Methodist Homes

Willersley House

Inspection report

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Date of inspection visit:
04 December 2017
13 December 2017

Date of publication:
22 January 2018

Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

Willersley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Willersley House provides accommodation and support for up to a maximum of 34 people in one adapted building.

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

At our previous inspection on 4 December 2015 we found that people were receiving high quality care which was extremely responsive to people's individual needs. At this inspection, we found that these standards had been maintained and improved further. People received an outstanding level of care. Skilled and extremely caring staff supported people in the way they chose and end of life care was exceptional.

The environment at Willersley House was calm and inviting. The registered manager, the staff team and the people who used the service were all very keen to share their thoughts and views of the service.

Without exception people and their relatives were extremely complimentary about the service. They were full of praise for the management and care staff and told us that they were exceptionally kind, caring and compassionate towards them. All of the people we spoke with told us they felt that Willersley House was an excellent place to live and that they felt safe. People consistently referred to the service as being 'one big family' and considered it their home. Relatives also confirmed that people living and working at the home had become an extended family.

The provider was creative in seeking people's feedback and people were actively involved in making decisions about the care that they received. Their opinions were respected and listened to. The service was run very much around the needs of those living there.

Medicines were managed safely and staff had an exceptional knowledge of the medicine systems and procedures in place to support this. The support people received with their medicines was person centred and responsive to their needs. Staff worked closely with people to provide the right level of support they required.

Staff were highly trained in safeguarding people from abuse and put this training into practice. The home used creative ways to support people to maintain relationships and safeguard them when needed. Positive relations with staff were encouraged and staff had time to spend with people. The service was staffed above their minimum required staffing levels and staff retention was high.

People's care plans showed that there was a strong commitment to person centred care and that risks were assessed and managed. People were supported to make their own decisions regarding their own safety and positive risk taking is encouraged.

People were supported to access a comprehensive programme of activities both within the home and in the wider community. This was person centred and supported by a team of dedicated and creative volunteers. People's spiritual well-being was promoted and extremely well looked after and their religious beliefs encouraged and supported.

People's nutrition and hydration needs were extremely well catered for. A highly motivated nutrition champion was in place who constantly considered ways to improve people's nutritional and fluid intake. We saw that this had had a very positive impact on people's health and well-being.

Staff were highly skilled and competent to meet the needs of people. Training was tailored to meet the needs of the residents and this demonstrated an enhanced knowledge and understanding of people in their care. People were supported by kind, extremely caring and compassionate staff who routinely went above and beyond what was expected of them. This meant people received excellent, high quality care.

Staff demonstrated their knowledge of the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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.

There was a strong culture within the service of treating people with dignity and respect. People and the staff knew each other well and these relationships were valued by people who used the service.

The management promoted open discussions with people and staff about incidents, accidents and near misses. Investigations were thorough and comprehensive and lessons learned were reflected upon and communicated. This meant the likelihood of future similar incidents was reduced.

The service was clean and infection control measures were in place. The manager had robust audits in place to monitor the risk and spread of infection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was extremely safe.

Staffing levels were very well managed which promoted people's safety and helped to ensure a high standard of support was consistently provided to people. Staff knew all of the people who used the service and could easily identify when interventions where needed.

Medicines procedures were robust and staff had extensive knowledge of the systems and the medicines being prescribed. Staff were proactive about managing positive risks with medicines and prompting regular reviews.

Positive risk taking was advocated and supported to meet people's individual wants and needs.

Is the service effective?

Outstanding ☆

The service was highly effective.

People's nutrition and hydration needs were met through very committed and trained staff who thought creatively to meet people needs.

A comprehensive induction and high quality on-going learning and development ensured staff were highly trained and experienced to deliver effective care.

High quality training was developed to meet the individual needs of the people.

Staff demonstrated thorough knowledge and understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and this was implemented effectively. This ensured people's rights were upheld.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Feedback from all people who used the service and their

relatives was extremely positive about the caring nature of the staff team.

People were supported by staff who were committed to providing high quality care and had excellent understanding of their needs. Staff clearly demonstrated the values of the organisation.

Is the service responsive?

Outstanding ☆

The service remained outstandingly responsive.

People had access to a comprehensive activities programme, which they were consulted about and involved in. A team of passionate staff and volunteers dedicated their time to preventing people from feeling socially isolated.

End of life care was extremely compassionate and went above and beyond the expectations of people' families.

People received extremely person centred care which focused on their individual needs.

People and their relatives knew how to raise concerns and were all confident the registered manager would listen and act appropriately.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

People, their relatives and staff expressed high levels of confidence and respect in relation to the management of the service.

