Action for Care Limited

Willow View

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 of Willow View Care Home took place on 8 and 10 July 2015. The visit on 8 July was unannounced and the visit on 10 July was announced. We previously inspected the service on 3 April 2014 and at that time we found the provider was not meeting the regulations relating to maintaining an accurate record in respect of each service user which included appropriate information and documents in relation to the care provided.

We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Willow View is a care home providing accommodation and personal care for six people who have a learning disability and who may have severe challenging behaviours. There were six people using the service at the time of our visit. The business is owned by Action for Care Limited and they are a registered charity.

The service is required to have 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. In this report the name of a registered manager appears

Summary of findings

who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a registered manager on our register at the time. The current manager had submitted their application to commence registration with CQC. At the time of our inspection this was not finalised.

People who lived at Willow View told us they felt safe. Staff had a good understanding about safeguarding adults from abuse and who to contact if they suspected any abuse.

Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence.

Effective recruitment and selection processes were not in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not robust enough systems in place to store and administer medicines safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were enough staff to provide a good level of interaction. Staff had received an induction, supervision, appraisal and role specific training. This ensured they had the knowledge and skills to support the people who lived there.

People's capacity was considered when decisions needed to be made and advocacy support provided when necessary to support and enable people to air their views. This helped ensure people's rights were protected when decisions needed to be made.

People were supported to eat a good balanced diet and people enjoyed the food served

Staff were caring and supported people in a way that maintained their dignity and privacy.

People were supported to be as independent as possible throughout their daily lives. Individual needs were assessed and met through the development of personalised care plans and risk assessments. People and their representatives were involved in care planning and reviews. People's needs were reviewed as soon as their situation and needs changed.

Care plans considered people's social life which included measures to protect people from social isolation.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time. There had been no recent complaints received by the service, but our discussions with people who used the service, staff and community professionals gave us assurance they would be dealt with appropriately

The culture of the organisation was open and transparent. The manager was visible in the service and knew the needs of the people in the home

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard, however this system had not picked up the problems we found with safe storage and administration of medicines and also safe staff recruitment procedures. You can see what action we told the provider to take in relation to the breeches in the regulations at the back of the full version of the 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?
The service was not always safe.

People felt safe living at Willow View and representatives told us people were safe living there.

People were not always protected from unsuitable staffing because a robust system of recruitment and selection was not in place

People were not always protected from the risk of the unsafe storage or administration of medicines

People had individual risk assessments in their support plans which ensured risks were minimised.

Requires improvement

Is the service effective?
The service was effective

Staff had received specialist training to enable them to provide support to the people who lived at Willow View.

People's consent to care and treatment was always sought in line with legislation and guidance.

People were supported to eat and drink enough and maintain a balanced diet

People had access to external health professionals as the need arose

Good

Is the service caring?
The service was caring

Staff interactions with people were supportive, caring and enabling.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives

Good

Is the service responsive?
The service was responsive.

People were supported to participate in activities both inside and outside of the home.

People and their representatives were involved in the development and the review of their support plans where possible

People told us they knew how to complain and told us staff were always approachable.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

The culture was positive, person centred, open and inclusive.

The manager was visible within the service and knew the needs of the people in the home.

The registered provider did not have an effective system in place to assess and monitor the quality of service provided.

Requires improvement 

Willow View

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 10 of July 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in supporting people with a learning disability and behaviour that challenged. The visit on the 10 of July consisted of one adult social care inspector and was announced

Prior to our inspection we reviewed all the information we held about the services. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners.

We used a number of different methods to help us understand the experiences of people who lived in the home. Not all the people who used the service were able to communicate verbally, and as we were not familiar with everyone's way of communicating we were unable to gain their views. We spoke with 3 people who used the service. We spent time in the lounge area and dining room observing the care and support people received. We spoke with 3 community professionals involved with people who used the service We also spoke with six members of staff including the manager, a senior support worker and four support workers. We looked in the bedrooms of two people who used the service. During our visit we spent time looking at three people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the services audits.

Requires improvement

Is the service safe?

