

# Sharon and Glen Arnott

# Willow House

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Willow House provides care, support and accommodation for up to nine adults with a learning disability, many of whom are aged 65 years and over. At the time of our inspection there were eight people living there.

The care service had 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.

There were two registered managers in post. One of these was also the registered provider. 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. Throughout this report we have referred to the provider and the registered manager as both were present during the inspection.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People living at the service said they felt safe. Staff knew how to protect people from avoidable harm and abuse. Risk assessments had been completed and when risks had been identified, care plans provided clear guidance for staff on how to reduce the risks. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff said they were trained and supported in their roles. People were supported to have enough to eat and drink.

People living at the service spoke highly of the staff. They said "The staff are nice. The staff are kind" and "Staff are very friendly." We observed many positive interactions between staff and people. Staff spoke passionately about their roles.

Feedback from relatives was overwhelmingly positive with comments such as "There is a real sense of sensitivity and inclusivity at Willow House" and "There are incredibly close relationships between staff, the managers and the residents." Health and social care professionals told us "All clients are enabled to lead full lives and all health and social needs are met in a timely fashion. I have no concerns regarding the care provided at Willow House and it is always a pleasure to visit".

Care plans were person centred and detailed all aspects of people's choices and preferences for how they

wanted to be supported. Health action plans were in place. We saw examples of staff providing additional levels of support, such as staying with people when they were in hospital.

There were robust quality assurance systems in place. Staff spoke highly of the management team and management values. The provider's values were embedded in the day to day support of people.

## 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 remains safe.

Good ●

### Is the service effective?

The service remains effective.

Good ●

### Is the service caring?

The service remains caring.

Good ●

### Is the service responsive?

The service remained responsive.

Good ●

### Is the service well-led?

The service remained well-led.

Good ●

# Willow House

## 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 was a comprehensive inspection. The inspection took place on 26 March 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with three people living at the service, three members of staff and the two registered managers. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we spoke with two relatives of people using the service and received feedback from a further two relatives. We also received feedback from health professionals who had worked with the service.

## Is the service safe?

### Our findings

The service remained safe. People said they felt safe at the service. Comments included "Safe? Yes, I feel safe here."

Staff received updated training in the safeguarding of vulnerable adults. They were aware of their responsibilities to report their concerns or poor practice to the registered manager or outside agencies as appropriate. One said "Any concerns about poor care, I'd speak up, no problem."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence when at the premises and when accessing the local community. When people needed mobility aids or equipment to move around, the details of these were documented. We observed staff assisting people to move around in line with the guidance in their care plan. Fire risk assessments had been completed which considered how people might react to the fire alarm as well as how much support people needed to move to a place of safety in the event of a fire.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

There was enough staff on duty to meet people's needs. The provider said staffing levels were based on people's needs and the activities they wanted to attend. They said there were always two waking staff on duty at night. All of the staff we spoke with confirmed they felt there was always enough staff available. The provider described staff as "very good" and "flexible." They said staff often worked in order to fit around people's appointments and that agency staff were never needed or used. The provider said staff turnover was low. One relative told us "One key feature of Willow House is that the staff seem to be retained. This is good for relationships between people living there and the staff."

Medicines were managed safely. People had locked cupboards in their bedrooms where their medicines were stored. The temperature of the cupboards was monitored to ensure they were kept at safe temperatures. Medicines that required additional security measures were also stored safely. Regular stock checks were carried out. Medicine audits were undertaken on a weekly basis. Staff were regularly assessed to ensure they remained competent to administer medicines. The provider worked with other health professionals to stop overmedication of people with learning disabilities in line with NHS England guidance (STOMP). People had regular medicine reviews. The registered manager said "We're passionate about medicines management – we chase up doctors to review people's medicines."

People were protected from the risk of infection. Staff had attended infection control training. The building was clean and smelt fresh. Staff supported people to keep their bedrooms tidy. There were infection control

"champions" in place.

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Incidents and accidents were reported. Incidents were analysed and action taken to prevent a recurrence. For example, following a fire at the service, kitchen units in one person's flat had been removed and replaced without a hob in order to prevent a similar incident occurring.

## Is the service effective?

### Our findings

The service remained effective. People's needs and choices were assessed and regularly reviewed. For example, one person had recently returned from hospital and their support needs had changed. The care plan for this person reflected this. Staff were alert when people's health needs changed. For example, another person had recently been acutely unwell. Staff had swiftly arranged for the person to be transferred to hospital for assessment and treatment.

