Action for Care Limited

# Willow View

## Inspection report

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Date of inspection visit:
09 March 2017

Date of publication:
13 June 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection of Willow View took place on 9 March 2017 and was unannounced. This meant they did not know we were coming. The service was last inspected on 8 and 10 July 2015. At that time the service was not meeting the regulations related to safe care and treatment and safe recruitment of staff.

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

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

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

People who used the service told us they felt very safe and happy at Willow View. Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse. Risks assessments were individual to people's needs and minimised risk whilst promoting people's independence. Positive risk taking was encouraged and supported.

Effective recruitment and selection processes were in place and medicines were managed in a safe way for people.

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

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. People's capacity was always considered when decisions needed to be made. This helped ensure people's rights were protected in line with legislation and guidance.

People were supported to eat a balanced diet and meals were planned on an individual basis.

The home had a warm homely atmosphere and was tailored to meet each person's individual preferences.

Staff were very caring and supported people in a way that maintained their dignity, privacy and human

rights. People were supported to be as independent as possible throughout their daily lives and were provided with emotional support and guidance to meet their personal goals.

The service was led by each individual's goals, life style choices and aspirations. Individual needs were assessed and met through the development of detailed personalised care plans and risk assessments. People's care plans detailed the care and support people required and included detailed information about people's likes and dislikes, enabling person centred care to be delivered.

People and their representatives were always involved in care planning and reviews. People's needs were reviewed as soon as their situation changed and the service used innovatively methods to anticipate people's needs and promote their well-being.

People were encouraged and supported to engage in social, educational and leisure activities in line with their goals and aspirations. People were supported to take an active part in their community and care plans illustrated measures to protect people from social isolation and exploitation.

Systems were in place to ensure complaints were encouraged, explored and responded to in good time and people told us staff were always approachable.

People, relatives and staff told us the registered manager was great and they could not wish for a better manager. Relatives and people could not think of any improvements that could be made.

The culture of the service was open and transparent and the registered manager promoted a person centred and respectful ethos by modelling and promoting good practice within the team.

The registered manager was visible in the service and knew the needs of the people who used the service, promoting their well-being and supporting the team to support them to achieve their goals.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. The registered manager used innovative methods to improve quality such as 'listening sessions' with people and 'coffee chats' with staff.

The registered manager was proactive in devising quality improvement and risk reduction measures within the home. They demonstrated a good knowledge and practice in preventing, managing and analysing behavioural incidents and promoting a learning culture to improve the service to people. Incidents were discussed and analysed to prevent recurrence and there was evidence this had improved people's behaviour and well-being.

The registered manager implemented an effective quality assurance system which ensured the service was continually improving. Champions had been appointed to promote good practice in supporting healthy eating, infection control, health and safety and medicines management.

The registered provider had an overview of the service. They audited and monitored the service to ensure the needs of the people were met and that the service provided was to a high standard.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe

Staff had a good understanding of safeguarding people from abuse.

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

Staffing levels had been assessed to ensure a good level of interaction, meet people's individual needs and keep them safe.

Medicines were managed in a safe way for people and safe recruitment procedures were in place.

### Is the service effective?

Good

The service was effective.

Staff were provided with specialist training to ensure they were able to meet people's needs effectively.

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

Meals were individually planned with people.

People had access to external health professionals as the need arose and the service advocated for and promoted people's health needs.

### Is the service caring?

Good

The service was caring.

We observed staff treated people with dignity, respect and kindness. Staff were knowledgeable about people's needs, likes, interests and preferences.

People were encouraged and supported by staff to be as independent as possible and to live the life they chose.

People were supported in a way that protected their privacy, self-determination and human rights.

## Is the service responsive?

Good

The service was responsive

Care plans were detailed, person centred and individualised. Changes in people's health and care needs were anticipated and managed to promote people's wellbeing.

People were supported to participate in person centred activities of their choosing both inside and outside of the service.

People told us staff were always approachable and we saw people were actively encouraged to use the complaints process.

## Is the service well-led?

Good

The service was well-led.