Staff were well supported and motivated by the exceptional registered manager. The registered manager led by example and was an excellent role model for her team and the wider organisation.

There was a strong commitment to continuous improvement with extensive quality assurance systems in place.

Willersley 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 inspection took place on 4 and 13 December 2017 and was unannounced.

The inspection team consisted of one adult social care inspector, one adult social care inspection manager and one 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.

Before the inspection we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law.

During the inspection we spoke with the registered manager, the regional director, two senior care workers, four care workers, the head chef, the activities coordinator and one administrator. We also spoke with 10 people who use the service and five of their relatives and friends.

After the inspection we made telephone calls and emailed three professionals who visit the service to seek their views and opinions, two of whom provided feedback for this inspection. We looked at three people's care records, two staff recruitment files, staff training and supervision records and records in relation to the management of the service, including quality audits, surveys and development plans.

Outstanding ☆

Is the service safe?

Our findings

This home was extremely safe. The service consistently staffed above their required staffing levels to ensure that staff had time to get to know and understand people, listen to them and provide a truly person centred approach to care delivery. The staff's expertise in medicines and risk assessment guaranteed people's safety whilst encouraging positive risk taking.

People we spoke with told us consistently that they felt safe. Their comments included, "I've been here approximately a year. I feel safe because there's always someone around" and "Yes I feel safe here. They bring my tablets regularly. I have a key worker. There's always a lot of staff on. I've got a buzzer on the wall if I need anything."

People were empowered to feel safe through being actively involved in decisions about the staff who provided their care. We saw evidence of people's involvement in a feedback survey completed by someone who used the service. This stated "I like the fact that I have choice. I don't like male care staff attending to me ever. I don't think it's appropriate." Care plans also reflected people's choice in the gender of their care workers.

People were actively involved in decisions about the staff that were recruited. They were part of the recruitment process; sitting on the interviewing panel and asking their own questions. One of the people we spoke with had been involved in this. The impact of this meant people felt listened to and their opinions respected about the staff who would care for them.

The provider had systems in place that ensured people's medicines were managed consistently and safely by staff. A health professional we spoke to confirmed, "They [staff] are always dutiful regarding medications and prescriptions, they manage it well. They are very conscientious."

The provider had chosen Willersley House to trial a new electronic eMAR (electronic medication administration record) system for the organisation. Staff were fully aware of the policy and procedures in place to implement this system. Staff showed us how the system worked and demonstrated an excellent knowledge of how the system improved the safe provision of medicines. Staff were also aware of where further improvements to the system could be made and had provided feedback about this directly to their regional director. This demonstrated confidence in the knowledge and skills of the senior staff to drive forward improvements for people in medicine administration.

People received support with their medicines according to their individual needs and we saw clear examples of positive risk taking. For example how the provider was creative in supporting people to manage their own medicines. This was done through the creation of systems and processes that were monitored and regularly reviewed in partnership with the person. We observed one person taking their own medication who had great pride in being able to do this independently impacting positively on their wellbeing.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be

administered. Staff had excellent knowledge of people's medicines and the signs or indicators of when medication would be required. Medicines, including controlled drugs, were obtained, stored, administered and disposed of appropriately by the senior staff. Controlled drugs are specific medicines which are subject to strict legal controls due to their risk of misuse.

We saw evidence of how the service advocated for people to have regular medicine reviews. Records showed all people who used the service had had their medicines reviewed by their doctor twice this year (at the request of the staff), evidencing a proactive approach to medicine reviews in line with best practice which resulted in a reduction of the medicines prescribed for some people.

There was an open culture and staff confirmed that they were encouraged to share safety concerns with the management team, who responded to any concerns raised. Records showed the registered manager completed thorough investigations and analysis into incidents and accidents to learn from these experiences. Lessons learnt were discussed as a standard agenda item in staff team meetings demonstrating a commitment to improvement and that learning was highly valued. Learning discussed included; the introduction of monitoring call bell response times, the registered manager now monitored this daily to ensure the safety of people, and improving the dining room experience, which resulted in senior staff being present during each meal, observing practice and embedding new ways of working.

The registered manager informed us that the provider conducted a needs analysis to determine the staffing levels required in the home. We were advised the service was staffed 10% over the estimated required levels, in order to allow for annual leave, training and unplanned absence. We observed on the day that sufficient staffing was available to meet the needs of people. This was confirmed in discussion with people. Their comments included, "I feel very safe because there's always plenty of people around" and "People are always available to help, press a button and someone is there." Staffing levels had a direct impact on people remaining safe. The effective management of staffing had resulted in a significant achievement of no agency staff being used for over 18 years. Therefore, all staff working with people were fully inducted, trained and permanent members of the team. This provided consistency in care for people and excellent staff knowledge about people and their needs. We found it was this people knowledge and consistency in care that supported person centred care delivery which supported people to remain and feel safe.