Staff had the skills and knowledge to support people. There was a training plan in place which showed that staff had been trained and had regular updates. Staff said "We have lots of training. Outside agencies come in sometimes and we can go on courses" and "I've completed extra training, like epilepsy training. It's easy to ask for additional training if we feel we need it." New staff undertook an induction period, which included them shadowing more experienced staff before working independently. One member of staff who explained they were new to this type of role said they had received a comprehensive induction to their role. This included the Care Certificate which covered an identified set of standards, which health and social care workers are expected to adhere to. All staff held a diploma in Health and Social Care or were working towards this.

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. The provider said "We love developing our staff; giving staff extra time if they need it. We support staff one to one and help to grow their confidence." This was confirmed by one staff member who said "I was scared at the start, but I've been well supported and the managers have given me confidence." This demonstrated there was a proactive support and appraisal system for staff, and that recognised the importance of staff development, competence and knowledge.

People were supported to have enough to eat and drink. People's nutritional needs were regularly assessed and specialist advice and support had been sought. For example, some people had specific needs around the textures of foods they could eat and in these instances advice had been taken from the speech and language therapist (SALT). People's preferences for what they liked to eat and drink had been documented and they were involved in menu planning. We observed lunch during our inspection and saw that people were offered a choice of what they wanted to eat. People were encouraged to maintain their independence when eating and drinking. One person told us they had lost a lot of weight with staff support which had positively impacted on their overall health and mobility. This had involved the provider creating menus with this person and purchasing additional food items to support healthy weight loss. Another person said, "The food is good. I get a choice and can ask for anything I want. I asked for ice cream."

Staff worked closely with other health care professionals to ensure that people's needs were met. Records showed that people were supported to access appointments. One relative said "It's shared care at its best. We attend appointments with our relative and staff" and "If I have been concerned about [person's name] health/medication/GP visits I am asked if I would like to accompany them and the support worker to the appointment which I have done in the past – in this way I am fully aware of any developments likely to arise



which I find extremely reassuring." Records showed that people had access to the specialist community nurse (learning disabilities), nurse practitioner, occupational therapist, the dentist and the GP. One health professional said "All members of staff maintain regular contact with me and make me aware of changes particularly regarding epilepsy and medication changes."

People had their own bedrooms and they chose how these were decorated. One person said "My room is being decorated. I'm going to get a big television and have a seating area." Communal areas were light and spacious. There was a large conservatory area where people could eat their meals if they wished and a large lounge. There was room for people to walk around and space for people with wheelchairs. There was a garden and decking area outside. One person said "I like animals and we're hoping to get a tortoise soon."

People using the service confirmed they were involved in decisions. They said, "I choose where I want to go" and "I choose everything I want to do. When I get up, where I go and when I go to bed." We observed staff asking people before they provided support. For example, we heard one member of staff ask one person "Would you like me to help you colour that in?" The person said "No thanks. I can do it on my own" and the staff member respected this. On other occasions we heard staff ask people where they wanted to sit and we observed staff knock on people's doors before entering.

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent to their care and treatment. When people lacked capacity best interest decisions had been made. These were documented and showed that less restrictive options had been considered. Input from other health professionals and advocates had been sought. Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions. Staff comments included "I ask people what they would like every day" and "We give everyone a choice and a voice. We aim to make people feel valued." The provider said "We're the advocates for people here. We fight to make sure people get treated fairly". This was emphasised recently when the provider and registered manager had demonstrated just how strong advocates they were for improving people's quality of life. For one person living at the service, their quality of life had improved immensely by having a surgical procedure.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was meeting the requirements.

## Is the service caring?

### Our findings

People were treated with kindness, respect and compassion. People we spoke with said the staff were "nice" and "kind." One person said "The staff are very friendly; we have a laugh and a joke too." They said "I love it living here" and "It's really nice living here."

Staff spoke passionately about their roles. They said, "I thoroughly enjoy my job. I come to work to provide a home for people, meet their needs and give them what they want" and "The care here is awesome. We treat residents like family members; it's how I would want to be treated."

People's relatives gave overwhelmingly positive feedback. They said "My relative is so well cared for. The atmosphere and consistency of care is very high. All staff show a huge level of respect for all of the residents. There is a real sense of sensitivity and inclusivity at Willow House" and "My relative is always delighted to come out with us, but also happy to go back. My relative hugs her favourite staff and her body language shows us she's relaxed and happy there". Another relative said, "We are delighted with the quality of life that [person's name] receives at Willow House and the care given."

When two people were recently admitted to hospital, the provider told us staff had gone over and above their responsibilities by staying in hospital with both people 24 hours a day. They said, "For two weeks we provided one to one support to two people in hospital. Some staff even went in on their days off." A relative of one of these people said, "All staff gave their time generously and with good humour." This action ensured people were supported emotionally as well as ensuring clear lines of communication between staff at the service and the hospital staff. During this period one member of staff had contacted the management team and written, "Staff and doctors have thanked us – I'm feeling very proud of Willow House." The service ensures that staff in all roles are highly motivated and offer care and support that is exceptionally compassionate and kind. One staff member said, "This is the first place I've worked where staff go above and beyond. It's that little bit extra that we give all the time. Honestly, the staff here, you couldn't get a better bunch."