Everyone we spoke with told us the registered manager was very good and they were happy with the home.

The registered manager promoted the highest standards of care and support for people.

Staff told us they felt well supported by the registered manager who was approachable and listened to their views.

The registered manager devised and implemented a robust system of audit and oversight to drive improvements in quality and safety at the home.

# Willow View

**Detailed findings**

## Background to this inspection

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

This inspection took place on 9 March 2017 and was unannounced. The inspection was conducted by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

Some people who used the service were unable to communicate verbally and as we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time with them observing the support people received. We spoke with four people who used the service and two relatives. We spoke with three members of support staff, the deputy manager, the registered manager and the operations manager. We looked in the bedrooms of four people who used the service with permission. Following our inspection we received feedback from two community professionals and an advocate.

During our inspection we spent time looking at four people's care and support records. We also looked at three records relating to staff recruitment, training records, maintenance records, feedback from people and a selection of the service's audits.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe at Willow View. One person said, "I feel safe here and I am happy." Relatives told us they were confident their relation was safe at Willow View.

A community professional said, "They have a very good understanding of (persons) needs, provide (person) with a person centred care plan, they manage (persons) behaviours very well, are proactive in reducing the risk of behaviours."

An advocate commented in a recent feedback questionnaire, "Staff ensure safety is central to the care they provide, but in the least restrictive manner."

At our last inspection the service was not meeting the regulations related to safe recruitment of staff because only one references was available for one staff member and gaps in employment history had not been explored. At this inspection we saw from staff files recruitment was robust and all vetting had been carried out prior to staff working with people. For example, the service ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. This showed staff had been properly checked to make sure they were suitable and safe to work with people.

At our last inspection the service was not meeting the regulations related to safe care and treatment because evidence of training for all staff who administered medicines was not available and one person's allergy to certain medicines was not recorded in their medicines records. At this inspection we found improvements had been made and appropriate arrangements were in place for the management of medicines. All staff administered medicines at the home, with the senior staff member on duty leading and a second staff member checking medicines administration. The manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw staff competence in medicines administration was also assessed frequently. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff we spoke with had a good understanding of the medicines they were administering and we saw medicines being administered as prescribed. People's medicines were stored safely in secure medicines cupboards in a locked room.

We found the home had good medicines governance processes in place. All of the medicines we checked could be accurately reconciled with the amounts recorded as received and administered. Staff maintained records for medicines which were not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor. We saw a stock check was completed daily and signed by two members of staff. One balance of medicine administered in liquid form was greater than the balance recorded on the medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The registered manager

found this was related to an error with returning unused medicines and addressed this with the staff team.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

Medicines care plans contained detailed information about medicines and how the person liked to take them, including an individual 'as required' (PRN) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Some people living at the home were living with Autistic Spectrum Disorders (ASD) or diagnosed mental health problems and behaviour that challenged others. The service analysed the use of medicines as interventions for challenging behaviours. We found analysis had taken place to identify what appeared to trigger behaviours and any trends in behaviour to enable staff to de-escalate situations, commonly without the need for PRN medicines.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "If I had any concerns I would go to a manager. If I was concerned about a manager I wouldn't hesitate to go above them. The phone numbers for senior managers are up in the office." This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We saw complex safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and Care Quality Commission had been notified. This showed the registered manager was aware of their responsibility in relation to safeguarding the people they cared for.

Systems were in place to manage and reduce risks to people. In people's care files we saw comprehensive risk assessments to mitigate risk when accessing the community, behaviour that challenges others, personal security, physical health, finances and decision making. We saw these assessments were reviewed regularly, signed by people, representatives and staff and up to date.

The members of staff we spoke with understood people's individual abilities and how to ensure risks were minimised whilst promoting people's independence. One staff member gave an example of positive risk taking at the service where one person who displayed behaviour that may challenge others in public food outlets was being re-introduced to eating out so they could safely achieve their stated goal of celebrating a significant upcoming birthday which was booked at a hotel and restaurant. Another person's risk assessment detailed the support they may need to minimise the risk to their personal safety when in a relationship, whilst balancing their human rights and personal preferences.