Our findings

People who lived at Willow View told us they felt safe. One person who used the service told us, "I feel very safe. It's really amazing here; great support, great safety."

We looked at the personnel files of three staff. We found the registered provider did not have a robust system in place to ensure staff had been thoroughly checked before they commenced employment. In the first file we looked at we noted the candidates application form detailed their previous employment dates as '1999 to 2001, 2003 to 2003 and 5 March to present'. We could not see evidence the interviewer had asked for further clarity or identified if the candidate had any gaps in their employment which needed to be explored. Exploring gaps in employment is important to account for the activities of candidates whilst they are not in employment and to prevent unsuitable people from working with vulnerable groups.

In the other two files we found reference checks were incomplete. One of the files had only one written reference and the second file had no written references. We found that the Disclosure and Barring Service (DBS) had been contacted before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

This evidenced effective recruitment and selection processes were not in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit we looked at the systems in place for the receipt, storage and administration of medicines. Medicines were supplied in both MDS and bottles and boxes. We looked at the storage and administration records of a controlled drug (CD). We found storage arrangements to be appropriate and administration records accurate. We also checked the medication administration records (MAR) for two boxed medicines and found the stock reconciled with the number of recorded administrations. We noted one person was prescribed a cream which staff where to apply. A body map was in place which clearly identified the areas the cream had to be applied. We saw that one person was given medication covertly and that an appropriate mental capacity assessment and best interest meeting had taken place in relation to this decision.

The records for one person who lived at the home recorded they were allergic to a specific medicine. This was clearly recorded on a separate document which was stored with the medicine records but this information was not recorded on the persons MAR sheet. This meant there was risk this person may be prescribed or administered medicine which may be harmful to them.

An entry had been hand written on one person's MAR sheet. The staff who had made the entry had not signed the record and there was no evidence to indicate a second staff member had checked to ensure the details recorded were accurate. We discussed this with the manager on the day of the inspection.

The manager told us all staff were trained in medicine administration and this was updated every two years. When we checked one of the staff training records we could not see evidence they had completed medicines training. The member of staff assured us they had completed the training and we asked the manager to provide evidence of this. This evidence was not found and the staff member completed the training the following day. The manager told us all new staff were assessed to ensure they were competent to administer peoples medicines when they commenced employment. We saw this was recorded in one of the staff files we reviewed. We asked the manager if staff competency was routinely re-assessed, they told us it was not. This meant there was a risk people received their medicines from people who may not have up to date knowledge and skills.This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

One person who used the service said, "I feel safe living here. Staff are kind to me. I feel safe in the back garden – it is nice and peaceful." We asked staff about their understanding of safeguarding. All the staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents. One member of staff said, "I have raised safeguarding issues in the past and would do again if I ever felt things weren't right. I am

Is the service safe?

confident the procedure works" This showed us the home had robust procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

Staff told us they understood the whistleblowing procedure and would not hesitate to refer poor practice to managers and other relevant agencies if necessary. One member of staff said, "I have never had a reason for concern about other staff or any safeguarding issues. I have always looked at the service users and thought 'that could be my mum/ sister/son"

We saw in the care files of three people who used the service that comprehensive care plans and risk assessments were in place in areas such as mobility, behaviour that challenged, physical health, finances, cultural and spiritual expression. We saw these assessments were reviewed regularly, signed by all staff and up to date. We saw that one care plan and risk assessment that had been updated on 2 May 2015 following an incident had not yet been signed by all staff, however the update had been discussed in detail at the team meeting and the minutes of the meeting signed by staff. The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. They told us they recorded and reported all accidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. We looked at three incident reports and saw that two included a 'debrief' around how the incident might be prevented in future and one did not. The manager said that in that instance the information was shared with staff verbally and was also written in the person's daily journal. The staff we spoke with were aware of the approach to take with this person.

We also saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the home. One community professional said, "There is a fine balance. They manage risk when needed, but they are not risk averse. They support the person to try things." This showed us the service had a risk management system in place which ensured risks were managed effectively without impinging on people's rights and freedoms.