Systems were in place to identify and reduce risks to people living within the home. People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. We found that risk assessments were not risk adverse and supported individuals in taking positive risks including accessing the grounds/garden or GP appointments independently. We spoke with one person who was actively involved in managing their own risks by carrying a card with them when out on their own. This card had the service's contact details on and the person's name. They were able to hand this over to someone if they were to panic or become unwell. This enabled the person to continue being independent in the local community, with measures in place to reduce levels of risk. We saw how mobility restrictions were positively risk assessed to ensure engagement in community activities including accessing city of culture events within the city centre.

Staff thought creatively and proactively when working with people to ensure their safety whilst also respecting their wishes. This was effectively balanced carefully and sensitively in relation to friendships between people. We saw evidence of people being encouraged to develop relationships with people they had met at the home, whilst also taking into account people's capacity to understand and consent to these relationships. An on-going situation we observed was being managed exceptionally well by the staff team and it demonstrated a deep understanding of the people who used the service and respect for their choices.

This situation demonstrated staff's understanding of the principles of safeguarding policies and showed that procedures were in place and that staff were knowledgeable about them.

Risk and choices were perfectly balanced and we saw an example where one person had chosen to act against medical advice. Their capacity to make this decision was respected and a risk assessment was put in place to help minimise this risk.

The implementation of infection control procedures was visible. Hand sanitisers were placed around the building and infection control posters were displayed. Liquid soap and paper towels were available for hand washing. Staff had access to Personal Protective Equipment (PPE) including plastic aprons and gloves. The registered manager informed us that she had recently attended infection control training and continually monitored standards within the home. Records of infection control audits confirmed this. People were encouraged to manage their own cleaning regimes and systems were in place to promote independence in this area. For example a washing machine was installed in a communal space for people who wished to do their own laundry.

Records showed that the staff had received training in relation to food hygiene. The home had received a five star rating from the food standards agency. The food hygiene rating reflects the standards of food hygiene found by the local authority. The rating is from one to five, with five being of a high standard. Staff had also received training on COSHH (Control of Substances Hazardous to Health Regulations) which sets out standards for the safe storage of hazardous substances like cleaning products in working environments.

We found that checks had been carried out to ensure that the staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable groups.

Outstanding ☆

Is the service effective?

Our findings

The service was innovative and creative in ensuring that people's support with nutrition and hydration was exceptionally well catered for. Staff were trained to a high standard to meet the needs of people and future needs were anticipated and prepared for.

The chef was very passionate about their role. We heard how they had attended specialist training in how to present a textured diet to people in an appetising and appealing way. This had enabled them to become a chef coach and deliver this training across the provider's other services. The chef knew each person's dietary requirements and details about their likes and dislikes. People had choice in what they wanted to eat and these choices were accommodated. There were systems in place to ensure that both the kitchen and care staff teams had access to this information, ensuring that people's wishes were respected even if there was a change in staffing. This information was located in the nutrition folder, which we observed had specific individualised information about people's diets and nutritional needs.

In addition to people's food choices being recorded and respected, feedback was actively sought. Minutes of each 'resident meeting' recorded the attendance of kitchen staff seeking feedback and ideas from people who used the service and their families.

People who used the service were very happy with the food and choice available. The home provided a choice for each of its three meals a day and also offered an all-day snacks menu, which was available 24 hours a day. The main meal of the day was served on an evening due to observing trends in people's routine and eating habits and on seeking people's views. Staff had recognised that if people got up later in the morning they weren't ready for a full meal at lunch time. Changing the main meal to an evening provided people with more flexibility and choice in their daily routines. This had had a positive impact on people since its introduction, evidenced through weight gain for those people who required it. The change in meal time demonstrated quite clearly a continued commitment to person centred ways of working, ensuring that people's needs were catered for as a priority.

People informed us that they received very personalised diets. Records within their care plans evidenced that people made decisions about what they wanted to eat and drink. One person told us, "I struggle to eat but they ask me what I want and bring it to my room. They are trying to get me to eat meals; they really try to encourage me to eat other things." Another said, "I have a difficult diet…they cater for all of my needs."

The chef was the nutrition and hydration champion and thought creatively and innovatively of ways to improve people's nutritional and fluid intake. They told us they found that when people attended routine hospital appointments they were often left for long periods of time waiting, without food or drink. In response the chef introduced a hospital pack for all people attending hospital appointments. These generally consisted of healthy snacks and fluids in a small pack up case. This meant that whilst outside of the home people were still being supported by the service.