Because staff retention was high, there was continuity of care. We observed staff had close relationships with the people they were supporting. When speaking with us, they demonstrated they knew people well. There was a strong and visible person-centred culture amongst the staff we spoke with. People were relaxed around staff. There was laughter and joking and people were smiling. The people we spoke with were asked if they wanted to speak to us about their experience and they confirmed they were happy to do so. All of the feedback we received was positive.

People's privacy and dignity was maintained. Staff said, "We give personal care behind closed doors, knock on doors, ensure people have private space" and "I want people to look the bee's knees. People deserve to be treated well and treated like adults. I help people feel special, do their hair, help them look smart."

The atmosphere throughout the building was calm and friendly. Staff weren't rushed and people were able to do things at their own pace. One relative said, "The staff are all wonderful. We are always extremely

impressed with the way all the residents are looked after and how happy Willow House is as a place to visit."

The management team were a visible presence throughout the inspection. They also clearly knew people well. They introduced us to people and explained who we were. Their interactions with people were also positive and meaningful. For example, rather than just say hello in passing, they engaged people in conversation. They said, "Our general feeling is that everybody here cares. It's lovely to see people here happy and smiling" and "We don't like bad practice. We try really hard to provide the best possible care and support for people."

One health and social care professional told us "In my experience the staff at Willow House are very caring towards the clients and always have their best interests at heart. They are very aware of support needs."

## Is the service responsive?

### Our findings

Care plans were person centred. The quality of information and level of detail within the plans provided a clear picture of people's needs and choices. The plans had all been regularly reviewed and were "living documents". This meant that when people's needs changed, the plans reflected this. One stakeholder said, "All of the plans are written in a person-centred way."

People's preferred routines had been documented. Personal hygiene plans detailed information such as the type of toiletries people preferred, the clothes they preferred to wear and how they liked their hair styled. Staff were proactive in encouraging people to take pride in their appearance and to maintain personal hygiene. Innovative ways had been introduced to assist people with this. For example, staff knew to sing a number of verses of a song to one person when supporting them to clean their teeth.

Some people had communication difficulties. Communication plans were extensive and detailed how staff should engage with people. For example in one person's plan it was documented that staff should speak at the person's eye level, use short sentences, and help the person to "see" what staff were saying. It was written that the person responded well to smiling and would often touch staff faces. When people were unable to verbally express their feelings, the plans demonstrated that staff had an in-depth knowledge of people's methods of communication. The level of detail included the body language a person might display to express when they were happy or not.

When people experienced episodes of anxiety, the plans detailed the triggers that might cause someone to feel anxious. This meant that these episodes could be reduced. Additionally the guidance for staff on how to support people during episodes of anxiety was clear. Plans detailed the steps staff should take to reduce people's anxiety and these were personalised to reflect people's individual needs. For example, steps included keeping to planned timings and supporting people to move to a quiet space.

Some people had complex health needs and the plans were detailed and informative. Specialist equipment that was used as part of some people's care plan was documented and there was information available for staff on how to use it.

Health Action Plans were in place. These are documents that inform other health professionals of people's needs and describe how to support them to live healthily.

Staff knew the people they were supporting and understood their needs. There was a key worker system in place. One keyworker said, "My responsibilities as a keyworker are keeping care plans and risk assessments updated, ensuring my resident's dignity is maintained, buying toiletries, making sure family contact is maintained, helping with shopping etc." Staff who were not key workers confirmed they had access to and read the care plans. One relative said, "The staff all know my sister very well and are fully aware of all her support needs. Whenever I have met any new staff members I have been very impressed by the fact that they are completely up to speed with my sister's situation."

People were supported to access the local community. On the day of our inspection some people were going to a day service. People also regularly attended an activity centre, went to a music group and went shopping with key workers. There was "pub Friday" when people went to a local pub for lunch which was also attended by people from the provider's other service. The provider said "Pub Friday is great fun. There's a pool table there, or people play darts or they can just sit around the fire and chat. People are encouraged to go to the bar and order their own drinks. It's a very sociable day." One staff member said, "There's lots for people to do. We also support people to see their families, go to the cinema, or go to church." The provider said, "We arrange day trips, holidays and parties. We'll have a royal party for the royal wedding." One relative said, "Having access to the community definitely has a positive impact on [person's name]."