As part of the daily handover records, an out and about risk assessment was completed for each person before commencing activities outside the service to ensure any information was shared that might impact on their mood or behaviour that day. This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

Staff told us they recorded and reported all incidents and people's individual care records were updated as

necessary. We saw in the incident and accident log that incidents and accidents had been recorded in detail and an incident report had been completed for each one. Staff were aware of any escalating concerns and took appropriate action. We saw the registered manager had a system in place for analysing accidents and incidents to look for themes. Where themes had been identified we saw measures had been put in place to prevent recurrence. One example was a person who's incidents of behaviour that may challenge others had increased when their relative visits had changed and distraction with activities they enjoyed was used at key times to prevent behavioural incidents and promote their well-being. This demonstrated they were keeping an overview of the safety of the service.

Relatives and people using the service told us there were always enough staff on duty. Staff told us there were enough staff on duty and staff picked up extra shifts to cover for sickness if required. The manager told us each person who used the service was allocated staff according to their assessed needs and we saw this was reflected in their care records and tallied with the number of staff on duty. We saw appropriate staffing levels on the day of our inspection which meant people's needs were met promptly and people received a good level of support to meet their assessed needs.

The provider had their own bank of staff to cover for absence and asked familiar staff to do extra shifts in the event of sickness. This meant people were normally supported and cared for by staff who knew them well.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). Checks had been completed on fire safety equipment and fire safety checks were completed in line with the provider's policy. A series of risk assessments were in place relating to health and safety.

We noticed one fire extinguisher was not accessible to people and was locked in a cupboard near the fire exit, for which all staff had the key. The registered manager told us this was because it had been used as a weapon during previous behavioural incidents. A secure box was being trialled for the fire extinguisher. The box had been in an accessible area for two weeks without a fire extinguisher in side to see if it might also be used as a missile before being agreed for use to safely house the fire extinguisher. This had been arranged in consultation with fire safety advisors. This showed the service was assessing, balancing and reducing risks to people, whilst ensuring they met their legal responsibilities for building safety.

People had a personal emergency evacuation plan (PEEP) in place. PEEP's are a record of how each person should be supported if the building needed to be evacuated. We saw records showing that fire drills took place at least twice a year. One of the staff we spoke with told us, in the event of the fire alarm being activated; they would support people outside to the car park which was the designated meeting point. This showed us the home had plans in place in the event of an emergency situation.

Good

# Is the service effective?

## Our findings

Relatives we spoke with told us they were confident the staff team at Willow View could meet their relation's needs.

An advocate said, "In addition to providing the intense emotional support (person) requires due to their complex family situation (person) now can deal with this in a healthy emotional way not a challenging behaviour way as occurred prior to moving to Willow View."

People were cared for by an established, motivated and well trained staff team. We asked three staff what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member for six to eight shifts before they were counted in the staffing numbers. The shadowing focused on getting to know people's individual needs and preferences. We saw a thorough induction booklet was completed which included testing knowledge of people's individual needs and preferences, as well as tests related to finances, safeguarding and medicines management. Induction training included completion of the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff were reviewed every month by senior staff for the first six months to ensure they were competent and confident to work effectively with the people at Willow View. This demonstrated that new employees were supported in their role.

We looked at the training records for three staff and saw training included infection prevention and control, first aid, food hygiene, autism awareness, mental health awareness, and safeguarding adults. Staff told us and we saw from records they also completed specialist training in preventing and managing behaviour that challenges. This demonstrated people were supported by suitably qualified staff with the knowledge and skills to fulfil their role. The registered manager told us they had been supported to keep their own professional registration up to date.

The registered manager used a training matrix to ensure training was up to date as well as a mentoring matrix to keep an overview of competence assessments, such as health and safety and medicines administration, as well as one to one supervisions. This showed they were well organised and committed to ensuring staff had the skills and competence to perform their roles effectively.

The registered manager had appointed champions to specialise in areas such as medicines administration, health and safety, dignity and respect and healthy eating. The staff we spoke with were knowledgeable about these areas and shared their expertise with the wider team and people using the service.