Staff completed specialist training which provided them with the expertise to meet the needs of the people using the service. The staff we spoke with throughout the inspection were very positive about the training provided. They said, "The training is really good, they look after us well and make sure we can do our NVQ's (now known as QCFs – Qualification Credit Framework)" and "We get a lot of training here." The registered manager informed us that all of the care staff had an NVQ apart from one new person who had just started working there, who was currently working through theirs. We were also told that people could access training above and beyond their particular grade and training records confirmed this. For example the deputy manager and senior care staff had also completed their level 5 diploma in leadership for health and social care in residential management, a qualification required by a registered manager. This ensured that staff were exceptionally well trained to meet the needs of people.

A robust induction programme supported new staff to understand their role. The induction, which incorporated the care certificate standards, consisted of training and competency checks. The care certificate was introduced in April 2015 and is a standardised approach to the induction of new staff working in health and social care. This comprehensive induction ensured that all staff were skilled to meet the needs of the people they were caring for.

Following induction, all staff entered into an ongoing programme of training. The provider had an extensive course library available for all staff to access so that training was bespoke to meet the needs of those people they are caring for. Course headings included; skin integrity, individual wellbeing, disease and health related conditions, risk management and end of life care. Records showed that staff accessed this library to meet the needs of people they were a key worker for or to suit personal interests. We saw that training was proactive to meet the changing needs of people. For example we spoke to one worker who was attending a five day behaviours that challenge course. They were offered the course as they had identified a potential need for this in the future. Their skills were matched to the needs of people who used the service to make sure that their skills enabled them to provide effective care.

Staff undertook 'champion' roles in various areas, ensuring that skills learned on training were embedded in service delivery. This included pressure care and hydration champions and the registered manager spoke passionately and proudly about her commitment to providing good outcomes for people in these areas. Additional training in areas such as pressure care and hydration enabled them to use early intervention techniques and monitoring which provided positive outcomes for people. The service had never had an individual develop a pressure sore or be admitted to hospital with dehydration. This was confirmed by the regional director.

We saw that staff had advanced understanding about gaining people's consent to their care and their responsibilities to ensure that people were given choices about how they liked to live their lives. We observed staff supporting people in an inclusive way which respected people and took into account their expressed preferences, this was also evident within the care records. Staff took time to establish what people's wishes were; they interacted well with people and demonstrated they had in-depth knowledge and understanding of the people they supported. Staff gave examples about how they supported people in all areas of their lives. Discussions with staff also showed how they were skilled to be able to interpret people's behaviour where required, to aid establishing people's consent. These skills ensured that those who were unable to verbally communicate their needs and wishes still had their views recognised and respected by the staff.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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, 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).

We checked whether the service was working within the principles of the MCA and whether any conditions were being met. At the time of our inspection two applications to deprive people of their liberty had been submitted to the local authority. The records we examined showed that the restrictions were deemed to be in the person's best interests and the least restrictive option. Care plans showed how people's capacity was assessed regularly and were decision specific.

Staff felt incredibly supported by the management. A staff member told us, "They [management] bend over backwards to support staff. They really care about the staff." From a sample of files we saw it was evident that staff had access to regular supervision and annual appraisals. Staff told us, "I get a lot of support, if I had any problems I could take it to the office before supervision." We saw evidence that staff were able to challenge during their supervisions and that this was welcomed and encouraged by management.

Care plans we sampled during the inspection showed that people's holistic needs were assessed and reviewed on an ongoing basis. Care professionals were named within people's person centred care plans. Records contained details of appointments with GP's, dentists, opticians, chiropodists and the reflexologist. People also had a hospital passport in their files with important details that could be handed over to hospital staff if the person was admitted to hospital. This provided continuity of care for that person even outside of the home.

The premises were well-appointed and in keeping with period of the property. People's bedrooms were personalised with photos, pictures and belongings. One person told us, "I brought my own bedding, wardrobe and shelves, a few clothes and valuables." Each bedroom has its own post box outside and the person's name on the door. Large flower displays were on display around the building and these were changed monthly. One person said, "The home is maintained beautifully, people commented on the flower displays which were throughout the home, and regularly altered."

There was a variety of communal spaces. There were a number of communal lounges, including large and small rooms which were used for a range of activities and as private space to meet with family and relatives.

Outstanding ☆

Is the service caring?

Our findings

Staff were passionately caring and supportive to the people who used the service. People we spoke with consistently confirmed that staff were kind and caring; we heard comments such as, "They are exceptionally caring," "They really put themselves out; there isn't one staff who wouldn't put themselves out. Staff always ask how I am; I feel looked after and cared for. It is a home here; I can ask everyone for help." Others said, "Staff are all lovely…it's a community here" and "The staff are kind we all seem to get on together."

