relative to their home to enable them to remain in contact.

Staff communicated with people in an attentive and individual manner. Staff chatted easily with people and shared jokes which showed that they knew people well. One staff member sat next to a person in the lounge watching television. The staff member spoke at intervals to the person and both looked relaxed and at ease in one another's company. Staff understood that some people were anxious about their daily routines. They clearly explained to people what they were going to do during the day and repeated this information to people when they became unsettled. This had a calming effect on people as they knew what was expected of them.

Staff spoke to people and records reflected people's needs in a way that valued them. People's plans of care included information about what people admired about them. Staff spoke in a caring and positive manner to people when engaged in conversation and also when describing their care needs. For example, one person told us that staff helped them to have a shower. A member of staff then praised the person for how hard they had worked to become more independent. This resulted in the person smiling with pride at the member of staff. Another member of staff said to a person who lived in the home that they had done a really good job with choosing their clothes for the day. They added that their jacket was dirty and it was such as shame as they looked so good, that maybe they would like to get another one. The person then left the room to get some clean clothing.

People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware of people's views, likes and dislikes and past history, this information was recorded in people's care plans. For people who had limited verbal communication, staff were guided by an individual communication plan and communication dictionary. The communication dictionary set out how the person indicated a range of different emotions and responses such as when they were happy, bored, tired or unwell.

People were supported to make day to day decisions, with the support of the staff team. Staff explained how they gave people choices each day, such as what they wanted to wear, where they wanted to spend time at home and what they wanted to do in the community. A member of staff asked one person how they were enjoying their day care services. This person said that sometimes they got bored with taking part in the same activities. The staff member offered this person the opportunity to go bowling and they responded that they would like to do this activity instead.

Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. Staff were respectful to people during our visits to the home.

Good

Is the service responsive?

Our findings

People told us that they went to day services during the week and that sometimes they travelled there by minibus and other days by the local bus. On first day of our visit they said they were going to do line dancing and karaoke. Feedback from visitors to the home was that people usually went out every day, that they enjoyed the activities that they took part in and that some people had made friends at day services. Most people attended day services for people with a learning disability, in Lydd, which were managed by the company. Some people liked to attend every day and other people attended for part of the day or visited the local day centre for older people. On the day of our visits people based at home participated in art and craft, watched television and helped with household tasks such as refreshing the water for a vase of flowers. They also went out shopping, for a walk along the beach and a meal. Each person had an activity planner which set out the activities planned for and undertaken by the person, such as a trip to the sports centre, watching DVDs, cleaning their room and attending at evening club. Therefore, people had the opportunity to take part in a variety of activities at home and in the community.

People had been given an updated copy of the service user guide which set out people's rights, what to expect when they moved to the service and how to make a complaint. The guide used simple words and pictures to explain this important information. One person showed us the guide and said that the manager had explained it to him and that he had been looking at it last night. A copy of the complaints procedure in easy read format was also available in the office. It included information about how to contact the ombudsman, if they were not satisfied with how the service responded to any complaint. It also contained information about how to contact an advocate if the person required support to make a complaint. The complaints log contained information about concerns and complaints that had been brought to the manager's attention. These included concerns from people who lived in the home such as if they felt that staff had been unfair in their treatment towards them. The log showed that complaints and concerns were taken seriously and that action had been taken to address all concerns raised. People were also asked if they had any complaints at weekly residents' meetings.

Staff said that not everyone in the home was able to verbalise if they had a complaint, therefore they looked at their body language for signs that people were upset or unhappy. They said that they would try and find the cause of their concerns and report this to the manager. Relatives said that they did not have any complaints about the service. However, if they had any concerns they said that they felt confident to bring to them to the attention of senior staff and that they would be acted on, or that their concerns had been acted on in the past.

People's needs were assessed before they moved to the home and an assessment was obtained from the local authority so that a joint decision could be made about how their individual needs could be met. These assessments formed the basis of each person's plan of care.

People knew that they had a plan of care which contained information about them. Each person's care plan gave detailed information about their health, social and personal care needs including their communication, mobility, medication and health, behavioural support, family and friends and hobbies and interests. There was also an overview of the person's needs and the aims that people hoped to achieve. This gave a clear picture of people's personality and strengths and needs. Clear guidance was in place about how people preferred to be supported with their morning and evening routines. Care plans were personalised as they were written from people's point of view and contained individual information about people's preferences. For example, one plan stated that the person responded better to male staff, that staff should communicate with them in short sentences so that they understood and that when they went to bed they liked to have their television on, as they found this comforting.