We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). We also saw that weekly checks were carried out by a member of the staff team on the fire alarm and emergency lights to ensure they were in working order. People had a personal emergency evacuation plan (PEEP) in place. We looked at the PEEP's for two people and saw they were reflective of their needs, however, neither document had been signed or dated.

We saw records showing that fire drills took place at least twice a year. One of the staff we spoke with told us, in the event of the fire alarm being activated, they would support people outside to the car park which was the designated meeting point. This means that staff are aware of procedures in the event of an emergency.

We saw there were enough staff on duty to meet people's individual needs. There were seven members of staff on duty, including the manager, on the morning of our visit, four of whom were out in the community supporting people who used the service with individual activities in line with their care plan. The manager told us that each person who used the service was allocated staffing according to their assessed needs and we saw that this was reflected in their care records and tallied with the number of staff on the duty rota. People who used the service received staff support to enable them to access the community and engage in activities outside of the home. At night time there was one waking night staff, one senior support worker sleeping in and an on call manager for emergencies. The support workers duties also included laundry, cooking and cleaning. A handy person and a gardener visited the premises regularly to maintain the building and garden. All the staff we spoke with told us that there were normally enough staff. One member of staff said, "If there was a cook and/or cleaners the support workers could support the service users to do more. There seems to be a balance between safe staffing levels and what needs to be done". The manager told us that they occasionally use staff from their own bank, but these staff were specific to the house and had had their induction training at Willow View. One member of staff told us, "We have our own bank staff who know the service users and

Requires improvement

Is the service safe?

this helps with continuity. Bringing new staff in can upset some of the service users. They don't like changes" This meant that there were sufficient numbers of staff to keep people safe and meet their needs.

One person who used the service told us, "The house is lovely. They keep it fresh. The staff are very good at hygiene and so are my peers" We looked in the bedrooms of two people who used the service. We saw gloves and paper towels were present in the bathrooms, but hand wash was only available in one bathroom. We were told that this was related to the person's individual needs and wipes were used instead.

We saw that people who used the service had their laundry washed separately. This reduced the risk of infections spreading between people who use the service.

We saw a daily plan was checked by staff at the beginning of a shift and certain allocated tasks, such as cleaning, were signed off when they had been completed. We observed the environment was clean and well maintained. This evidenced that a system was in place to ensure the home was clean and to prevent the spread of infections. A maintenance log was kept, which is a list of building maintenance activities used to ensure that premises are suitably maintained. This was up to date. This ensured people were cared for in a suitably maintained environment.

Good

Is the service effective?

Our findings

We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked four staff, what support new employees received. They told us new staff shadowed a more experienced staff member for their first few shifts before they were counted in the staffing numbers. This demonstrated that new employees were supported in their role. One member of staff told us, "The induction period was quite lengthy. The company provided core training which is updated annually online. Periods of shadowing focussed on getting to know the individual service users. If I felt further training was required this would be made available." The staff member also said, "Supervision takes place regularly. If anything comes up in the interim the manager has a very open door policy." All the staff we spoke with told us they undertook a regular programme of training. We looked at the training records for three staff and saw training included infection prevention and control, health and safety, food hygiene and safeguarding. The manager told us much of the training was completed 'online'. Staff told us they all also completed training in de-escalation, breakaway and physical intervention. Staff told us this training was classroom based as 'online' training was not a suitable method of learning for this topic. One member of staff told us, **"**The Induction training was good. Well written booklet supported by online training. I have never used restraint. I had training on de-escalation procedures and non-contact methods." Another member of staff said, "I had a few weeks induction and then shadowing. The team teach positive handling to defuse situations before they escalate." One community professional said, "The person was so challenging when they moved in and due to the hard work the staff have put in they no longer need two to one support." This demonstrated that people were supported by suitably qualified staff with the knowledge and skills to fulfil their role.

