

Turning Point

The Willows Supported Living Service

Inspection report

Sadler Gardens
Coalpit Fields Road
Bedworth
Warwickshire
CV12 9HG

Tel: 02476315795

Date of inspection visit:
26 April 2016

Date of publication:
27 May 2016

Ratings

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

Summary of findings

Overall summary

This inspection visit took place on 26 April 2016 and was announced. The provider was given two days' notice of our inspection visit to ensure the manager and care staff were available when we visited the office.

The service was last inspected on 10 July 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People at The Willows employed care staff through the provider Turning Point to support them with personal care within a supported living service. There were six people receiving personal care in their own home at The Willows on the day of our inspection visit. Each person had their own bedroom and shared communal facilities with each other, such as bathrooms, kitchen spaces, dining rooms and lounges.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We refer to the registered manager as the manager in the body of this report.

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care. Care staff understood how to protect people from abuse and keep people safe. The character and suitability of care staff was checked during recruitment procedures to make sure, as far as possible, they were safe to work with people.

There were enough care staff to deliver the care and support people required. Care staff were kind and knew how people liked to receive their care.

Care staff received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively. Training was planned and delivered to take into account the complex needs of people who used the service. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

Staff were supported by managers through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. The managers understood the principles of the Mental Capacity Act (MCA), and care staff respected people's decisions and gained people's consent before they provided personal care.

Staff, people and their relatives felt the manager was approachable. Communication was encouraged and identified concerns were acted upon by the manager and provider. People knew how to complain and information about making a complaint was available for people. Care staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on. The provider

monitored complaints to identify any trends and patterns and had systems in place to make changes to the service in response to complaints.

There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care staff and a programme of other checks and audits. Where issues had been identified, the provider acted to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with staff. People received support from staff who understood the risks relating to people's care and supported people safely. Care staff understood their responsibility to keep people safe and to report any suspected abuse. There were enough staff to provide the support people required safely and effectively. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care staff completed induction and training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005 and care staff respected decisions people made about their care. People who required support with their nutritional needs received support to prepare food and drink during the day and people had access to healthcare services.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff who were kind and caring and who understood people's individual needs. Staff respected people's privacy and promoted their independence. People were supported to maintain links with people who were important to them.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People's care needs were assessed and people received a service that was

based on their personal preferences. Care staff understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the management team analysed concerns and complaints, and acted to improve the service.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service and said they were able to speak with the manager if they needed to. The manager supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work and felt able to raise any concerns with the management team. The managers provided good leadership and regularly reviewed the quality of service provided.

The Willows Supported Living Service

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.

The inspection visit took place on 26 April 2016 and was announced. This service was inspected by one inspector and the provider was given two days' notice of our inspection because the agency provides care to people in their own home. The notice period gave the manager time to arrange for us to speak with them and staff who worked for the agency.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed 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. We found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

People had limited communication skills due to their complex care needs. We spoke with one person who used the service and two relatives to obtain their views of the service they received. We observed people (with their agreement) being supported by staff in the communal areas at The Willows, as everyone who used the agency lived in a shared home.

During our inspection visit we spoke with a senior care worker and the registered manager. We later spoke with two members of care staff. We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver

the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

There was a relaxed and calm atmosphere at The Willows and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support. This indicated they felt safe around staff members. One relative commented saying, "There are no problems at The Willows, people seem quite happy there."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training regularly which included information about how they could raise issues with the provider and other agencies if they were concerned about the risk of abuse. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about someone's safety. Safeguarding concerns were discussed with staff at regular monthly meetings to ensure they were kept up to date with any concerns and how the provider was dealing with any on-going safeguarding concerns. The provider notified us when they made referrals to the local authority safeguarding team where an investigation was required. They kept us informed about the outcome of the referrals and any actions they had taken that ensured people were protected.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the home were of a suitable character. Staff told us, and records confirmed, Disclosure and Barring Service (DBS) checks and references were in place before they started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

There was a procedure to identify and manage risks associated with people's care. People and their relatives were involved in an assessment of their care needs completed at the start of the service which identified any potential risks to providing their care and support. The risk assessments we looked at were detailed, up to date and were reviewed regularly. Risk assessments gave staff clear instructions on how to minimise risks to people's health and wellbeing. For example, one person who was at risk of hurting themselves when they became anxious and had a risk assessment in place for managing their behaviours and anxiety. Care records instructed staff on the triggers that might cause the person anxiety and how they should assist the person to manage their behaviour. One staff member said, "[Name] likes to have two members of staff with them when they go out which reduces their anxiety levels. This information is in their risk assessment and care records." They added, "They like to know a member of staff is walking either side of them which helps them feel safe and secure." We saw on the day of our inspection visit the person went out with two members of staff who walked either side of them. Staff confirmed they always referred to the information in risk assessments and care records to manage risks to people.