Staff demonstrated that they knew people's individual needs and how to respond to them. Relatives said that the needs of people who lived at the home were complex and that they could be challenging. They said the staff team understood their relative and how to support them in a firm and fair manner, to ensure that they could effectively participate in daily life and the community. People had meetings with their keyworker to discuss their plan of care and ensure that they were kept up to date. Care plans were being updated at the time of our visit. Detailed daily notes

Good

Is the service responsive?

were kept each day of what activities each person had taken part in, what personal care they had been supported with, if they had undertaken any household tasks, attended any appointments and what they had eaten for each meal.

Requires improvement

Is the service well-led?

Our findings

People knew who had been newly appointed to manage the home. One person told us they knew the operations manager and said that they were a regular visitor to the home. The operations manager was responsible for overseeing the quality of care of a number of homes owned by the company.

There had been a number of changes in the staff team in the last year. A registered manager had been appointed in May 2014. This person was on planned leave and a new person had been appointed to manage the home. There had also been changes in care staff which had affected the consistency of support that people received. In particular this had had an impact on one person, resulting in an increase in their negative behaviours. A new support team was being established for this person. A visitor to the home reported that, "Some aspects of the home seem a little unsettled" and staff reported that these significant changes had resulted in low morale in the staff team. Staff felt they had not received effective support and that their views had not always been listened to.

Staff reported that it would be unfair to comment on the leadership of the new manager as they had only been in post for three weeks. However, they acknowledged that the manager worked hard, that they listened to their views and had regular conversations with the people who lived in the home. We observed the manager talking to people, attentively listening to what they had to say and responding to their questions. The manager worked at the home Monday to Thursday and on Friday the deputy manager took over responsibility. The deputy manager was also responsible for managing another service nearby. The manager was supported by two team leaders who had worked at the home for one and three years respectively and therefore knew people's needs well. The manager said they received good support from the deputy manager and operations manager.

The provider was not proactive in identifying shortfalls in the service and making the necessary changes needed. The company's website stated that the company benefitted from specialist advisors in PWS, autism and how to positively support people with behaviours that may challenge. However, training in PWS and face to face training in supporting people with their behaviours and autism was only arranged after our visit to the home.

The manager audited aspects of care such as medication, care plans, infection control, complaints and all aspects of health and safety, including potential hazards in the environment. Where shortfalls had been identified, an action plan was put in place to address them. The operations manager visited the home each month and reported on aspects of the service every three months, identifying any areas where improvement was required. These improvements were fed back to the manager to implement, and were monitored to ensure that they were completed. In addition a compliance manager from the company had visited the service in November 2014 to assess the home against the key areas of safe, effective, caring, responsive, and well led. Shortfalls had been identified in the environment and these had been addressed. However, we saw that the flooring that had been laid in one person's room stopped short before the person's wash hand basin. This defect had not been identified, so action had not being taken to address it.

The views of people were sought through resident meetings, keyworker meetings and reviews, and survey questionnaires. Resident meetings were held weekly where people discussed what they wanted to eat, activities they would like to do, and any changes such as in the garden. Some people had been given survey questionnaires to complete, but they had not been dated, so it was not possible to establish if their responses reflected their current views about the home. Relatives said that they were not formally asked for their views about the home. There was no effective system in place to seek the views of everyone's relative or representative, although sometimes these had been recorded in people's care reviews. For example, in one person's care review it had been recorded that the person was the "Most settled and happy they had been in a while". Staff were supported at staff meetings. The last staff meeting had taken place in January 2015, where we were told that each person's needs had been discussed, together with topics such as health and safety and training. However, the record of the minutes could not be located so it could not be certain that any issues raised at this meeting had been addressed. Therefore, it was not evident that everyone's views had been sought to ensure that the home was working towards continuous improvement.

We found that there was a lack of a fully robust quality monitoring process. This was a breach of Regulation 10 the

Requires improvement

Is the service well-led?

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014.

The aims of the service were set out in the home's Statement of Purpose, included in people's plans of care and on the company's website. The manager and staff were clear about the aims of the home. They said that these were to support people to be as independent as possible, to take part in activities that they enjoyed, to make choices and for people to feel safe and secure. When staff spoke about the aims of the home, they were passionate about ensuring that these aims were met at The Willows.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing People were not supported by sufficient numbers of staff being available at all times to keep people safe and meet their needs. Regulation 22, which corresponds to regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The provider did not have an effective system in place to identify and take action to address shortfalls in the provision of the service, nor to seek the views of persons acting on behalf of people. Regulation 10 (1) (a) 2 (e) which corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014