We saw a spreadsheet on the office wall which listed the staff who worked at the home and provided the manager with an over view of staff supervisions. Staff also told us they received regular supervision with their manager. One of the staff we spoke with told us they received supervision monthly. We looked in three staff files and saw evidence staff had received supervision, however, the records did not reflect the regularity of supervision which staff reported. For example, one staff file recorded the most recent supervision as November 2014. This demonstrated that not all supervision sessions may have been accurately recorded.

We saw each person who used the service had a daily record book which recorded the activities they have participated in, any concerns and information that needed to be shared. One community professional told us, "The manager has good interactions and communicates with staff, so they know about the needs of the people who live there when she is not round." This showed information was shared appropriately between staff and the person's support team.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We asked the manager about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were able to describe to us the procedure they would follow to ensure people's rights were protected. Where people did not have capacity to make complex decisions, the manager was able to show us examples of where best interest meetings were held involving advocates and other health and social care professionals. We saw in the files of two people who used the service that mental capacity assessments and best interest decisions had been made in relation to important decisions for the person, such as dental treatment, covert medication and night time monitoring related to epilepsy. We found staff had a good understanding of the principals to follow to ensure decisions made were in people's best interests. This meant that the rights of people who used the service who may lack the capacity to make certain decisions were protected in line with the Mental capacity Act (2005) and guidance.

We saw that DoLs applications had been considered for all six people who used the service and that two of these had been authorised by the supervisory body responsible. This meant that the human rights of people who used the service were protected and they were not unlawfully restrained.

People at willow View were supported to have sufficient to eat, and drink and to maintain a balanced diet. One person

Good

Is the service effective?

who used the service said, “We have lots of independence and can cook our own meals.” Another said, “When it’s my meal I like it very much. I don’t always like what the others choose. It’s sometimes healthy food and sometimes it’s fattening.” Meals were recorded in people’s monthly journals. This included a record of all food consumed, including where food intake declined and details of the food eaten. We heard staff offering a person who used the service a choice of food mid-morning and we saw they received the meal and drink of their choosing. We also saw that people who used the service, who were able to do so, helped themselves to snacks and drinks from the kitchen when they wanted to. The manager told us that each person chose an evening meal each day, but if the other people did not like the meal, they were offered an alternative. One member of staff said, “One suggestion that was taken up was using sachets of coffee and sugar for one service user who would heap spoons and spoons into their mug. They now have a fixed number of sachets and they manage the use of them throughout the day. It has helped them to understand how much they are using and they like the level of control they have achieved.” We saw that a food diary had been kept when one person who used the service stopped eating and the service contacted the GP. We saw that their health was reviewed, a plan was formulated and appropriate action taken to ensure their health needs were met This demonstrated the service responded to changes in the nutritional and health needs of the person.

People who lived at Willow view were supported to access healthcare. One person who used the service said, **“**Staff support us to take exercise, go to the doctor. I know we can call on them if we are sick during the night.” We saw in three care files that dental, optician and chiropody and other health appointments were regularly arranged for people who used the service. We saw in the health record of one person who used the service that a range of health professionals were involved in their care including a chiropodist visiting the home, the GP, and consultant psychiatrist. One member of staff said, “I think we would spot any medical issues through changes in behaviour, particularly when assisting with personal cares. Service users have annual check-ups. The GP comes in to Willow View. If we are at all concerned about anybody we would call the GP back.” We saw in the daily diary and health records of one person who uses the service that action discussed following an incident was followed up and an appropriate health professional was contacted.

People who lived at Willow View’s individual needs were met by the adaptation, design and decoration of the service. We saw the house was homely and spacious and comfortably furnished. People who used the service had been involved in the decoration of the rooms. All bedrooms had en-suite toilet and shower facilities and were individualised to the tastes of the person. A communal bath was available for use and several of the people who used the service chose to use it. The home did not have a passenger lift, therefore people who lived at the home with limited mobility had a ground floor bedroom .The dining kitchen had plenty of space for food preparation and for everyone to eat together should they wish to do so. The garden was accessible through the patio doors.

Good

Is the service caring?