Staff we spoke with told us they felt supported by the registered manager and they said they had supervision

every one to two months, an annual appraisal and regular staff meetings. Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. This showed staff were receiving regular management supervision to monitor their performance and development needs.

The registered manager had also introduced a monthly coffee chat with staff aimed at informally sharing solutions and ideas within the service. This was initially being completed with individual staff members to explain the purpose and answer any questions and would then be rolled out on a group basis.

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 at the service had completed training and had a good understanding of the Mental Capacity Act 2005. We asked the registered manager about the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were able to describe to us the procedure they would follow to ensure people's rights were protected. We saw two people were subject to DoLS authorisations with no conditions attached and one person was awaiting authorisation. Two further people had been assessed as having mental capacity to decide to live at the home.

We saw in the files of people who used the service mental capacity assessments had been completed where necessary in relation to important decisions for the person, such as moving to the service, managing finances and receiving medical interventions. Where people did not have capacity to make these decisions we saw best interest discussions with representatives or the wider community team were not recorded alongside the mental capacity assessments to evidence that best interest processes had been followed. After the inspection the registered manager forwarded minutes of previous meetings with health and social care professionals and representatives where best interest discussions had been recorded and told us they would keep these in people's care records to evidence the correct process had been followed. This meant the rights of people who used the service were protected in line with the requirements of the Mental Capacity Act 2005.

Care plans and incident records showed that physical intervention was only used as a last resort where harm may come to the person concerned or to those close by and methods of restraint were the least intrusive possible. Staff we spoke with were able to describe de-escalation techniques and how they minimised the use of restraint. One said, "We redirect if agitated. Talk people down. Restraint would only be used as a last resort." This meant that the human rights of people who used the service were protected and they were not unlawfully restrained.

People at Willow View told us they enjoyed their meals and could choose what they wanted. Meals were planned on an individual basis around the tastes and preferences of people who used the service. One person told us their favourite food was haggis, beef and lamb and their choice was included on the weekly

menu planner. They also had their favourite healthy lunch in their lunch box ready to go out for the afternoon.

We heard staff offering a person who used the service a choice of meal and we saw they received the meal and drink of their choosing. We saw one person choosing breakfast and using specialised cutlery that supported them to eat more independently.

Each person had a list of food likes and dislikes in their care records, which was used to inform meal planning and some people had individual space in the kitchen for personal food items. Some people helped themselves to a hot drink and food and drink was offered to people throughout the day. Staff told us that each person chose an evening meal each day, but if the other people did not like the meal, they were offered an alternative. The service had a healthy eating champion who had made an extensive range of booklets with colourful images of healthy foods for people to choose from.

We saw the individual dietary requirements of people were catered for. One person was being supported with a healthy eating program due to health concerns. The person had a detailed support plan around managing food intake.

Meals were recorded in people's daily records. This included a record of all food consumed, including where food intake was declined and details of the food eaten. People were weighed weekly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

Systems were in place to make sure people's healthcare needs were met. We saw staff advocated for people when they were experiencing ill health to ensure they received the required support and treatment. Staff told us people attended healthcare appointments and we saw from people's records they were seen by a range of health professionals. This had included general practitioners, consultants, community nurses, physiotherapists, speech and language therapist, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

People who lived at Willow View's individual needs were met by the adaptation, design and decoration of the service. We saw the house was homely and spacious and comfortably furnished. One person's room had been adapted to support their mobility needs and windows had been screened for dignity due to the person's inability to tolerate window coverings. The garden was accessible through the patio doors and each person who used the garden had an individual wooden chair with a shelter above, which some used for smoking and to enable them to have personal space whilst outside. This meant the design and layout of the building was conducive to providing a homely but safe and practical environment for people who used the service

Good

# Is the service caring?

## Our findings

One person told us they said they felt respected and listened to by staff. They said staff encouraged them to, "Work on my independence skills," such as baking and maintaining hygiene.

One relative said, "Yes I am definitely happy with the home, absolutely brilliant staff. The staff are warm and friendly they tell me everything and keep me informed of what I need to know." Another said, "The staff are very caring. (person) is always keen to come back to Willow View." This is after their visit to their family.

