

Willow Bank Residential Home Limited

Willowbank

Inspection report

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Tel: 01457868594

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced inspection took place on 7 June 2018. Willowbank is a 'care home' for up to 18 older people, including people living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 16 people living there. There were three communal areas that people could choose to sit in and an accessible garden that people could go out to at any time.

At our last inspection we rated the service good, with an outstanding rating in responsive. At this inspection we found the evidence continued to support the rating of good in three domains and outstanding for responsive and caring. There was no evidence or information from our inspection and ongoing monitoring that demonstrated risks or concerns.

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. They provided leadership to the home to ensure that the values of respecting each individual and providing exceptional care was embedded.

Staff provided sensitive, compassionate care and responded very promptly to people's needs. They understood each individual's diverse requirements and ensured they met them. This included adaptations to maintain and encourage their independence. They worked in partnership with people's families to ensure that their personal histories were understood. The staff also adopted different communication methods to ensure that they could assist everyone to make choices about their care.

People continued to receive outstanding personalised care and support which was built on their preferences. There was close collaboration with other professionals to get the best outcomes for people to maintain their health and wellbeing. The outcomes of careful assessment with the professionals and with families led to extremely detailed care plans. All staff had an excellent knowledge about people's needs and ensured that they were met and regularly reviewed. They also used this knowledge to plan activities and interaction which promoted people's mental and physical wellbeing. This included developing community partnerships and employing specialists.

The staff team were well trained and supported to have the skills to achieve good outcomes for people. This included in delivering end of life care and families we spoke with told us they were exceptional in supporting people through this time. They also were trained to develop their skills in clinical observations so that they could work in partnership with other professionals to respond swiftly to changes in people's health. This included detailed analysis of any accidents or incidents to ensure that appropriate actions and referrals were made.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. Staffing levels were planned around individual need to keep people safe from harm. People were protected from the risk of harm because staff understood how to support them safely including using equipment. Medicines were administered to each person in an individualised way. They were recorded, stored and disposed of safely. The risk of infection was controlled because the home was clean and hygienic.

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. They had enough to eat and drink and staff were extremely attentive in supporting them in this. The environment was modernised and had signs and pictures in it to assist people to be safe and to be able to orientate.

There was a strong commitment of continual improvement from every staff member; from the leadership team to staff whose roles were not in direct care. There were innovative approaches to developing the service. The whole staff team worked closely with other professionals and valued their input in assisting them to get good outcomes for people. Governance systems were fully embedded and closely monitored and reviewed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding

People received exceptionally kind, compassionate care and support. The staff were attentive and alert to people's distress and provided prompt care and support. There were innovative and personalised approaches to supporting people to communicate their choices. Care was provided in partnership with people's families. Dignity and respect were at the centre of the values of the home.

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Good ●

The service remains Good.

Willowbank

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2018 and was unannounced. It was completed by two inspectors.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with five people and observed the interactions between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with five people's relatives to gather their feedback on the quality of care received. We received written responses from a further three relatives after the inspection visit. We spoke with four visiting health and social care professionals who work closely with the people who live in the home.

We spoke with the deputy manager, a senior member of care staff, two care staff and the chef. We reviewed care plans for five people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and health and safety checks. We also looked at staff recruitment files for two staff.

Is the service safe?

Our findings

People continued to receive safe care and support. One person told us, "I do feel safer living here than I did on my own." Other people who were less able to give verbal feedback could identify staff they would speak to if they felt unsafe. One person said, "I would tell the staff if I was feeling unhappy."

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I would report any unexplained bruising to the manager, abuse can also be neglect of someone, for example if they looked unkempt." They were also knowledgeable about how to report any concerns to external organisations. We saw there was information about how to raise concerns to keep people safe displayed in the home. There had not been any safeguarding concerns reported since our last inspection and when we spoke with staff, people and their relatives and reviewed records we were assured that this was accurate.

Medicines were managed to ensure that people received them as prescribed. One relative told us, "Medicine is administered carefully and [Name]'s every need is met." People were given their medicines to meet their individual needs; for example, we saw one person receive theirs in liquid form. Staff took their time, explaining to people what they were doing and ensuring they took the medicines. Some people had been prescribed medicines to be taken 'as required' and there was very clear guidance in place for staff to understand when this should be given. The medicines were stored, recorded and monitored to reduce the risks associated with them.