Our findings

The service was caring. One person who used the service said, "I like it here. Great support; great friends. Staff are great with us, especially if we are feeling sad and missing our family. They reassure us and say 'they aren't so far away. You will be seeing them soon. I feel really cared for. Couldn't ask for a better place in the world." Another person who used the service said, "Very happy Willow View. Willow view permanent." During our inspection we observed staff speaking with people in a kind, caring and respectful manner. The staff we spoke with were knowledgeable about peoples likes, dislikes, preferences and what made them happy. The atmosphere of the home was calm and relaxed. When we arrived at the home at 9.40am two people who used the service were in bed asleep. Three people who used the service were out doing activities and another person was sat in their bedroom listening to music with a member of staff. We saw that the member of staff sat with the person on the floor and interacted with them in a caring way, responding to their needs.

One member of staff said, "Willow view is all about the people who live here. They are all individuals and it is their home. People (staff) here genuinely care for them. They are there for them. It's a good environment."

The staff we spoke with had a good awareness of the needs and preferences of people who used the service to help them to make choices in line with their tastes and interests. This information was also detailed in peoples care files. We saw in peoples monthly journals that people who use the service were given choices and were involved in choosing what to wear, planning activities, meals and the décor of the home. For example two journals described how people who used the service who did not communicate verbally had chosen the clothes they wished to wear for the day. In one person's care records an entry said, 'I choose when to open/close my door'. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

One member of staff said they invited people to look at their care plans and people could see them whenever they wanted to. We were told by the manager that none of the people who used the service were interested in being involved in their care plans, but that four of the people who used the service had advocates or relatives who were involved. We saw one person who used the service was working toward a long term goal of going swimming and that an advocate had been involved in planning this goal. One staff member said, "The staff are taking them in the car, they just sit in the car park for a bit then come back. When the person is comfortable with that, they will start getting out of the car. It is a slow process, step by step, it may take a year but we will get there." One community professional said, "They respect the wishes of the client." One member of staff said, "Choice is at the core of what we do. Service user choice"

In two of the care files we reviewed, there was information about how to ensure people's privacy and dignity was respected when preparing for the day. We observed that three people who used the service had their own bedroom door key in order to lock their bedroom door if they wished to do so. Staff knocked and asked permission before entering bedrooms. We saw in the care records of one person who used the service that privacy and dignity were central to discussions about monitoring of risk. One member of staff said, "I look at practice & strategy with the thought that this could be my child. I am absolutely confident that the service users are safe and cared for here. Fantastic team of service user centred staff"

People at Willow View were supported to maintain and develop their independence skills. The manager told us that some of the people who used the service were supported to do their own washing. We saw that two people who used the service made their own lunch when they returned from an outing. This showed us the home had an enabling ethos which tried to encourage and promote people's choice and independence.

Good

Is the service responsive?

Our findings

People at Willow View received personalised care that was responsive to their needs. One person who used the service told us, "If I had any concerns or complaints I would take them straight to the manager or one of the seniors." Another person who used the service said, "I can go out for daily exercise and activities. I go to museums, go to swimming lessons on Saturdays, go shopping and watch Netflicks. It's absolutely brilliant". Another said, "I like walking, but sometimes I can't be bothered". One person who used the service said, "I don't like all the doors being locked. I know it's for my own safety but I want to be more independent. I would like to go to the local shop on my own. It's one of the goals we are working toward."

The staff we spoke with had a good awareness of the support needs and preferences of the people who used the service. We found care plans were person centred and explained how people liked to be supported. They covered areas such as mobility, hygiene, communication, continence, medication, decision making, money, relationships, sleep and included long term goals that the person was working toward.

Plans were in place to support people who used the service if they were unable to communicate their preferences. For example, one record we looked at detailed 'things I like and things I don't like' section in the care files, such as, "Things I like- music, books been read to me, sweets and chocolate, coca cola." We saw when we arrived that this person was listening to music and looking at books with a member of staff in line with the care plan. The care plan also contained pictorial information around encouraging the person to use the commode and pictures of staff demonstrating how the person indicated when he wanted help.