Both staff and management were committed to ensuring that people received the best possible care in a homely and loving environment. We found respect and dignity were at the heart of the service's culture and values and these values were embedded in the support provided. This was confirmed by people, staff working at the home and relatives. Examples included relatives who explained that previously had family at the home but had continued to visit as they still felt part of an extended family.

People had developed extremely positive relationships with the staff supporting them. They knew the staff supporting them and we saw good rapport had been developed. We observed light hearted interaction were one person referred to a care worker as her daughter and in response the care worker called her mum. This care worker was able to show loving care to this person whilst still maintaining professionalism. This was really important to the individual and enhanced their wellbeing.

Staff had an exceptional level of knowledge and understanding about the people they were caring for. This went beyond their basic care needs demonstrating that staff lived out the values of the organisation. For instance, a care worker described in detail one person's morning routine and preferences and showed they understood the person's anxieties and how to provide them with the reassurance they needed. A relative said, "The staff have a good relationship with [my relative]. The package [care package] is especially for you." Each person received a gift from the home on their birthday and for other important events (funded through the amenity fund) which is chosen personally by their key worker. This was confirmed by people we spoke with who described personalised gifts being received.

Staff described going the extra mile for the people they cared for. One told us, "We all do it (go the extra mile), if people run out of their favourite shower gel or their cough sweets we go out on our days off bring them in for them. We help them wrap Christmas presents and bring in stamps so they can post a letter." Another said, "I always make time to sit and talk to people one to one, especially someone who doesn't have any family. I have one lady who likes me to talk to her about what I have done at the weekend and my family. She enjoys hearing about my life. I have been her key worker on and off for 9 years."

Christmas time within the home, was made exceptionally special by staff. Each person received a handmade stocking on their bed on Christmas Eve. There was then a carol concert, supported by extra staffing to ensure all people could attend. Key worker's chose personalised gifts for each person for Christmas morning. All families were invited to spend Christmas day and have their Christmas lunch at the home including other professionals and staff member's families with the intentions of creating a family atmosphere. We spoke with one relative who confirmed they had had Christmas lunch at the service on two

occasions. The year of our inspection a member of staff had arranged for people without family to visit a local primary school and watch their Christmas performance and in return schoolchildren planned to attend the home to sing Christmas carols. This demonstrated the compassionate nature of the staff team to understand the varied needs of people during the festive period and take into account their personal circumstances.

Staff had completed some experiential learning exercises which had a significant impact on staff and how they delivered compassionate care. It also demonstrated a commitment to understanding diversity and being proactive to understand people's diverse needs. Experiential learning is the process of learning through experience, and is more specifically defined as "learning through reflection on doing." Situations experienced by staff included being blind folded/bed bound/restricted to a wheel chair and being assisted to eat. The manager and staff reported such a significant impact and a change in routine following reflections of this practice. The registered manager informed us that these reflections had led to changes in awareness and meant that care became less task focused and more focused on the individual. For example the way in which people were accommodated in their rooms as these observations had concluded that people being cared for in bed could be better placed in their room to encourage more stimulation and input from staff. This in turn also led to staff spending more time sitting and talking with people, rather than focussing on tasks for people. One person told us, "There's always someone around, different ones sometimes, but the staff chat to you in here."

Staff encouraged people to use technology to enhance their wellbeing and sense of social connection. There was a computer in one of the communal rooms available for anyone to use. Staff had supported one person to Skype their grandchild who lived abroad. A thank you card from their family member read, 'It was amazing to see my [relative] after not seeing them for a year. I'm tearing up thinking about it. You have made us both very happy!' The person told us, "I Skype my niece & daughter in Melbourne. It makes me so happy that I can keep in touch and see my grandchildren. My friends come and visit me, they are always welcomed."

We saw how another person accessed the computer, mostly independently, to check emails and messages. One person told us, "It's incredible talking to my family and friends in Liverpool on Skype. I have my own phone in my room, it was here when I came."

One person informed us, "The senior asks me questions about what I think of the place and the care. I know about the advocacy service if I need one." Information regarding advocacy services was displayed. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. At the time of inspection no one was using an advocate. We were advised that this was not required due to family involvement, however we were informed of people who had used advocates in the past. In fact an advocate who had previously worked for someone at the home has since started working there as volunteer.

The deputy manager had attended dignity in care training and as the 'dignity champion' for the service we heard how she monitored and observed staff interactions with people to ensure that training was embedded in practice. This had been further promoted by the experiential learning where staff really put themselves in people's place which made them value the way in which care was provided; for example they experienced going up and down in a hoist and being fed and left in bed for long periods. People told us their privacy and dignity were respected and this was re-iterated by relatives and visitors to the home. People's comments included, "They [staff] respect my privacy and dignity absolutely" and "They help me with personal care, they're really caring and they always ask before they help me. They always keep me covered." The relationships between staff and people receiving support observed throughout the inspection

demonstrated dignity and respect.