Risk was managed to protect people from harm. One relative we spoke with said, "I have complete confidence in the staff's skills at helping my relative to move using equipment; they put their mind at rest." We saw that when people were supported to move staff reassured them and explained what they were doing. When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. We looked at records and saw that these were all in place and reviewed when needed. The support we saw given was in line with the plans; for example, we saw one person who was sight impaired being spoken to and guided arm on arm. We also saw other risk management systems in place; for example, for support to protect skin, to support people's mental health and to avoid situations which could cause them distress, and for support in emergency situations such as evacuating the building.

Lessons were learnt when things went wrong and actions taken to reduce the risk. We saw that there were systems to record and review any accidents to look for patterns. There was an extremely detailed analysis which look at factors which could influence areas such as falls, like time of day and whether the person was being supported. There was a clear description of the action taken to reduce the risk of repetition; for example, one person's bed was moved to be against the wall and another was referred to health professionals for investigations.

The environment was regularly assessed to ensure that it was safe and that action was taken to reduce the risk of infection. There were staff employed to ensure the home was cleaned to a high standard. One relative told us, "The rooms are immaculately cleaned." The home had been rated five stars by the food

standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to food. When we spoke with staff they understood their responsibilities to protect people from infection and we saw that protective equipment such as gloves and aprons were readily available.

There were enough staff to ensure that people's needs were met safely. One person told us, "There are always staff around to help me." We saw that staffing was individually planned and that staff had plenty of time to spend with people throughout the day of the inspection. We saw that the provider followed safe recruitment procedures which included police checks and taking references from previous employers to ensure that staff were safe to work with people.

Is the service effective?

Our findings

People continued to be supported by staff who were skilled and knowledgeable. One relative told us, "The staff are well trained, when [Name] becomes agitated they manage them very well." All of the visiting health professionals stated that staff were well trained and put their training into practice. One said, "Staff here are very knowledgeable; for example, they deal very well with challenging behaviour." Staff told us that they felt well supported and equipped to do their job. One member of staff said, "I have recently done some training in dementia and I thought it was really helpful particularly in helping me to see when the condition is deteriorating." Another member of staff said, "I have done all of the training but I do learn best by doing. When I first started the staff here let me watch them and were very patient and accommodating." Staff told us that training was often arranged to ensure staff understood individual's conditions if they hadn't worked with them before or if the person's needs changed; for example, in diabetes One member of staff was doing an apprenticeship and told us how the provider worked in partnership with the local college to ensure that they were getting the training and experience they needed. Senior staff also told us that they had personal development plans in place and these included completing national qualifications in management in social care since our last inspection.

Staff received regular supervisions with senior members of the team to ensure they were supported. One member of staff said, "The registered manager does my supervision. We can talk about anything but if there's any problems I would tell her anytime. All of the staff here support each other every day." Staff told us they discussed their development needs and could request any training they wanted; for example, the chef told us they would be doing training in managing challenging behaviour with the other staff because they thought it was useful to their own personal development and to help them to better understand how to interact with people. This demonstrated to us that the provider was attentive to ensuring that staff were all motivated and equipped to do a good job.

There was a strong emphasis on the importance of people eating and drinking well. One person we spoke with said, "The food is good, I enjoy my meals." Another person said, "Its smashing food." One relative told us, "The food prepared by the cooks is delicious and wholesome." The food was attractively presented at the mealtime we observed. People were offered a range of choice from a serving dish and it was presented on to their plate with tongs. There were several courses that people could choose from. The staff supporting the meal took their time and went back to some people and offered them a second choice so that they didn't have a lot on their plate. One member of staff said, "This encourages them to eat." A relative told us staff had advised them to monitor what their family member ate when they supported them as they had put on weight recently. They said that, "We realised that they had stopped understanding when they had eaten enough and would carry on eating and so we now monitor it more closely". The main meal of the day had been moved to the evening and the chef told us that people were eating more because of this.

Some people were at risk of losing weight and we saw that they were offered snacks throughout the day. When we reviewed health professional assessments we saw this was in line with their guidance. They also had their food enriched to ensure they had additional nutrition from what they ate and all staff were

knowledgeable about their needs. There were snacks and drinks available for everyone throughout the day. The day of the inspection visit was hot and we heard staff checking that people were drinking extra throughout the day. A health professional told us, "I like that in hot weather I see staff encouraging people with extra drinks and ice cream."