The care records also contained detailed information about people's individual behaviour management plans, including details of how staff would care for people when the exhibited behaviours that challenged the service, and the action staff should take in utilising de-escalation techniques. This was detailed for both when the person was alone and when they were in the company of others who may be at risk from the behaviours. When we spoke with two members of staff they were aware of this information. We saw that a recent incident of behaviour that challenged others resulted in a new care plan and risk assessment to support the person with personal care. This showed that the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks. One member of staff told us, "We have worked hard with a person whose behaviours were very difficult and they had been moved on from a number of different placements**.** Now they live as they want and they are much calmer. It is their right to be like that. It is not our views and values that count. It's their views and values that matter."

A community professional told us, "I am very impressed with the detailed paperwork and care planning. It is all updated regularly. The staff have detailed knowledge of the person. They do role play with new members of staff to show them how to support people. They try new activities. They are always trying to improve their lives." This showed that the service responded to the needs and preferences of people who use the service.

We saw evidence of a full range of activities for people in each person's support plan and monthly journal. We saw that people were able to choose individual activities outside the home in line with their tastes and interests. One community professional told us that the person was, "happy at the home. They are getting out and getting the support they need."

People who used the service told us that they were supported to see their family. One person who used the service said, "a person who used the service made me a fabulous birthday cake this year and on my 21st I had a big party with my peers and all the staff. I also went to Pizza Hut with my Dad. Every 2 weeks we take Dad out to Cannon Hall, Tropical World or Nostell Priory." One community professional said, "The staff are very proactive promoting contact with family. They make sure links are maintained."

One member of staff said, "We try really hard to keep the service users in touch with family members where they have them."

Through speaking with staff and people who used the service we felt confident that people's views were taken into account. We saw people had been involved in planning their care wherever possible. Where this was not possible or not desired by the person their family and other relevant health and social care professionals had been involved.

We asked the manager how people were supported to make choices in their everyday lives. They told us staff

Good

Is the service responsive?

knew people well and what they liked and they always supported people to have choices in their everyday life. We saw that two people who use the service chose to eat their evening meals on their own. One member of staff told us, "The service users have a great deal of choice. We plan with them so they can do the things they want to do. They have holidays that suit them supported by their key worker and other staff" Another said, "The service users have their own room, and the buy their own things. Individualism is promoted. We go to the cinema, or the park to feed the ducks, listen to music or watch their own TV. The house has got Netflicks and lots of DVDs and a karaoke machine. Their bedrooms are decorated and set out in the way the service users want. I feel we put the individual first and foremost" We saw a written menu for the week on the fridge. We were told that four out of the six people who use the service were able to read the menus and the non-verbal people who use the service use picture cards to make choices, but we did not see these in use on the days of our inspection. We saw people who used the service who smoked were able to access the garden and the smoking shelter whenever they wished to do so.

We saw staff were responsive to people's needs, asking them questions about what they wanted to do and planning future activities. Staff were patient with people, and listened to their responses. This meant that the choices of people who used the service were respected.

The registered manager told us there had been no recent complaints. We saw from meeting records that any complaints were analysed by head office and any lessons learnt were put into practice. The people who used the service we spoke with all knew who to contact if they had any concerns. The complaints procedure was in the back of peoples' monthly journals and visible on the wall of the home. The manager showed us that the complaints policy was being altered into a more user friendly format with more pictures, large print and email addresses and it was being further individualised for specific service users. We saw from one relatives feedback form that a copy of the complaints procedure was offered. This showed us there was a system in place and people knew who to contact if they had any complaint about the service.

We saw the minutes of meetings that were held with people who used the service and that issues raised were followed up. For example one person who used the service asked at a house meeting in January for netflicks to be installed on the TV in the lounge and they told us that this was now in place.