A community professional said, "They are very caring and make sure the service user is the centre of everything they do."

People who used the service told us they liked the staff and we saw there were warm and positive relationships between people. Staff we spoke with enjoyed working at Willow View supporting each individual who used the service. One staff member said, "It's family orientated. I like doing activities with the service users. It's an achievement for them and you get pride and self-worth. I would be happy for a relative of mine to live here." Another said, "I love it."

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities. They used this knowledge to engage people in meaningful ways, for example by engaging them in conversations about activities or playing music they knew the person liked.

The atmosphere of the home was calm happy and relaxed. When we arrived at the home at 9.40am one person was in bed asleep and one person had just baked a cake. One person was out doing activities with a staff member and another person was in their bedroom listening to music with a member of staff. This showed the service was built around each individual's preferences and routines.

We observed people were cared for compassionately and with respect. We heard staff asking people what they would like to do and explaining what was happening. We heard staff speak with people whilst supporting them with daily living tasks or with their meals. Staff were patient with people, and listened to their responses. We saw staff sat with one person on the floor and interacted with them, responding to their needs. The person responded to banter and jokes and, as a football fan, enjoyed playing with a ball with the staff member and looking at a football magazine.

One person who spent time on the floor of their bedroom had the bedroom door open all day and staff stopped and took time to interact with them. The person indicated they were happy with the choice of music playing and sang along. Staff danced and laughed with another person in the kitchen when talking about activities they enjoyed and the person also danced and laughed.

People were supported to make choices and decisions about their daily lives. Staff used speech, gestures, photographs and facial expressions to support people to make choices according to their communication needs. One staff member said where a person communicated non-verbally they held up a choice of two tops

or two boxes of cereal and the person would point to the one they wanted. Another staff member said the person was, "Very expressive. They use a lot of gestures."

People using the service appeared well groomed and looked cared for, choosing clothing and accessories in keeping with their personal style.

We observed three people who used the service had their own bedroom door key in order to lock their bedroom door if they wished to do so. Staff knocked and asked permission before entering bedrooms. Staff told us they kept people covered during personal care and ensured doors were closed.

People's private information was respected and records were kept securely in the office. The office had been expanded to allow relatives and visitors to talk privately with people or staff away from communal areas.

People at Willow View were supported to maintain and develop their independence skills. The registered manager told us some of the people who used the service were supported to do their own washing and household tasks. We saw one person had just been supported to bake a cake when we arrived. Care plans detailed what people could do for themselves and areas where they might need support; For example, "I can use a microwave without support." This showed us the home had an enabling ethos which tried to encourage and promote people's choice and independence.

Staff were aware of how to access advocacy services for people if the need arose and two people who used the service had independent mental capacity advocates. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves. The service had requested an advocate for another person recently to ensure they received equal access to health services due to deterioration in their health.

People and their representatives had been consulted regarding end of life plans and wishes. People using the service had person centred and individualised end of life care plans in place using colourful pictures to involve them and support communication. This included the music, people and dress code people wanted at their funeral and any last requests.

Following the unexpected death of one person using the service the previous year the service acknowledged the bereavement of other people living at the home who had very close relationships with each other and had lived together for many years. The registered provider left the room empty for six months to enable people to adjust to the loss of their friend. The service was beginning to consider someone moving to the home however the registered manager told us the key was compatibility, involvement and consultation with people currently using the service in order to maintain their stability and quality of life.

Good

# Is the service responsive?

## Our findings

People told us they were involved in planning their support, were supported to make choices and were very happy living at Willow View. One person said, "I am so much better since being here and find things a lot easier when out in the community. If I need a bit of guidance when I am making a mistake staff talk to me and reassure me." One person told us they had a good understanding of why there were some restrictions in place, for example use of the internet; however they were able to work with staff to use the internet safely, for example; to choose wallpaper for their bedroom when decorating. From speaking with people who used the service it was clear staff spent time fully explaining restrictions and promoting opportunities for people to make positive choices.