When people required specialist meals these were provided and all of the staff knew who had them and why. One relative told us, "They provide home cooked balanced meals and they go out of their way to make special meals if my relative is unwell and doesn't feel like eating." People who required support to eat were assisted kindly, gently and with patience. When required, detailed records were maintained of the food and drink people had to be able to continuously monitor their health and wellbeing.

The staff team worked effectively across organisations to ensure that people's needs were met. All the health professionals we spoke with were enthusiastic about the partnership approach that the staff team employed. When people's needs changed there were prompt referrals made to other professionals to investigate the cause.

The provider was involved in local initiatives to improve how effectively and quickly people were responded to and to try to avoid unnecessary hospital admissions. In the PIR the provider told us, 'We are working with telehealth and we are being trained by the North-West Ambulance Service in being able to triage medical conditions and emergencies in order to be more responsive to service user illness'. Telehealth helps to connect patients to fully-qualified and certified GPs, nurses and pharmacists via remote video and telephone consultation. This demonstrated to us that the provider worked in partnership with other organisations to keep up to date with new research and initiatives. They used these technologies to ensure that people's needs were met in line with best practise guidance.

People were also supported to maintain their health through regular monitoring and checks ups. One relative told us, "If my relative needs something, for example, their medicines reviewed or their bloods checked, I know that the registered manager will sort it out." We reviewed records and saw that people had attended appointments as needed and future ones were booked.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 on authorisations to deprive a person of their liberty were being met.

Staff understood the importance of ensuring that people consented to care and support. Some people didn't have the capacity to consent to some decisions and we saw that there were clear and detailed capacity assessments for each of these. Applications had been made for DoLS and staff were knowledgeable about these and understood the principles of least restrictive practice.

The environment was accessible and designed to meet people's needs. In the PIR the provider told us, 'We have made a large financial investment into the environment; changing from pattern carpets to dementia friendly carpets, new safety flooring to dining room, bathrooms, shower room and kitchen.' We saw that this was all now in place. There was signage in the home to help people to orientate, particularly those living with dementia. People could choose to sit in a quieter lounge and there was also a conservatory and a garden for those who wanted some fresh air.

Is the service caring?

Our findings

Without exception, people we spoke with, their relatives and other professionals told us that all the staff were extremely kind and compassionate. One relative said, "I wish to recognise and collectively praise all the staff; the younger staff members show a gentle, kind and caring nature towards my relative and all the people who live here which is remarkable for such young carers. The more mature and experienced staff care with extraordinary skill, empathy and patience and the managers expertly guide everybody throughout the day". Another relative told us, "Outstanding care was given to my relative. The staff treated them with compassion, kindness, dignity and respect." Throughout the inspection we saw kind interactions based on empathy; for example, sitting and talking with people when they were distressed and offering reassurances. One member of staff told us, "I think it is my job to make people happy and that's what I try to do each day." We saw that staff were tactile and there was lots of hugging people they supported and laughing together, which people responded well to. Another relative told us, "They treat all of the people who live here with respect and take time out to chat with them or give them a cuddle if required." A visiting health professional told us, "The staff here love the people they care for." Some people were not able to give us very detailed feedback about their care but we saw how pleased they were when they saw and interacted with staff. One person could tell us, "I like them" when indicating a member of staff. Another person told us, "The staff sing with me; I love them all." One relative said, "It is lovely to see the expression on my relative's face as it lights up with pleasure when they return back to Willowbank after a visit out to the shops or for a family occasion."

Staff ensured that people always got the support they needed and wanted; including advocating on people's behalf's and resolving any conflicts and tensions involved. One relative told us, "When my relative was discharged from hospital one of the staff at the home recognised that they were still unwell. Their perseverance in speaking up for them meant that they were re-admitted. When they came out the staff had organised all the equipment for their care. However, they spent so much time and patience feeding, caring and supporting them that they are now a different person and are up and walking about again." One member of staff also told us about the approach they had taken to advocate on behalf of another person. They were uncertain that a diagnosis of a condition and subsequent treatment were correct because of the range of symptoms they had observed. The member of staff did further research and spoke with health professionals about another possible diagnosis. This is now being investigated further and the person's treatment has altered. A visiting health professional told us, "They are so caring and concerned for people, they never cut corners and because they are so good when they ask us to come and see someone we trust their judgement."