There were no restrictions in place for relatives and friends to visit. During the inspection we observed many visitors arriving and being made to feel welcome by all within the home. Staff told us that all visitors were offered a drink and something to eat regardless of the time. Friends visiting one person told us, "It's a really friendly, happy atmosphere. We're very happy she's got in a good place." One of the visitors confirmed that they had been supported with their family to eat Christmas lunch with their relative and were given a private area to enjoy this.

People's independence was promoted through the care that they received. One person told us, "I'm an independent person, they haven't taken that away." Detailed care plans recognised people's abilities and skills and ensuring that staff encouraged and supported people to maintain their independence. The registered manager told us that the front door was always open and people could go out unsupervised and walk around the grounds. We observed this throughout our visit. They told us about how they had supported one person to maintain their independence and access to the community, whilst putting measures in place to ensure their safety and wellbeing.

We found evidence that people were empowered to be partners in their own care. People were encouraged to be part of the service and use their skills. We heard how one person was an activities lead amongst people who used the service and they organised additional activities such as kite making, which had been very successful. Another person told us they used to act and planned to perform some songs or poetry one day for everyone. Care plans reflected people's personal information. In one of the plans we looked at the person had completed the life history and personal profile sections themselves. This evidenced that people were empowered to share their views and preferences in relation to the care that they received.

We saw that information contained people's life story was then incorporated as part of their care plan. One example, one person had previous connections with the Salvation Army. Through the devotion of time and encouragement this led to the enjoyment of being involved with this again. This had resulted in increased independence and social engagement for the person

Outstanding ☆

Is the service responsive?

Our findings

In our last inspection we found the service to be outstanding in this area. The service continues to be outstanding through the provision of an extensive activities programme and extremely dignified and person centred end of life care.

The staff team demonstrated a continued commitment to supporting people to engage in interests and activities both within their home and in the local community. The provider had a very passionate activities coordinator in place who had continued from the last inspection to provide a seven day a week varied activities programme to meet people's preferences. People who used the service were asked what activities they would like to do and this information was listened to and acted upon.

Improvements had continued to be made, based on reflection from our last inspection. The provider had recruited a team of 12 volunteers to help support the running of the varied range of activities. These activities were designed to suit people's needs and wishes. For example, the service continued to offer daily group activities in the main lounge but now in addition, also offered smaller, more individual activities in people's own rooms, or smaller lounges for those who did not wish to engage in larger groups. By introducing this, the provider had removed barriers for people who could not or did not wish to attend larger group activities in the main lounge and had enabled inclusion.

New innovative ideas had also been introduced. The 'seize the day' initiative was advertised on notice boards around the home. This offered people the opportunity to do something they would like to do but thought would not be possible for instance, one staff member talked to us about taking a person who used the service to an area of the city where they used to live. They found the person's old house and took time to stand and reminisce about times they had spent there. They walked around the local community and observed how things had changed. When talking about the impact this had on the person, the staff member told us, "[Name]'s face lit up, their eyes lit up. They were so happy." This showed a high level of responsiveness to people's wider needs.

The staff proactively considered activities that people would like. We found on display in the home pictures of activities undertaken within the local community. This included visiting key attractions connected to the Hull City of Culture, where people had paddled in the fountains. Staff also introduced an ice cream shack outside of the home allowing people and families to visit the shack independently for ice-creams during summer months.

People were actively supported to maintain religious, cultural or spiritual connections. The service was run by Methodist Homes and there was a strong focus within the service on spiritual well-being. The service employed a Chaplain who provided worship services on a Tuesday and Thursday for those who wished to attend. The chaplain organised contact with other ministers of religion in the local area and also offered to lead funeral services for people for no charge. On an occasion when the Chaplain did lead the funeral service a relative emailed saying "I just wanted to send you a note of thanks for the beautiful service on Monday. We all felt uplifted by your wonderful words and music…I can't thank you enough for all of your

kindness and support, not only to [relative] but also to me and my family."

A breakdown of religious beliefs for the current 34 people who used the service identified eight different religions being followed including; Methodist, Church of England, Pentecostal and Catholic. All people we spoke with provided positive feedback about the chaplain and the religious services on offer. The feedback demonstrated a clear commitment to respecting people as individuals and encouraging diverse beliefs. A recent survey conducted by the provider asked 'how does living here enhance your life' with a response including "church services and being able to practice my faith."