People's relatives that we spoke with said they were involved in care reviews. One said "We have regular care reviews with [person's name] keyworker and the provider. Decisions are made jointly with us" and "Communication is very good. They keep in touch and keep us updated." Another said, "I cannot praise the staff highly enough with the way they keep me informed about my relative."

There was a complaints policy in place. One complaint had been received in the past 12 months and this had been recorded, investigated and closed in line with the policy. Relatives said they knew how to complain. One said, "I have never had any need to complain, in fact, quite the reverse as I cannot praise them highly enough." We saw the service had received many compliments. Examples of these included, "It was a hard slog getting [person's name] in the perfect place with good care. It's a shame that not all people with learning disabilities have the expertise you give" and "We always feel the service you provide is second to none and are so appreciative of the wonderful care you provide – always the same wonderful atmosphere – always touched by the genuine care and affection shown by all your staff."

People using the service were asked for their feedback. Regular service user meetings took place. We looked at the minutes of the most recent meetings, which showed that people had been asked for their thoughts when the provider was planning the funeral of one person who had recently passed away. People had also been asked for feedback on a new member of staff. One person said "We're asked what we think of new staff. I'm happy to speak up." Another person said "We have regular meetings and I do get involved in them."

The provider sent newsletters to relatives every six months, updating them on events. One relative said, "The communication is excellent. All of us relatives are treated with the same level of respect".

People were supported to have a comfortable, pain free and dignified death. People had end of life plans in place. These detailed people's choices and preferences about the type of service they wanted. One person had recently passed away. We spoke with the person's key worker who said, "I sat with [person's name]. I wanted to make sure they weren't alone and I didn't want them to be scared." The provider said they had been asked to arrange the funeral for this person and had involved people living at the service to participate in the planning. One person had been supported to give a reading at the funeral service. The funeral they described to us was uniquely individual to the person and the other people living at the service had been as involved as much as possible. The person had a love of a particular television programme and everything about the funeral reflected that. The provider had received letters from people who attended the funeral which referred to "attention to detail" and "it (the funeral) reflected everything he would have chosen for himself.". A card from another health professional read "I am sure he felt safe and truly cared for."

## Is the service well-led?

### Our findings

There were two registered managers in post, one of whom was also the registered provider. 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.

The vision and values of the service was clearly embedded in the day to day running of the service. The provider and registered manager said, "We are truly people's advocates. We're passionate about the service we provide here" and "We don't like bad care. We try really hard to provide the best for people". They told us about situations when they had needed to speak up on behalf of people which demonstrated their commitment to the people they supported, such as during hospital appointments. Staff we spoke with reiterated to us the management team's high standards; one said, "She won't let us slip".

There was a positive culture amongst staff who spoke highly of the management team. Staff comments included, "They're both amazing, the best managers I've ever had. They're flexible, nothing is ever too much trouble" and "The managers will always support you with any problem". Staff reiterated the level of support they received with other comments such as, "It doesn't matter what the problem is. If you ever need any support, [the provider] is always there for you".

Staff were supported in their roles. Regular staff meetings took place. The registered manager said, "The staff meetings are quite good fun, they're interactive and we share things and get staff input" and "I think the staff appreciate what we do. We come in at weekends, early in the mornings and stay late and the deputy manager comes in at night to see the night staff".

Feedback received from people's relatives was also positive in relation to the culture and management. They said, "The team is extremely loyal to the provider and vice versa. She's extremely perceptive of the people living there and her level of expertise is very good. She has a commitment that goes above and beyond. She's truly outstanding" and "I think [the provider] has to be a brilliant manageress to be able to maintain such a wonderful home. The residents have the best life possible within their capabilities with plenty of lovely things being organised for them. If only all homes were managed like Willow House the special needs people of this world would be so much better cared for. Thanks to [the provider] and her team, I never have any worries about my relative and for that I am eternally grateful".

The provider said they regularly went into the home at weekends to meet with visitors in order to maintain close communication with them. They also said when one person's parent was unwell but unable to visit them in a hospice, the provider visited instead in order to reassure the person.

One stakeholder said of both managers, "Their approach to work is very professional and it is evident they are passionate about their jobs and determined to provide the best service they can for their customers".

The service maintained good links with the local community. This included "Pub Friday" which the provider set up when a similar service for people was stopped. They said "We're well known in the local area. One person here loves Christmas CD's and the local charity shop keeps an eye out for them and keeps them for when we go in". The provider said they reviewed the various day services that people attended in order to ensure that staff working there were kept up to date with people's needs and to check that people using the service still wanted to go there.

There were robust quality assurance processes in place. Regular audits of all aspects of the service were undertaken. These included audits of medicines, care plans, the environment and health and safety. There was an improvement plan in place which showed which areas of the building were due for refurbishment. The plan was running to time.