People were encouraged to explore their care and support options and supported to access of additional help and advice with particular care and sensitivity. For example, staff told us about one person they supported who had lost weight. They had supported the person through a referral to a health specialist. However, when that consultation didn't give a conclusive explanation they then supported the person to see several other professionals to ensure they received all the check-ups needed. This was to ensure that staff were given the correct guidance to be able to support them. One of the health professionals we spoke with confirmed that staff treated sensitive issues privately and supported people to make decisions around specialist equipment they may need to maintain their independence.

There were well established and loving relationships between staff and people who used the service. The staff in all roles could provide detailed information about people, their lives, what was important to them and their specific care and support needs. We spoke with one member of staff who was quite new to the service and was undertaking training. They told us in detail how some people were supported to increase their calories when they were at risk of losing weight. This was not their responsibility to do but they had a thorough understanding of the care and took responsibility to ensure the person received the support they required. Another member of staff told us how they knew that one person enjoyed model making and so they gave them some marzipan to create something when they were assisting others to bake; again, this was in addition to their own job role. This demonstrated to us that staff were motivated to provide care based on people's needs and preferences.

Staff were inspired to think of people even when they were not at work. We spoke with one member of staff who told us they enjoyed planning reminiscence sessions with people. They said, when they were not working they often went to antique shops and markets to look for interesting objects which would stimulate conversations. A relative told us, "Staff often 'drop in' when they are not working; especially if it is somebody's birthday they will come in with a present."

People and staff told us about special occasions and celebrations. One relative said, "It is [Name]'s birthday soon and we will start planning it. The staff usually organise an activity like an entertainer who will do the music they like. Everyone always has a lovely homemade cake too." There were photographs throughout the home celebrating people's achievements and activities. There was also a memory tree on the wall which included a special memory from each person. Staff told us that people still enjoyed speaking with them about those special times. One member of staff said, "It helps us to understand people and to know what is important to them." We saw that information in people's care plans supported this. For example, in one person's history it stated what their favourite subject in school was and staff told us they often used the information in conversations with people. People's plans emphasised to staff that the person took great pride in their presentation and we saw people were very well dressed and clean with attention to hair and gentlemen were clean shaven. One relative confirmed, "[Name] is always clean and has their hair done on a regular basis. All their personal needs are met to a high standard." Staff told us how one person had wanted something to look after and they had bought some birds for them. We saw that these were in a communal area and several people spoke with us about them

All the people and relatives we spoke with described the service as being a 'home from home' and a 'family.' One person said, "They look after me well; I am like one of the family." A relative told us, "The staff are just so enthusiastic about caring for the people here. It feels like a home to me. I just honestly can't find fault with any of them." Another relative said, "We are always made welcome at any time of the day or night and the home has very much a family atmosphere." A third relative told us, "From the first day at the home, my family and I felt a massive relief that our relative was in a place which actually felt like their real home. They were welcomed to their 'family'; in fact, we all were!" Other relatives told us how they felt cared for as well. One said, "The staff were all very caring towards me when I was unwell." Another said, "I cannot fault them here, we have complete peace of mind, they care for us as a family too."

The staff team were exceptional at recognising and responding to people who were in distress and discomfort. One relative told us, "[Name] can get upset and shout out when they are being helped to move or need personal care assistance. The staff are very good at talking through what they are doing and reminding them what will happen next so that they can be prepared". We saw staff recognise signs that people needed assistance and respond immediately. For example, one person wasn't eating their meal and was moving in their chair. One member of staff spoke to them discreetly and then organised for support to assist them to go to the toilet. The member of staff stopped the task they were doing and said to us

afterwards, "It is much more important to help people because they won't enjoy their meal if they are uncomfortable." Information in people's care plans was very detailed and assisted staff to understand different people's different communication needs; for example, for one person it explained that restlessness and distress could be a sign that the person had passed urine. Another care plan advised staff to always respect one person's dignity when they assisted with continence as they were embarrassed.

People were encouraged and supported to maintain their independence. One relative told us, "Staff here are genuinely nice, they treat people with respect and I like that they encourage independence. I hear them saying things to other people not just my relative." We saw that people were supported to move independently and staff stayed nearby to provide assurance. Other people had equipment to enable them to eat independently. For example, one person who was visually impaired and used a lidded cup to have their soup. However, at all times staff respected people's choices. We heard one member of staff ask the person they were supporting with their meal whether they wanted to try doing it themselves. When they declined the staff member said, "It's okay, there is no need to apologise I am here to help you."