One relative said, "They keep in touch and advise me of any changes. I go to meetings and if I'm not sure they explain things to me. I'm perfectly happy with everything"

The relatives we spoke with told us the service met their family member's individual needs and involved them in planning their care. They also said staff knew their relatives well and were able to understand and anticipate their needs.

An advocate said, "The person I support required 2:1 staffing due to the risks posed to (themselves) and the public when in the community but, due to the work the staff did with (them), (they) now only require 1:1 staffing. This also shows how effective the team at Willow View is in helping people to develop and grow to reach their maximum potential."

People were involved in planning their care and where this was not possible or not desired by the person their family, advocate and other relevant health and social care professionals had been involved. People told us they chose their keyworkers and were able to request the gender of staff they felt most comfortable with. This showed the service responded to the needs and preferences of people who used the service.

We found care plans were person centred and explained how people liked to be supported. For example, entries in the care plans we looked at included, "Do not mix my food together as I might not eat it." "Things I don't like: spiders, broccoli and sprouts." And things I like, "car rides, chatting, 3D cinema, shopping." The level of support people required was rated and explained to enable staff to provide person centred support and promote independence. This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

Care plans were detailed and covered areas such as daily living skills, accessing the community, medication, decision making, social skills, physical health, finances and relationships and included long term goals that the person was working toward. People's achievements were also recognised; for example on entry read "sometimes I now manage to control my anger appropriately."

Care plans also contained detailed information about people's individual behaviour management plans, including details of how staff would care for people when they exhibited behaviours that challenged, and

the action staff should take in utilising de-escalation techniques. When we spoke with members of staff they were aware of this information. This showed the service responded to changes in the behaviour of people who used the service and put plans in place to reduce future risks.

Mental health relapse plans were detailed in one person's care records and we saw their risk of mental health relapse on specific anniversaries was pro-actively managed by arranging a retreat at a familiar location of their choosing with staff support to enable them to manage their emotions in a peaceful and supportive setting and to avoid possible admission to psychiatric services. The manager told us this had worked well for the person over the last year and relapse had been avoided.

People's needs were reviewed as soon as their situation changed. Reviews were held regularly and care plans were evaluated and updated monthly or when needs changed. These reviews helped monitor whether care records were up to date and reflected people's current needs so that any necessary actions could be identified at an early stage. People also had an annual person centred review to ensure their goals and aspirations were recorded and acted upon.

Staff told us communication was good and the staff we spoke with were knowledgeable about everyone's current needs and risks and not just the people they were keyworker for. We saw a daily plan was checked by staff at the beginning of each shift and certain allocated tasks, such as cleaning, were signed off when they had been completed. Daily records were kept detailing what activities the person had undertaken, what food had been eaten, as well as their mood and any incidents. This showed information was shared appropriately between staff.

People told us they were enabled to see their families as often as desired. People were supported and encouraged to engage with the local community and maintain relationships that were important to them. We saw two people were supported to visit relatives on the day of our inspection and their individual needs and relationship history was carefully considered to anticipate any emotional issues that may arise. This meant staff supported people with their social and emotional needs.

The service was focused on improving people's life chances and records showed they followed their philosophy of stopping at nothing to improve people's quality of life. For example we saw from staff meeting minutes one person with complex behavioural support needs in the community had been using the car for outings without any behavioural incidents. Rather than be complacent the registered manager discussed the need to increase interaction with the community by beginning a carefully planned trial period of using public transport to encouraged and promote interaction with the public and support the person's social skills to develop. Individual people's needs were discussed at staff meetings and in handover and it was clear people were supported to develop and expand their skills and experiences despite significant challenges.

The staff team worked collaboratively with other professionals to ensure peoples' health and care needs were met. The registered manager told us they had arranged specialist training from the community learning disability team for staff around one person's specific condition and staff told us this had really helped them to understand how to support the person more effectively and understand their needs.