People and their relatives indicated to us, or told us, there were always enough staff to meet their needs as staff supported people on a one to one basis, or a two to one basis, which meant people always had a member of staff with them during the day. At night two staff were available to assist people throughout the night.

The manager told us staffing levels were determined by the number of people who used the service and their individual care needs. Each person was assessed regularly to determine the amount of support they needed. One staff member confirmed this saying, "There are always the same number of staff on duty to assist people according to their support needs." We asked the manager about the use of temporary staff. They stated, "We sometimes use temporary staff to fill vacancies on a short term basis. The temporary staff we use are checked for their competency, and we try to use the same staff so that people know them." They added, "We are currently using temporary staff to cover an existing vacancy. The post has been recruited to and we are waiting for the new permanent member of staff to start."

We observed there were enough staff during the day of our inspection visit to care for people effectively and safely. Staff responded to people's requests for assistance promptly. We saw that in addition to the care staff on shift, the manager and a senior member of the care staff were also available to cover care duties at The Willows when needed.

We looked at how medicines were managed by the service. People's medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Each person had a medicine administration record (MAR) in place in their home. The MAR included their photo, the name of each medicine and the frequency and time of day it should be taken, which minimised the risks of errors. Care staff recorded in people's records that medicines had been given and signed a MAR to confirm this. Completed MARs were checked for any gaps or errors by care staff each time medicines were given. Completed MARs were also audited by a member of the management team each week. MAR records confirmed people received their regular medicines as prescribed. These procedures made sure people were given their medicines safely and as prescribed.

Some people required medicines to be administered on an "as required" basis, such as pain relief medicine. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. Information was provided to staff about each person's needs and how staff should assess people's needs if they were unable to communicate verbally. For example, one person showed staff a specific object if they were in pain. Another person used sign language to express their feelings. One staff member said, "We know when [Name] is in pain as they show us a specific coloured Lego brick." These protocols ensured people were given medicine when they needed it.

Is the service effective?

Our findings

People's relatives told us care staff at The Willows had the skills they needed to support people effectively and safely. Staff told us they received an induction when they started work which included a corporate induction programme at the Providers' head office for one week before they started work at The Willows. Following the corporate induction programme they worked alongside experienced members of staff for approximately two weeks before supporting people on their own. One member of care staff told us, "This gave me all the skills and confidence I needed to support the people here with their complex care needs." They added, "The training courses were tailored to meet the needs of people living at The Willows." For example, we saw training courses included autism, catheter care and epilepsy management. Another staff member told us, "My training in autism has been really helpful, it has really helped me understand the needs of people with the condition and how best to communicate with them."

The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. All staff had undergone this specific induction programme to gain the certificate. Skills for Care are an organisation that sets standards for the training of care staff in the UK. This demonstrated the provider was following the latest guidance on the standard of induction care staff should receive.

Care staff told us the manager planned regular updates to their training to ensure they were kept up to date with the latest guidance on how people should be cared for effectively. One staff member said, "We are always being asked to do refresher training. Our knowledge is really kept up to date."

The manager told us the provider also invested in staff's personal development by supporting them to achieve nationally recognised qualifications. One staff member told us about nationally recognised qualifications they could take to enhance their skills saying, "Yes we are supported to achieve qualifications such as NVQs."

Staff told us they had regular meetings with their manager where they were able to discuss their performance and identify training required to improve their practice. They also participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed. Staff told us they found the meetings helpful with one staff member explaining, "We can discuss anything about our role or personal development."

We observed staff used their skills effectively to assist people at The Willows. For example, some people at the home displayed behaviours that put themselves and others at risk due to their health condition. Staff used recognised and accepted techniques to reduce people's anxiety when they became distressed or worried. Staff used their knowledge of people to communicate with them in a way they could understand. Staff used clear language and tailored their communication according to the individual's needs and abilities. For example, staff bent down to speak with people at eye level and watched people's expressions to understand their wishes. Staff used tools and objects to help people communicate with them such as Lego bricks of different colours.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are described as Deprivation of Liberty Safeguards (DoLS).

We checked whether the manager was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager explained the principles of MCA and DoLS, which showed they had a good understanding of the legislation. Records showed the manager had undertaken mental capacity assessments to determine which decisions each person could make themselves and which decisions should be made in their best interests. Decisions that were made in people's best interests were recorded, for example, where people did not have the capacity to manage their own finances. We saw appropriate advocates had been appointed to manage people's finances where this was in their best interests. An advocate is an independent person who can help people by representing their interests, which they can do by supporting people to speak, or by speaking and acting on their behalf.