Staff were exceptional at understanding how people communicated their preferences and choices. One person could tell us how they chose to spend time in their room. They showed us that it was a shared room which had a divider in it so that each person could have privacy when needed. They said, "I like the company at night. In the day the other person doesn't choose to come in here and so I often have some quiet time resting or looking out at the views. The staff check in on me but always support me to choose." A lot of people who lived at the home were not as able to verbally express their choices. One member of staff told us that they had tools to assist them to speak with people. They said, "We have picture cards and lots of photographs to help people to choose." However, staff told us that most people could make choices either verbally or through objects of reference. One member of staff told us about assisting someone who was visually impaired to dress. They said, "[Name] knows what clothes they have and so we describe them to them; for example, the cardigan with the little buttons." During their meal staff showed people who could not verbalise different choices and they pointed or looked at their preference. We saw that one person had a bell beside them and staff told us it was because they had a very gentle voice and struggled to be heard. We saw that when they rang their bell staff attended and responded promptly to them.

The provider's approach to embedding dignity and respecting people's diverse needs was recognised through a local authority Dignity Award. One member of staff told us they had achieved this by giving examples of the work they do to promote choice, working with families and respecting people's privacy. They told us about further work they were doing to evidence their approach to dignity. We saw posters in the office reminding staff of their responsibilities to uphold dignity at all times.

Relatives confirmed that this approach to embedding dignity standards which upheld people's human rights meant that their families received exceptional care. One relative said, "The home has an excellent reputation locally because they are so good." Another relative told us, "They look after our relative in such a professional and caring manner. We feel that in some ways the person who we had 'lost' to a terrible illness has actually come back to us and we enjoy spending time with them in this special environment."

Is the service responsive?

Our findings

At our last inspection we found that people received an outstanding responsive service. At this inspection we found that the provider had continued to develop and improve the service so that people continued to receive outstanding, personalised care and support. Staff continued to have a thorough understanding of people's needs and preferences. They were skilled and knowledgeable about initiatives which could assist people living with dementia. For example, they still served meals on coloured plates to encourage people to eat. This was in line with guidance from the Alzheimer's society based on research which showed that people living with dementia recognise food better from a red plate than a white one. However, they had continued to further develop this and we saw that meals were presented with a choice on a serving platter so that people could point and choose when needed. Memory boxes outside people's rooms had also been developed so that for some people living with dementia they now had older photographs of the person to assist them to recognise themselves.

People continued to receive exceptional care based on their personalised needs. There were innovations being developed in partnership with other professionals to ensure that people received the best care in their own home. In the PIR the provider told us, 'We have received training in taking clinical observations and have been chosen to take part in a tele-health trial to try to prevent unnecessary hospital admissions and allow our service users to receive immediate medical attention when required. We are also taking part in the new appropriate medical response triage tool for service users.' We saw the impact it had on the care and support people received. For example, after one person fell, staff were able to video conference with qualified medical staff for advice. This innovative use of technology meant that the person remained at the home and was observed regularly to monitor for any potential harm. We saw that this co-operative approach with other health professionals contributed to excellent outcomes for people. For example, another person was advised to go to hospital after their initial assessment. However, their GP agreed with them that that would not be in their best interest and set up clinical monitoring with the staff at home to review their health. Again, they made a recovery within their own home. One visiting health professional confirmed, "The staff are so caring and concerned for people, they never cut corners and because they are so good. When they ask us to come and see someone we trust their judgement."

People were also encouraged to participate in activities which were designed to improve their health and maintain their wellbeing. There was a weekly exercise class provided by an external specialist. The purpose of this was to strengthen and to improve people's mobility. One member of staff told us, "We are in the process of accrediting this course through Age Concern". People told us that they enjoyed the exercises and that they were good fun.

Mental health was considered when planning activities. When people were anxious or distressed they were encouraged to try breathing exercises. One member of staff told us, "It can really help some people to calm down. They trust the member of staff doing it with them and follow what they are doing." Other techniques were also in place for different people; for example, when one person was distressed it sometimes helped to listen to their favourite music through headphones.