Staff spoke with good insight into people's personal interests and we saw from people's support plans they were given many opportunities to pursue hobbies and activities of their choice. People told us they went to local pubs, café's, shops and on trips further afield. We saw one person had made Easter cards and bonnets to sell to visitors and they also enjoyed practising English and maths at home. Another person was out every day all day with staff taking part in activities they enjoyed because they said being indoors made them

unhappy. One person was encouraged to rise for the day by lunchtime to take part in the activities they enjoyed such as swimming and cycling as they accepted this helped to improve their mood and well-being, but they struggled with self-motivation. We saw each person had an activity schedule, as well as an individually planned holiday each year.

One Advocate said in their feedback questionnaire, "Service users are involved in choosing what activities they wish to do and that is a huge range of activities. Service users progress and develop due to the daily opportunities they get to go off site."

One person told us they had never needed to formally complain. They said, "I always go and chat with people if I'm unhappy, they try really hard to make things right for us".

People we spoke with told us staff were always approachable and they were able to raise any concerns. We saw there was an easy read complaints procedure on display. Staff we spoke with said if a person wished to make a complaint they would facilitate this. We saw one person using the service had recently chosen to use the easy read complaints form to express a complaint about aspects of the service they wished to change. We saw the registered manager had responded appropriately and the person had written a very positive letter to them in return, thanking them for all their support. This showed people felt safe and confident to express their views and knew they would be listened to. Compliments were also recorded and available for staff to read. We saw from the complaints log no other complaint had been received since our last inspection.

Good

# Is the service well-led?

## Our findings

People and their relatives consistently commented on how happy they were with the care provided at Willow View told us the service was well-led. One said, "If new staff aren't working out they don't stay as the manager won't tolerate anything but good practice." Another said, "If you have any concerns they are acted on, you just have to mention it and it gets sorted." Relatives told us they felt lucky to have such a great team and they didn't have to worry about their relation. They could not think of any improvements they would like to see.

An Advocate told us, "Willow View is extremely well led and this shows in the way staff work and support the people living at the home, the manager makes it the professional and fantastic home it is. I visit many homes and this is definitely one of the best top quality care homes I visit and would recommend it to anyone."

Staff we spoke with were very positive about the registered manager and told us the home was well led. Staff said the manager was, "The best person I ever worked with." and "I have never had a manager like her. She is unique." "She has an open door policy. You can go to her with anything. She praises your strengths and work and motivates us all." Another said, "I can air anything with the manager or seniors. I feel very supported." And, "It's a really good team. Everyone feels they can speak out if needed."

The registered manager of the service had previously worked as deputy manager of the service and registered as manager in 2015. A new deputy manager had been in post for around six months and two senior support workers also completed management duties and worked shifts. Managers were available on call out of office hours. The manager said, "I have a fantastic team. Staff have embraced the changes I have introduced."

At our last inspection, prior to the registration of the manager, the service was not meeting the regulations related to safe care and treatment and safe recruitment of staff. At this inspection we found the registered manager had taken robust action to address the issues and no breaches of the regulations were found. They had devised and implemented a recruitment checklist and all recruitment files were well organised and up to date. They had implemented systems of training, competence assessments and supervision to evidence staff were trained and competent to administer medicines and this was monitored using robust medicines administration and governance systems.

Throughout our inspection we saw the registered manager provided visible leadership within the home. They demonstrated a caring and person-centred approach and led by example, treating people who used the service with respect and compassion, for example making time to talk to and spend time with all the people using the service during our inspection. They spoke with a thorough knowledge of each person's life history and support needs, as well as their personalities and the things that they wanted to achieve.

The registered manager said they operated an 'open door policy' and people were able to speak to them at any time. People we spoke with confirmed this.

The registered manager had recently engaged the team in updating their philosophy of care, which included, "We will stop at nothing to improve people's quality of life." The registered manager said they wanted to improve and maintain positive risk taking and person centred support and we saw this philosophy was already embedded in the way the service worked with people, taking positive risks to help people to gain their desired outcomes, such as using public transport or enjoying a special birthday celebration in a hotel.

The home's philosophy was covered in the thorough staff induction completed with new staff and a, "Person centred team approach." sheet was signed by all staff. We saw the philosophy was embedded in the service documentation and discussed at staff meetings and in supervision.