The spiritual offering of the service had supported the excellent provision of end of life care at the home. We found that staff had continuously gone above and beyond expectations. There were numerous thank you cards and letters from families and friends of people who used the service for the end of life care the staff had provided. Comments included, 'Outstanding care and kindness,' 'Kindness and loving care' and 'Sincere gratitude.'

A visiting health care professional told us, "For end of life care they follow something called the Final Lap. They try to monitor those who they feel are coming towards end of life care. They engage with families and ensure that appropriate actions are in place, such as starting medication or stopping inappropriate medicines. They are perfectly up to speed on this area." This demonstrated that the home was proactive in seeking out and acting upon best practice.

There was end of life paperwork in the care plans that we saw. Some people had a small section of information as part of their main care plan which detailed funeral arrangements. Others had a more detailed end of life plans in place which were exceptionally personalised and detailed people's preference in music, flowers and songs. People who used the service confirmed to us that the difference in documentation was due to their own choice and preference and people were respectfully supported to discuss end of life care when they felt ready and able to do so. One person told us "I am impressed with how the staff deal with death in the home. It is managed very respectfully and in an extremely dignified manner."

Relatives we spoke with provided extremely positive comments. One relative told us "People are valued and families are supported. It was the perfect ending, in her own room with staff who loved her." Another relative told us, "They went above and beyond at the end. They sat holding her hand. [Staff name] had come back at 2am as she wanted to stay with her. When they took [my relative] out all staff lined up the doorway, chefs, cleaners, everyone."

We heard how this happened when anyone had passed and was leaving the building. The registered manager showed us an end of life box, which contained a number of items including essential oils, CDs and a blanket. It also contained an end of life aid to families, which provided information to families on the next process of what to do now.

The registered manager told us that families were never forgotten, and were sent invites back to the service and regular emails. This was evident when we inspected as we spoke to a number of relatives whose family members had now passed but they still visited the service to say hello to people and staff.

We heard numerous stories of staff going the extra mile at times when people had reached the end of their life. Following a sudden death staff had gone out in the middle of the night to pick up families from their house. We also heard how staff had travelled to homes to break the news of a death of a loved one. A sympathy card was sent to all families and staff offered to collect death certificates or go with them to register deaths if needed.

Annually the service arranged a memorial service to remember all people who had passed in the previous year. We heard how families and friends were invited to attend the service and be involved in releasing white balloons. Photos taken on the day showed that these events were well attended. There were a number of thank you cards written from families who had attended these days, expressing their thanks. We saw one which read, 'it was a very kind thought and a lovely memory for us.'

We saw that people had detailed and person centred care plans in place. A domiciliary assessment was completed prior to admission, which detailed any specialised needs including cultural, health, dietary, social or spiritual. People were clearly involved in the development of their care plans. We saw plans with detailed individualised information about all areas of support including communication, nutrition and hydration, falls, mobility, personal care and continence. There was also a life history and personal profile. Support planning documentation was comprehensive and easy to navigate. This assisted the reader to have a clear understanding of the individual's needs. Reviews of people's care plan were regularly conducted.

The service was very responsive to any concerns or complaints raised. They had a complaints policy and procedure in place and this included information about the duty of candour (the duty of candour is a statutory duty to be open and transparent if things go wrong). Information on how to make a complaint was on display. We saw evidence that the management dealt with all complaints received in the year prior to our inspection, quickly and effectively, conducting a comprehensive investigation. Learning from these complaints was taken seriously and evidenced through the introduction of additional management monitoring.

There were opportunities for people who used the service and their relatives to attend meetings to provide feedback about various aspects of the service. Meetings were scheduled monthly and the dates of forthcoming meetings clearly displayed around the home. One person told us that they had attended a 'residents meeting' and took the minutes of the meeting for everyone. We heard how the home worked creatively to reduce any barriers to people's attendance at the meetings, by using volunteers and staff to speak to those who could not attend the meeting, in their bedrooms prior and during the meeting to ensure that their voice was captured and heard.

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well led. It was evident that the culture within the service was open and positive and that people came first. People were supported by a motivated staff team who were proud to be part of the service.

Every member of staff we spoke with or observed on our inspection was 'living' the organisational values. It was embedded in the way that staff worked. This included respecting every person as a unique individual, treating others with dignity, being open and fair, seeking to improve and nurturing each person's body, mind and spirit to promote a fulfilled life.

At the time of our inspection there was a registered manager in post. 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.