There was a personalised focus on engaging each individual person who lived at the home. One member of staff told us, "We did some training and it really made me think about the amount of time people sometimes sit without any interaction. Since then I never walk through a room without speaking to people. It is really important to get people to keep using their minds". We saw that when every member of staff came into a communal room they spoke with people. The member of staff told us how they planned activities for each individual. For example, they put objects in a bag for one person who was sight impaired to feel and talk about. Another person liked to make things and they had been assisted to make models. They also told us that they liked to plan reminiscence sessions. On the day of our inspection visit they had brought in an old fishing reel and a compass. Some people enjoyed a conversation about using these in the past and debated the differences in how things were made then and now. Staff told us that they obtained other items to help people to talk and remember from the local library; for example, carbollic soap.

There were other links in the community which ensured that people were not isolated and remained included. One person told us, "I go out for a walk on my own and I enjoy going to the shops." People attended church services and coffee mornings in their local area. Children's groups visited to spend time with people and to sing with them. They had volunteers who came to have a drink and a chat with people. People's religious needs were supported, arrangements with their religious leaders were made for them to visit people in the home regularly. There was also an aromatherapist who came to give people massages. A member of staff told us how they valued this to help people keep muscles relaxed and the importance of being touched therapeutically.

People and relatives told us how much they enjoyed the social activities and entertainment provided. One person said, "There is always something going on. It's a very very nice place to live." Another relative said, "I came in one day and saw [Name] playing dominoes with other people and staff. No-one knew I was there and I just watched and felt so moved to see them enjoying themselves. Everyday there are activities for people to join in." Another commented, "There are lots of activities and people love it." Relatives also talked enthusiastically about the staff who provided the activities and engagement. We saw one member of staff spending time talking gently with a person and a relative said to us, "They are like that every day, this isn't just for the inspection." Another relative said, "[Name] is a breath of fresh air to watch when they are entertaining and caring for the people who live here. They are relentless with their enthusiasm and ideas for entertaining everybody, including the families."

Information about activities was shared through a noticeboard and included pictures to assist people to understand. We saw that this information met the Accessible Information Standard (AIS). This states that providers should take account of any communication difficulty or disability when sharing information with the people they support. One person we spoke with confirmed that they were also supported with their disability. They said, "The staff help me to get things in large print which I can then read." Throughout the home there were posters with information which had pictures and symbols to assist people to understand; for example, about complaints and safeguarding.

Staff showed an exceptional understanding of people's needs; including diverse needs and any protected characteristics. One relative told us, "The staff know people extremely well and are very well informed about people's illnesses." Another relative said, "I have been very happy with the care my relative has received, in every way. The staff are all involved and always know what the current situation is." Relatives and staff told us about people's additional needs which included sensory impairments and physical disabilities and how they ensured that they were included and had equal access to care and support. For example, one relative told us, "Despite my relative's health problems they were still able to smile and enjoy the banter with the staff, the range of entertainments, the communal outings, and the home-from-home atmosphere which is completely unrivalled in the vicinity."

There was also responsive, empathetic care and support provided by skilled staff when people were at the end of their life. We spoke with the relatives of a person who had recently passed away. They told us, "The staff put their heart and soul into the job. Our relative displayed unusual behaviour in the middle of the night and the deputy manager came in to support them. That's over and above what you expect." They told us that their relative had died shortly afterwards but that they were extremely grateful for the compassion they were shown at the end. They also said that they supported the person to make sure that all their preferences were planned for. We saw them warmly greet staff and that they offered each other condolences and support. We also saw that there was a bench in the garden 'In loving memory of ...' for another person who had lived at the home which had been donated by their relatives. This also showed us the close relationships staff had with families at the end of people's lives and the affection people were held in.

All staff had received training in end of life care from a specialist organisation. One member of staff told us, "It is our privilege to support people to have a good death." One health professional we spoke with told us how they worked in partnership with the staff at the home to support people to be pain free at the end of their life in line with their wishes. They said that the staff in the home regularly reviewed people and were very responsive to any changes in their condition. At the time of our inspection there was no one receiving end of life care. However, we saw that 'Advance Care Plans' had been completed with some people and these were detailed and described their preferences. For example, one stated, 'I want staff around me at all times. I do not want to be on my own or fed artificially.' This demonstrated to us that staff at the home were skilled in planning people's preferences.

Other care plans were also detailed and thorough so that staff had clear guidance on the support they people wanted and needed. For example, the incontinence section gave details of the make and size of incontinence pads, where they were stored and reminded staff to be observant in the effectiveness of the pad and to report any issues. This demonstrated to us that great care was taken to ensure that staff had the detail they required. The plans also stressed continually that people should be given choice; for example, regarding times they like to get up, food they enjoyed and clothing they liked to wear etc. We saw that people were always offered a choice throughout the inspection visit.