In addition, the manager reviewed each person's care needs to assess whether people were being deprived of their liberties. The registered manager had applied to the appropriate supervisory body for people living in their own homes in the community, for the authority to deprive people of their liberty. This was because their care plans included restrictions to their liberty, rights and choices. The registered manager was awaiting the supervisory body's decisions for all six people living at The Willows at the time of our inspection visit.

Care staff told us they had received training in the MCA and DoLS and explained the principles associated with the Act. We saw care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support. One staff member told us, "I work with one person who is unable to speak, but they can shout if they are unhappy, or smile and laugh to indicate their wishes. We watch and listen to see what choice they make." Another member of staff told us, "Some people are non-verbal but can indicate what they want with gestures. We always ask. If we are unsure we use a different technique to ask the question again to see if we have understood their response properly. We use cards and pictures and different objects to understand people's responses too."

People had access to food and drink throughout the day and staff supported them when required. Most people were reliant on care staff to assist them with meal preparation. We observed that people had a meal plan which they had drawn up at the start of each week with a member of care staff who supported them regularly, called their 'keyworker'. A keyworker was a designated member of staff, they were involved in planning activities, reviews and quality assurance tasks to make sure the person had a member of staff who was focussed on their needs. This meal plan helped each person decide what they wanted to eat each day and assisted staff in planning meal preparation. Although people lived together in a shared home each person decided when they wanted to eat their meal and what they wanted to eat individually. Each person was involved in completing their own shopping with the help of staff to encourage their independence.

The provider worked in partnership with other health and social care professionals to support people's

needs. One member of staff told us, "When anyone needs to see the district nurse or the doctor we just make a call and ask them to come in." Each person had a health action plan that identified their health needs and the support they required to maintain their emotional and physical well-being. This helped care staff ensure that people had access to the relevant health and social care professionals. Records showed people had regular health checks with their dentist, GP and were referred to other healthcare professionals, such as nutritional professionals and occupational therapists, when needed. We found where health professionals had made recommendations these had been recorded in care records to ensure staff had all the information they required. One member of staff told us, "Care records are kept up to date, and any information or recommendations we receive from health professionals are transferred to people's records and acted upon."

Is the service caring?

Our findings

When we asked people if they enjoyed living at The Willows and they responded with smiles and nods indicating that they did. People's relatives told us staff had a caring attitude and treated people with respect with one relative saying, "The staff treat [Name] really well."

We observed the interaction between staff and the people for whom they provided care and support. We saw staff treated people in a kind and respectful way and knew the people they cared for well. People laughed, smiled and chatted with staff. People laid their hands on the shoulders of staff, gave them a hug or held staff's hands. This indicated people lived in a caring environment.

People were treated with respect and dignity. We observed staff referred to people by their preferred name and staff asked people's opinion and explained what they were doing when assisting them. For example, where people were offered support from staff to move around the home, staff explained to the person what they intended to do and asked for their agreement before proceeding.

People had communication plans in place, to assist them in showing staff how they wanted to be supported with their care. Communication plans included pictures and information that people could refer to where they had limited verbal communication skills. This helped people to maintain their involvement in making their own decisions.

People were involved in planning their own care through regular review meetings with their keyworker and family members where people wished. Information was available throughout the care records in easy to read pictures and text to support people in the planning process.

People were supported to maintain and increase their independence. Each person had regular monthly meetings with their keyworker to review their care plans. At these review meetings each person discussed (or used communication tools to indicate) what they wanted to achieve over the next few months. This care planning process was described as setting 'Goals'. Each person had identified goals they wanted to achieve, for one person this was making their own drink, for another they wanted to take part in more activities. At the end of each month the goals were reviewed against staff knowledge and daily logs to see whether staff had supported the person in achieving the goals. We saw one person had achieved their goal of making their own drink and had progressed to setting more goals about preparing their food and doing laundry. These encouraged people to maintain or increase their independent living skills and make choices.

People were able to spend time how they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, we saw some people were up and about when we arrived and had eaten breakfast, and other people were still in their rooms. Later on we saw people chose when to eat their main meal of the day, and who they ate their meal with. One member of staff explained how they supported someone to maintain their everyday choices. "[Name] will let you know what they want to do, wear and when they want to spend time in their room. We respect people's choices."

We observed two people's individual bedrooms at The Willows. We saw these were personalised and each one was different. There were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls. We were told by the manager people had been involved in choosing the colour schemes, decoration and furniture in their rooms. One person was having their room and personal spaces re-designed at the time of our inspection visit. This involved the person meeting with designers, choosing fabrics and furniture and making their own decisions about their personal space.