Staff were exceptionally complimentary about the registered manager and the rest of the management team. The registered manager demonstrated that they were a role model for the values and person centred way of working with people who used the service and the staff team. A staff member commented, "The manager works with us as a team, that's how it works, there is no them and us." Other staff told us, "The management culture here is open, if you have any problems you can just go and see them" and "They are really open and easy to ask questions and are approachable. I can go to them and ask them anything." This 'open door' culture was observed throughout our inspection. Relatives were also very complimentary. One told us, "The manager is so nice, she always has her door open." Many staff spoke about the support they received directly from the registered manager and deputy manager in relation to work or personal matters. The registered manager valued the staff and was caring and compassionate about their needs. A number of staff spoke about how the registered manager had supported them through difficult times in their personal life and how the registered manager was exceptionally caring and supportive throughout this time.

People's diverse needs were supported. We saw examples of equality and diversity being actively promoted for both staff and people who used the service. Staff told us that "Equality and diversity is supported here, [Name of registered manager] and [Name of deputy manager] are amazing and lead by example in this area, I can talk to them about anything it's amazing."

We found the registered manager very driven and committed to improving the quality of the care provided at the service. They informed us that they had visited all other services within the organisation who had attained an 'Outstanding' rating in their CQC inspections to observe any best practice that could be implemented within this service. We were informed the deputy manager and activities coordinator also visited other services and colleagues to build on their own knowledge and ideas. They also invited other services run by the provider to visit Willersley House to showcase their excellence and drive improvements across the organisation.

We observed how the registered manager encouraged their team to think of innovative and creative ways to improve their own practice. They listened and implemented ideas and suggestions from the staff team, which had enriched the lives of people. For example, 'seize the day' (initiative to make people's dreams and wishes a reality) and the connections with the local primary school were ideas from staff members. Staff ran a 'quality circle', which consisted of a member of staff from each department, except management to look at areas of the home and ways to improve the service, therefore encouraging staff to consider and initiate development themselves.

We found that leadership within the wider organisation was visible at all levels. Care staff knew who the area managers were and talked about their direct involvement with the service. Different roles also had leads within the organisation. For example; the head chef spoke about how they received positive support from the head of hospitality. On the second day of inspection, the regional director was at the service. We observed relaxed and informal interactions between them and the staff team and people who used the service.

The registered provider had a number of schemes in place to drive improvement and reward staff that has gone the 'extra mile.' Staff were nominated to receive recognition cards from senior managers and directors, sent to their home address. We heard how staff achievements were recognised and celebrated on a regular basis. Gifts for completing qualifications/courses and birthdays were standard. The monthly organisational newsletter also celebrated the achievements of people and staff, with Willersley House included in each edition we saw.

Staff retention was an important focus for the service. A large number of the staff team had worked at the service for many years. When we spoke with staff about the service they consistently said it was a good place to work. Their comments included, "It's a really nice place to work," "I love my job" and "I've worked here for 20 years, I must be happy. We have good terms and conditions." Staff talked about the importance of receiving a living wage and not minimum wage and how this resulted in staff retention leading to a better consistent service for the people they care for. One staff member told us "If they don't keep staff then residents don't get to build up relationships with staff."

Feedback from people and staff was sought in many ways and was heavily promoted and encouraged. We reviewed feedback from a number of sources which was all exceptionally positive. The provider also conducted resident and staff satisfaction surveys annually. Results were analysed, published and acted upon. The service consistently received very high scores yet still managed to continuously improve year on year. Recent 'resident survey' results were 956/1000. Results from the 2017 staff survey showed they scored 94%. A number of high scoring questions, which received 100% satisfaction linked directly to the provision of quality care.

There was a robust quality monitoring system in place to help drive continuous improvements to the care that people received. Audits were completed to ensure constant compliance at all times. The registered manager and other staff members conducted regular and comprehensive internal audits. There was also an annual Quality Assessment audit conducted by 'Quality Business Partners' for the organisation who works to support managers and their teams to improve. The 2017 Quality Assessment showed an overall score of 96% with 100% compliance achieved in the categories; dignified care, quality governance, staffing and recruitment, staffing spot checks, environment, nutrition and hydration and experience and involvement. People, their relatives and staff were all spoken with and engaged within this process. Our observations supported these findings.

Staff at the service had positive relationships with visiting professionals including the local GP, falls teams,

district nurses, safeguarding teams and hospitals. One health care professional we spoke with said, "I have no concerns at all about this service. They ask for visits appropriately and the residents seem well cared for. It is a friendly environment, very much the resident's home and not just somewhere they are cared for."

A compliment from a relative informed us, "[My relative] had to go into hospital recently and the staff at Hull Royal Infirmary were extremely impressed with the care. Willersley provided notes and everything they needed. Willersley had already checked with the surgery about the antibiotics." This illustrated the service's commitment to working with external agencies to provide seamless continuity in care.

We saw the ratings from the last inspection were displayed in the home and on the provider website which is a legal requirement.