The registered manager worked collaboratively with other agencies, for example, the CLDT had recently provided specialist training for staff in Foetal alcohol syndrome and staff fed back this had been really useful in helping them to understand how to support a person's specific needs.

The registered manager promoted access to the community for people and people were involved in the local church and took part in many activities in the community.

We found the home's records were well organised and staff were able to easily access information from within people's care notes.

People who used the service, their representatives and staff were asked for their views about the service and they were acted on. The registered manager held listening sessions with people who used the service who wished to take part. People told us this made them feel valued and respected. For example the registered manager had written a response to one person's concern about a DoLS restriction that was in place, as well as discussing this with them in depth. The person had then agreed this was in their best interests and thanked them for their support with a card. This meant people's views were taken into account and they were encouraged to provide feedback on the service provided.

One person told us monthly service user meetings were held and they were really helpful. We saw from action from the meetings one person had been supported to buy a tent and airbed to sleep in in their bedroom when they wished to do so. Other people's requests for specific wall paper or curtains had been followed up and issues about healthy eating were discussed and addressed.

The registered manager sent out quarterly questionnaires to families, people using the service, advocates and professionals to gain feedback on the quality of the service. We saw questionnaires had been returned and these were analysed by the registered manager for any patterns or improvements that could be made. For example the office had been extended in response to one community professionals previous comments that it was difficult to meet with people using the service in private at the home. All feedback was positive, with families and advocates commenting on how people were always involved in choices and decisions about their lives. One person commented, "I love my room because I have it how I want it."

Staff meetings were held approximately every three months. Topics discussed included individual resident's progress, person centred approaches, completing paperwork, MCA, staff training, whistleblowing policy and incident analyses. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people.

Seniors meetings were also held at the service every few months. The registered manager told us they

attended managers' meetings and training to keep up to date with good practice. The service was working toward being accredited by the national Autistic society and met with external assessors several times a year to evidence their good practice with people living with autism. This meant the registered manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people using the service.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service. The registered manager had created their own electronic dashboard to enable them to see governance information at a glance and was able to view trends or spikes in, for example incidents of behaviour that challenges by month for each person or any training due for completion.

A monthly analysis of incidents had been completed by the registered manager and ways to reduce or monitor incidents had been implemented. This had led to a reduction in behavioural incidents for some people because behaviour was anticipated and managed through distraction and emotional support at key times.

We saw a 'debrief guide' on the office wall which highlighted the importance of analysing each incident and supporting staff following incidents of behaviour that may challenge. We saw these guidelines had been followed. This showed the registered manager was actively managing and analysing incident's to reduce the risk to people and to prevent future incidents.

There was evidence of internal daily, weekly and monthly quality audits and actions identified showed who was responsible and by which date. Medicines were counted daily and signed by two staff. A weekly audit was also completed and the medicines file was checked weekly by the registered manager and feedback shared with the staff team.

Care plans and documents were also reviewed and audited frequently by senior staff and daily notes were audited monthly to look for any issues and any issues were followed up with staff. Weekly checks were completed in relation to premises and equipment and a quarterly health and safety audit was completed. The registered manager checked all audits regularly to ensure required action was followed up by the responsible staff and we saw all actions had been taken as required. This showed staff compliance with the service's procedures was monitored and action taken to continually improve the service to people.

Information was passed to the registered provider by the registered manager every month in an operations report regarding incidents, complaints, supervision, health and safety and other issues. The registered manager told us they felt supported by the registered provider, and were able to contact a senior manager at any time for support.

The operations manager was visiting the home on the day of our inspection and visited regularly to provide support and supervision to the registered manager and keep an overview of risk issues. They had recently begun to complete audits by sampling  a staff file and  care plan and recording a walk round of the service to ensure compliance with the provider's' policies and procedures. A manager from another service had also audited Willow View in July 2016. This demonstrated the senior management of the organisation were reviewing information to drive up quality.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit statutory notifications to the Care Quality Commission (CQC) when certain incidents happen. We found all incidents had been notified as required.

The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.