The manager told us the home completed their own assessment with people before they were admitted to the home and that everyone had a hospital passport should they be admitted to hospital. The manager said these were being updated to make them more user friendly. A hospital passport provides detailed information for hospital staff about each person's health and support needs, likes, dislikes and preferences. Where a person may not be able to fully communicate their needs, this information may reduce the risk of the person receiving inappropriate and unsafe care if they require hospital treatment

We saw in three care files that care plans were regularly reviewed and up to date and updates were signed by all staff. We saw a 'critical support procedure' in the front of one care file. We were told by the manager that this was no longer used and yet it stated that it must be used and not changed without the permission of the manager. This was not dated. This could mean that staff use the wrong procedure to support a person who used the service putting their well-being at risk. However we saw that the support procedure for this person had been discussed at a recent staff meeting and so staff that attended would be aware of the procedure to follow. This meant there was a system in place to monitor and evaluate peoples care and support plans

Requires improvement

Is the service well-led?

Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. Previous to this post the manager had worked at Willow View as the deputy manager. The manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. The current manager had submitted their application to commence registration with CQC. At the time of our inspection this was not finalised.

The manager said that their ethos was to promote independence. "We help people to do whatever they can themselves ie; laundry, making simple meals, so they don't lose skills. Even a person giving their own bus pass to the bus driver means that they are in control." The manager said that the team ethos was that, "The staff give 120%. They all work together. We are open, truthful, and transparent. We use constructive criticism and learn something new every day." One community professional told us, "The manager is extremely good. Her values are spot on and this filters through to the staff team. She works very hard to manage the behaviour of the person and give them a good life style. If I bring up any issues they work through them to resolve them."

The service demonstrated good management and leadership. The manager said that she operated an 'open door policy' and staff were able to speak to her about any problem any time. Staff we spoke with were all positive about the manager and told us the home was well led. They told us the team was very friendly and all staff were approachable. They felt they were part of the lives of the people who lived there and were responsible for helping them to have a good life. One member of staff said, "This is the lowest paid job I have ever had but it's the happiest I have ever been at work. It's like a big family. The managers' door is always open. She always has the time for you." Another said, "I really love working here. Every day is different. We work well as a team. We take any suggestions to the manager. We discuss them together and we feel listened to." The manager said they received monthly supervision meetings with the regional manager and they felt supported. "I get my opinions heard and it helps give me clear directions." This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people living within the home.

All the staff we spoke with felt that communication was good. We saw that staff meetings had been held In six out of the last seven months. They discussed each person who lived at the home and any changes in their needs. Where action was needed this was in 'red'. Other topics included care plans, holidays and training. One member of staff said, "Monthly staff meetings are a good communication vehicle. I try to get to them as often as I can. If staff can't get there they have to read the notes and sign that they have read them." Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that a survey of family member's views was sent out in April 2015 but only one response was returned. We saw this response was positive about the home. We saw written feedback from a community professional involved with a person who used the service from November 2014 which said that the persons relative was, "very positive and complimentary about the service provided at Willow View."

We also reviewed the manager's audits. Medication audits were carried out once a week. Fridge temperature, petty cash and finance audits were completed daily. We saw minutes of managers meetings where quality assurance matters were discussed and actioned. For example at the June 2015 meeting, a system of managers auditing each other's service was started. This showed staff compliance with the service's procedures was monitored . The manager completed a monthly report to enable senior management to have an overview of the service provided. This included information on the manager's observation records, incidents, resident's reports, training, visits and meetings, maintenance and safety checks. This demonstrated the senior management of the organisation were reviewing information to drive up quality in the organisation. Some of the information on the reports was inconsistent however, for example; the required frequency of fire safety drills was

Requires improvement

Is the service well-led?

different on three of the reports from the last six months. The service's quality assurance systems had not identified and acted on deficiencies we found in recruitment records and the safe administering of medicines.

The manager had a good understanding of notifications. The manager is required to notify the CQC when a DoLs authorisation has been agreed. The CQC had been notified about one authorisation, but not the other. The manager said that this may have been missed during the transition from the previous manager to herself.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People who used the service were not protected from unsafe recruitment practices because the registered provider did not have a robust system in place to ensure staff had been thoroughly checked before they commenced employment. Regulation 19 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who used the service received their medicines from people who may not have up to date knowledge and skills. Regulation 12 (2) (g)