People's privacy was respected. People were encouraged to close their bedroom door when they wanted privacy and time alone. One member of staff told us, "[Name] often likes to spend time on their own. We make sure we are close by if needed but we respect their privacy if they want time alone." We saw people's personal details and records were held securely in the agency's office. Records were filed securely so that only authorised staff were able to access personal and sensitive information.

All of the relatives we spoke with told us they visited their relatives at The Willows according to their relative's invitation and preference. We observed people were supported to maintain links with family and friends in other ways including making regular phone calls to people. There were several communal areas of the home, including a café area, designed to make visitors feel welcome.

Is the service responsive?

Our findings

Staff had a friendly approach to people and were responsive to their needs. We saw staff responded to people's requests for assistance and support in a prompt way during our inspection visit.

People were encouraged to participate in activities inside and outside The Willows according to their personal wishes. The manager explained most people chose to go out individually, rather than with other people at The Willows and staff respected their choice. Each person had an individual activities schedule for the week ahead which they planned with support from their keyworker. This assisted people in planning attendance at forthcoming events and keeping to a routine according to their preference. For example, people were supported to go out for meals in local restaurants, visit the airport, participate in activities in their local community and go out on day trips to the seaside. One person, who liked to have a planned routine due to their health condition, scheduled time to speak with relatives and friends. Another person had identified a recent activity during Easter for hatching eggs and looking after the 'live' chicks which had been completed.

We observed people taking part in activities at the home according to their own personal activities schedule during our inspection visit. People were encouraged to do things individually such as going out shopping, watching TV, listening to music they enjoyed, or spending time building objects with Lego bricks. Staff spent time with people, chatting with them and participating in the activities they enjoyed. We saw people laughed and smiled and showed their enjoyment.

People and their relatives were involved in making decisions about their care and how support was delivered. As part of the care planning process people's care needs were assessed and information was collected about what the person was able to do themselves. This helped staff tailor support plans around the abilities of each individual. Care reviews were undertaken monthly with the person and their keyworker so people's care records reflected their current support needs. Reviews also took place each year with the person and their representatives to ensure people continued to be involved in making decisions about their care and support needs. One member of staff told us how individuals were supported to take part in reviews saying, "Reviews are done with the person, we make sure we read out to them any information we need to discuss. Decisions are made jointly with the person using specific communication tools to support their involvement, such as sign language and communication cards."

Care records were available for each person who lived at The Willows which contained detailed information and guidance personal to them. Records gave staff information about how people wanted their care and support to be delivered. This information helped staff to support them as they wished. For example, records contained details about people's life history and individual preferences such as their personal care choices and their likes and dislikes. In one person's care records we saw they liked a specific routine, which staff understood and followed. In another person's record we saw they liked to hold hands with staff and have them close by. We saw staff holding the person's hand during our inspection visit.

In two of the care records we reviewed we saw minor updates needed to be made to the records including

the updating of a health passport. A health passport is a document that is used when people visit health services to share with professionals. It provides professionals with information about the person in an easily accessible format. We asked the manager about this. They stated one person's record was currently under review and being updated. In another person's record we saw their risk assessment for the use of public transport required updating. The manager explained that a change had been made to people's care records regarding the use of public transport in the previous week. This was being updated for all the people at The Willows. People now used public transport as the service had recently ceased using a mini bus to transport people. Staff confirmed that care records were usually kept up to date and reviewed monthly, or when a change happened.

There was a handover meeting at the start of each shift attended by care staff where any changes to people's health or behaviour was discussed. Information was written down in an individual communication book for each person who received support. Staff told us the handover information provided them with all the information they needed to keep up to date with changes to people's health and care needs.

Information was provided to people about how they could make a complaint and provide feedback on the quality of the service within each person's service user guide. The service user guide was provided to people when they starting living at The Willows. People had this information in an easy to read format. As people did not communicate verbally at the home, staff told us they would support people to share any concerns they had. One staff member told us, "You can tell if people are unhappy or upset by their behaviour or expressions. One person uses Lego bricks of different colours to indicate how they feel. We need to be aware of people's different communication techniques and their facial expressions and try to understand if people are unhappy."

We asked relatives what they would do if they were unhappy or had any concerns about the service. Relatives told us they would not hesitate to raise any concerns if they had any. One relative told us, "There are no problems there though." Another relative said, "Things are fine at the moment. We have raised concerns in the past which were sorted out. We will raise issues if we need to." We saw the provider kept a log of any complaints they had received and how these had been resolved to people's satisfaction. However, no-one had made a complaint regarding the service at The Willows for more than a year. In the complaints log we saw that previous concerns had been investigated and responded to in a timely way.