Relatives told us that care was regularly reviewed. One relative said, "They always inform me if there are any problems I need to know about and if I have any questions they are more than happy to discuss them with me." When we reviewed paperwork, we saw that it was regularly updated, particularly when people's needs changed.

People and their relatives told us that they were confident about how to make complaints, but that they had not needed to. One person said, "I would speak to the staff if I had any worries but I don't need to; they look after me too well." A relative told us, "I have never had to make a complaint because if I have any concerns at all they act on it immediately." We reviewed records and saw that when one complaint had been received there had been a comprehensive investigation conducted. The provider included an independent professional to ensure that there was an external view. This professional spoke with the person and their families to ensure that there was an objective oversight. The situation was resolved and the staff told us how they had improved communication with families as a result of it.

People and relatives can use the Care Quality Commission's website to 'Share your Experience'. We received positive feedback about Willowbank through this. They said, 'I have no concerns, only praise. It is an outstanding home on every level from the management to the staff to the volunteers. I would say that Willowbank goes beyond the expectations of any resident's family, for example they employ staff who conduct art classes, baking, crafts, sing-a-longs to the piano and they also book outside entertainers,

healthcare workers, hairdressers, chiropodists, masseurs, to make the residents stay as comfortable as possible. The staff are consistently caring, helpful, friendly, well qualified in all areas and make the atmosphere a welcoming one. We always look forward to visiting because of this. Willowbank is an outstanding care home and one which others in the area would do very well to learn from.'

Is the service well-led?

Our findings

There was a registered manager in post. People and their relatives spoke extremely enthusiastically about the leadership in the home. One person said, "The manager is very good and she is so caring." One relative said, "The registered manager is a competent manager who expertly helped us through the difficult process of bringing our relative to stay at the home and advised us wisely every step of the way. Her reassurance and kindness was absolutely invaluable and made a very difficult stage in our relative's life less traumatic not only for them but for us as a family." Another relative said, "The leadership, management and governance at Willowbank provides high-quality care and promotes an open and fair culture. The registered manager and the deputy are particularly intuitive and astute enough to recruit the right staff for the job. All staff are dedicated, caring, empathic, patient and committed to their jobs. Quite unique when you've looked at many care homes as we have."

We spoke with the deputy manager and they told us that they were currently recruiting new staff and they were committed to finding the right people to fit in with the values of the home. We saw that they were creative about finding people; from mentoring apprentices into the role to developing volunteers through training and support into paid employment. Some staff told us about their protected characteristics and how the provider had made adjustments to enable them to work, including being flexible about the number of hours they worked. They also confirmed that they continued to include people who lived at the home in the interview process. They said, "They really help us to choose caring people."

The provider was committed to listening to people and their relatives to ensure that the quality of the home continued to improve. One person told us, "We have regular meetings and you have the choice to bring things up." A relative said, "The people who live here have monthly meetings and we are welcomed to join them." We saw that there had been a recent meeting when people had voted about the time of day to have their main meal. As a consequence, it was changed to an evening meal. The chef commented, "This meant the kitchen staff stayed later but they didn't think of the extra wages, they just put the people's needs first and I like that."

Staff were well supported and able to develop in their role. One member of staff told us, "We have staff meetings which are good and the registered manager is very approachable. I know I would be able to talk about anything." Another member of staff said, "I love this team and we all have great relationships with each other and the people we support." All of the staff we spoke with shared the same values about providing person centred care and support to people. Some of the staff were emotional describing to us when people were sad or unwell and how they supported them. This demonstrated to us that the staff team really cared about the people they supported.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place to respond to areas highlighted. There were also some audits from external partners which resulted in improvements; for example, after a pharmacy audit the provider had ensured that all staff were reminded about recording room and fridge temperatures. They were all also asked to sign the medicines policy to show that they understood it. We saw that there

had been improvements since our last inspection and the provider had invested in specialist advice. In the PIR they told us, 'We have invested in a health and safety expert firm to complete health and safety policy, procedures and risk assessments.' The deputy manager told us that it gave them confidence that they were meeting regulatory requirements.

There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed. We received overwhelmingly positive feedback from each of the health professionals we spoke with about the leadership of the home. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.