The manager and provider monitored complaints to identify any trends or patterns to see if improvements needed to be made at the home. The manager, or provider, met and discussed concerns with complainants and acted to resolve issues to their satisfaction. This showed the manager acted to improve the quality of their service following people's feedback.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had been appointed in September 2015 and was relatively new to The Willows. Relatives told us the manager was approachable and they could raise any concerns they had with them if they needed to. One relative commented, "Yes, the manager is available if you need to speak with someone."

The staff members we spoke with also told us the manager was approachable and they felt well supported in their role. The manager explained they operated an 'open door' policy which meant they were accessible to people, visitors and staff at any time during the working day. We observed the manager kept their office door open during our inspection visit and interacted with people, visitors and staff throughout the day.

There was a clear management structure within The Willows to support staff. The registered manager was part of a management team which included senior care staff and regional managers. The manager and senior care staff worked alongside staff in the day to day delivery of care to people, which was confirmed in the PIR. The manager explained this supported staff by demonstrating good practice, leading by example and enabled care staff to raise any day to day issues of concern with them.

Care staff confirmed they received regular support and advice from managers to enable them to do their work well. Care staff confirmed there was always an 'on call' telephone number they could call outside office hours to speak with a manager if they needed to. One member of staff said, "The manager is always available to help and assist us." This showed leadership advice was present 24 hours a day to manage and address any concerns raised.

Staff understood the values and vision of the provider which were to put people at the heart of what they did and to focus on involving people in making choices about their day to day lives. One member of staff told us, "The atmosphere and culture is really good. We involve people in making decisions and take a person centred approach to delivering support to people." Staff received training in the vision and values of the provider. This included all staff signing up to an involvement charter, agreeing to involve people as much as possible in decision making and promoting people's independence.

We observed staff acted according to the provider's vision on the day of our inspection visit. Staff ensured each person's choices and capabilities were respected by asking them about their wishes when they offered them support. Staff were cheerful and approachable to people and visitors at the home and greeted people they met as they moved around the home. Consequently people responded with smiles and interacted with staff in a relaxed way.

There were systems in place so people who used the service, their relatives, and staff could share their views about how things were managed. People took part in regular house meetings where they were able to discuss what activities they would like to take part in and any suggested changes to the communal areas of The Willows.

All staff were involved in regular team meetings with the management team where their feedback was sought. One staff member said, "We have regular monthly staff meetings. The agenda is put on the notice board and we can all add agenda items if we wish. We share learning in these meetings and discuss our ideas for improvement. We all have a voice." One member of staff told us about a time they had suggested how one person could be supported to visit the seaside with some extra individual support. They told us, "Our suggestions were listened to so the person would feel comfortable on the trip."

The provider conducted yearly satisfaction surveys with stakeholders. We reviewed information from the latest survey where the feedback was very positive. People had been assisted to take part in the survey as this was written in an easy to read format. We found the provider had acted on the feedback they received in the survey to improve the quality of the service. For example, one person had expressed a preference to have more activities organised by staff. In response the person's activities plan had been reviewed with them.

The manager told us the provider was supportive to them and offered regular feedback and assistance to support them in their role and their professional development. For example, the provider visited the service to hold meetings with the manager, and discuss issues around quality assurance procedures and areas for improvement. The manager told us the provider was always ready to listen to their views and support improvements with additional resources where required. The manager said, "Support is always at the end of the phone for any help and advice if we need it."

The manager told us they believed The Willows took account of people's individual views and needs and care was planned and delivered around each person. They said, "The service we provide supports people individually, although people live together we don't run our service as if this is a group home, we only offer support to each individual as they wish." They explained they planned to assist people to improve their personal spaces and the communal areas of the home in the next few months at their request. Some plans involved the development of a sensory area to assist people to relax. Other plans included continuing to personalise people's bedrooms according to their preference.

There was a system of internal audits and checks completed to ensure the safety and quality of service was maintained. For example, senior staff and the manager conducted regular audits in medicines management and care records. The manager observed staff practice to check people received the quality of care they needed. The manager recorded incidents and accidents and submitted these to the provider. These were analysed to identify any patterns or trends so appropriate action could be taken. The provider also carried out periodic audits throughout the year from which action plans were generated. These checks ensured the service continuously improved.

The manager understood the responsibilities of their registration and notified us of the important events as required by the Regulations. They were proactive at keeping us informed of issues or concerns raised by relatives and other health professionals, in accordance with the provider's policy of openness and transparency. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned.