

Liaise Loddon Limited

Willow Tree Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection of Willow Tree Lodge took place on 22 and 24 October 2015. The home provides accommodation and support for up to four people who have learning disabilities or autism. The primary aim at Willow Tree Lodge is to support people to lead a full and active life within their local communities and continue with life-long learning and personal development. The service is a detached bungalow, within a residential area, which has been furnished to meet individual needs.

At the time of the inspection there were four people living in the home. Three people had their own en-suite bedroom and one had a separate lounge, bathroom and

bedroom, all of which had been specially adapted to meet their needs. The rear garden had been adapted to provide recreational areas to meet particular individual's needs. A small garden at the front had been created to provide a peaceful haven for one of the people living at the home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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 and relatives told us they trusted the staff completely as they provided reassurance when people worried and made them feel safe. Staff had completed safeguarding training and had access to current legislation and guidance. Staff had identified and responded appropriately to safeguarding incidents to protect people from harm. People were safeguarded from the risk of abuse as incidents were reported and acted upon.

Where risks to people had been identified in their care plans measures were implemented to manage these. Staff understood the risks to people's health and welfare, and followed guidance to manage them safely. People were kept safe by staff who demonstrated their understanding of people's risk assessments and management plans.

There were sufficient numbers of staff deployed with the necessary experience and skills to support people safely. The registered manager completed a weekly staffing needs analysis in order to ensure that any changes in people's needs were met by enough suitable staff.

Staff had undergone required pre-employment checks, to ensure people were protected from the risk of being supported by unsuitable staff. Staff had received an induction into their role, required training and regular supervision which prepared them to carry out their roles and responsibilities.

People were cared for by sufficient numbers of well trained staff who were effectively supported by the registered manager and senior staff.

Medicines were administered safely in a way people preferred, by trained staff who had their competency regularly assessed by the provider. Medicines were stored and disposed of safely, in accordance with current legislation and guidance.

People were actively involved in making decisions about their care and were always asked for their consent before any support was provided. Staff supported people to

identify their individual wishes and needs by using their individual and unique methods of communication. People were encouraged to be as independent as they were able to be, as safely as possible.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The MCA 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf. People were supported by staff to make day to day decisions.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had completed the required training and was aware of relevant case law. Since the last inspection the provider had made four DoLS applications, two of which had been authorised and appropriately notified to the CQC. The provider was awaiting the decision in relation to two further applications. The registered manager had taken the necessary action to ensure people's human rights were recognised and protected.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People's dignity and privacy were respected at all times and supported by staff. Where people's needs changed these were identified by staff and reported to relevant healthcare services promptly where required.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme ensured people were supported to pursue social activities which protected them from social isolation.

Relatives told us they knew how to complain and that the provider encouraged them to raise concerns. No complaints had been made since the last inspection. When minor concerns were raised records showed they were investigated and action was taken by the provider to make improvements where required.

Summary of findings

Staff had received training in the values of the provider, which we observed being demonstrated in practice. Relatives and staff told us the service was well managed, with an open and positive culture. People, relatives and staff told us the registered manager was very approachable, willing to listen and make any necessary changes to improve things for people. Staff told us the strength of their home compared to others was their commitment to people and that they did their very best to make sure people were happy and had fulfilling and rewarding lives. The senior staff provided clear and direct leadership and effectively operated systems to assure the quality of the home and drive improvements.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were sufficient numbers of staff deployed to meet people's needs. There were robust recruitment processes in place to ensure suitable staff were recruited to support people with learning disabilities.

People's prescribed medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's assessed health and well-being needs were met by staff who had the necessary skills and knowledge.

People were supported to make as many choices and decisions as possible by staff who demonstrated an understanding of consent, mental capacity and deprivation of liberty safeguards.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were supported by staff to maintain good health, have access to healthcare services and receive on-going health care support.

Good



Is the service caring?

The service was caring.

Staff were kind, compassionate and treated people with respect and dignity at all times.

People and their relatives were actively involved in making decisions about their care. People were supported to keep in contact and remain involved with families and those who were important to them.

The trusting relationships staff had developed with people enabled staff to promote their independence whilst providing positive and sensitive support.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was tailored to their needs. The service was responsive and organised by the registered manager to meet people's changing health needs.

People and their relatives were listened to and were involved in the running of the service and development of their care plans.

Good



Summary of findings

No complaints had been received by the home. However, processes were in place to enable people to make complaints. Learning from concerns raised by people and their families had been used by the registered manager to drive improvements in the home.

Is the service well-led?

The service was well-led.

The provider promoted a positive culture within the service based on open and honest communication between people, their relatives and staff.

There was a clear management structure, to ensure the delivery of people's care was provided by staff who were well supported. People, relatives and staff felt they were listened to and their opinion was valued.

The provider strove to deliver high quality care by operating effective quality assurance systems, which identified areas for improvement and ensured action was taken to address them.

Good



Willow Tree Lodge

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 of Willow Tree Lodge took place on 22 and 24 October 2015 and was unannounced. When planning the inspection visit we took account the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. At our last inspection in January 2014 we did not identify any concerns. We read all of the notifications received about the service. Providers have to tell us about important and significant events relating to the service they provide using a notification. We also reviewed the Provider Information Return (PIR) from the home. 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. Information from the PIR is used to help us decide the issues we need to focus on during the inspection. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate. We also looked at the provider's website to identify their published values and details of the care they provided.

During our inspection we spoke with the four people who use the service, who had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the service.

We observed how staff interacted and cared for people across the course of the day, including mealtimes, activities and when medicines were administered. We pathway tracked the care of each person.

We also spoke with the staff including the registered manager, the senior specialist worker, two shift leaders, two senior support workers, eight support workers, the cook, two maintenance workers and a support worker from another home within the provider's care group.

We reviewed each person's care records, which included their daily notes, care plans and medicine administration records (MARs). The provider had recently implemented an electronic recording system which we also reviewed. We looked at ten staff recruitment, supervision and training files. We also looked at records relating to the management of the service, such as health and safety audits, emergency contingency plans, minutes of staff meetings and provider quality assurance reports.

Following the visit we spoke with relatives of the four people and four health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We also spoke with commissioners of the service.

Is the service safe?

Our findings

Relatives told us they had no concerns for the safety of their family member because all staff knew people living at the home and were able to quickly identify when they required support. One relative told us, “We trust the manager and staff completely. You can see the staff are totally committed to the people at Willow, keeping them safe whilst supporting them to fulfil their lives.” One relative told us they had moved their loved one to Willow Tree Lodge from another service, where they had concerns regarding their safety. They told us they were now totally happy and reassured their family member was safe due to the attentive care and support provided by the registered manager and staff.

Staff had completed safeguarding training and they were able to demonstrate their understanding of their role and responsibility to protect people. Records confirmed that staff safeguarding training was up to date. Staff and people had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns.

Relatives and health and social care professionals told us about an incident which had been referred to the local safeguarding authority since our last inspection. They told us they had been impressed with the openness of the registered manager and staff to investigate and learn from the incident. We looked at records which showed that the safeguarding incident had been reported, recorded and investigated in accordance with the provider’s safeguarding policies and local authority guidance. The provider safeguarded people against the risk of abuse and took the correct actions if they suspected people were at risk of harm.

People had risk management plans in relation to all identified risks to them, including day to day living within the home and whilst accessing the community. Staff understood the risks to individuals and demonstrated how they supported people in accordance with their risk management plans. One staff member told us, “It’s all about keeping people safe by recognising the risks and reducing them to allow people opportunities to do things

they want.” One person who had a fear of dogs was supported on a walk in the community. We observed staff deal with circumstances that had potential to cause the person severe anxiety in a manner which reassured them and developed their confidence around dogs. People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately.

Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. We reviewed risk assessments enabling staff to support people safely whilst attending a local gymnasium. We observed staff support one person in accordance with their risk management plan during one such gym session. Other people had risk assessments to support them whilst completing other activities like bike riding and swimming.

Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly to ensure they were in good working order. Other checks in the home, such as gas and electrical safety certification, protected people from environmental risks in the home. Water system checks were completed to ensure people were protected from the risk of Legionella disease, which is a water borne bacteria that causes illness. We spoke with the maintenance officer who told us his team were on call 24 hours every day to ensure any damage caused by people whilst displaying behaviour which may challenge was repaired and made safe immediately. Records confirmed that maintenance staff attended immediately when contacted by staff at Willow Tree Lodge to repair damage which may cause risk to people and others visiting the home.

Where people had experienced epilepsy they had a care plan which contained an epilepsy protocol. Whilst people had not recently experienced seizures staff understood what actions to take if required. People’s epilepsy support plans were reviewed on a regular basis and potential risks were managed safely.

If people displayed behaviours which may challenge, these were monitored and where required referred to health professionals for guidance, which was followed by staff. This ensured risks to people associated with their behaviours were managed safely. During our inspection we observed sensitive interventions by staff, which ensured that people’s dignity and human rights were protected.

Is the service safe?

People's records included emergency information. These contained key information about the person in the event of an emergency, if they were admitted to hospital or referred to other health professionals, such as a dentist. Information included their means of communication, medicines, known allergies and the support they required. This ensured health professionals would have the required information in order to be able to support people appropriately. People were kept safe as staff had access to relevant information which they could act upon in an emergency.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient numbers of staff with the necessary experience and skills to support people safely, which was confirmed by staff rosters. Staff told us there were enough staff to respond immediately when people required support, which we observed in practice. Whenever possible the registered manager and staff worked together with people to identify in advance when their needs and dependency were likely to increase. If more staff were needed to meet the complex needs of people, they were recruited from within the provider's care group, which improved consistency of care and support by staff who knew people. Records confirmed that the home was not using agency staff.

Staff had undergone robust recruitment checks as part of their application, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

We observed people receiving their medicines safely. Staff told us they had received administration of medicines

training and had their competency assessed annually by the registered manager. This was confirmed by training records. Medicines were checked and administered by two staff at all times, to ensure that safe procedures were followed.

Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects. Staff demonstrated a clear understanding of the circumstances when medicines that had been prescribed for people to be taken when they required them, should be administered. All staff had detailed knowledge of the action to take if a person refused to take their medicines.

There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective. People's prescribed medicines were managed safely in accordance with current legislation and guidance.

People had medicines risk assessments to manage the risks associated with the use of their medicines. People's medicine administration records (MAR's) had been correctly signed by staff to record when their medicine had been administered and the dose. When people went out for the day or on weekend visits they took their medicines with them. There were processes for staff to document what medicines the person had taken with them and what medicines they brought back when they returned.

Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed. People had a protocol in place for the use of homely remedies. These are medicines the public can buy to treat minor illnesses like headaches and colds. People's medicines were managed safely.

Is the service effective?

Our findings

People indicated by gestures and smiling that they were well looked after. A health and social care professional told us, “The manager and staff are dedicated to providing the best care possible for people and are always considering what is in their best interests.” Without exception, relatives told us their family members received effective care from “Well trained, skilled staff”. One relative said, “The staff are trained well, particularly in how to respond to people’s emotional and behavioural needs.”

Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. During this time they shadowed experienced staff to learn people’s specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role effectively. The registered manager had reviewed the induction programme to link it to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.

Records showed that the provider’s required staff training was up to date and included further training specific to the needs of the people they supported, including autism, learning disability, epilepsy and positive behaviour management. All staff were supported to complete the Diploma in Social Care and to undertake additional relevant qualifications to enable them to provide people’s care effectively. The registered manager completed an annual learning and development calendar a year in advance, which ensured staff were supported with their career development.

Staff had received an annual appraisal and formal supervision every eight weeks. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us they were well supported by the management team and the registered manager encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation

to people’s needs. Staff said that the provider was very flexible and understanding of staff’s personal and family needs when required. Staff received effective supervision, appraisal, training and support to carry out their roles and responsibilities.

Relatives and care managers told us that the registered manager and staff involved them in all decisions relating to people’s care and support. We observed staff constantly seeking people’s consent about their daily care and allowing them time to consider their decisions, in accordance with guidance detailed in their care plan. We observed staff supporting people with limited verbal communication making choices by using pictures and their knowledge of the individual’s adapted sign language.

People had a communication assessment which documented how people communicated their choices. This also documented how to involve people in decisions, and the people to consult about decisions made in their best interests. Staff supported people to make as many decisions as possible.

Staff had completed training in the Mental Capacity Act 2005 (MCA), which records confirmed. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions.

Where people had been assessed as lacking the capacity to consent to dental treatment, surgical procedures, including blood tests and x-rays, and changes to their prescribed medicines, decisions had been made in their best interests, in accordance with current legislation and guidance. Records demonstrated that family, staff, relevant health professionals and care managers were involved in these decisions. People were supported by staff who understood the need to seek people’s consent and the principles of the MCA 2005 in relation to people’s daily care.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager and staff had completed the required training and were aware of relevant case law. At the time of inspection two people were subject to DoLS authorisations, which identified that any deprivation of liberty applied the least restrictive approach and provided a proportionate response to keep

Is the service effective?

people safe from the risk of harm. This demonstrated the registered manager had taken the necessary action to ensure the service was working in a way which recognised and maintained people's rights. People's human rights were protected by staff who understood the DoLS.

People were supported to have enough to eat and drink and were provided with a balanced, healthy diet. We observed the provision of meals during breakfast, lunch and dinner time, during which people were supported to consume sufficient nutritious food and drink to meet their needs.

During lunch we observed that two people chose to eat alone in separate dining areas, whilst another ate more slowly. Staff provided appropriate support to enable people to eat and drink at their own pace. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks. We observed staff

sensitively support another person who compulsively ate items with no nutritional value to minimise the risk to their health, in accordance with the guidance in their nutrition plan.

Staff had identified that one person was able to eat more when they were in a quiet environment. The provider had built a partition to create a small alcove, where they could eat in a more peaceful atmosphere, whilst still enjoying the company of others. People's needs were met by the adaptation and design of the home.

Records showed that people had regular access to healthcare professionals such as GP's, psychiatrists, opticians, dentists and occupational therapists. Each person had an individual health action plan which detailed the completion of important monthly health checks. A relative told us, "We are always informed when there are things like doctor's appointments so we have the chance to go." People were supported to stay healthy.

Is the service caring?

Our findings

Relatives told us the staff were kind and very caring. During the inspection we observed staff were highly motivated and had a strong team spirit where support was readily volunteered without being sought. Staff responded to people with patience and understanding, whilst following behaviour plans. When people became upset we observed staff promptly offered reassurance and comfort. Staff understood what triggers potentially upset people and took action to prevent these situations from occurring, thereby supporting their well-being.

Staff told us the home had caring values and that they took pride in treating people with kindness, consideration and compassion. When asked about the strengths of the home one senior staff member said, "This is their home and we do our very best to make sure they are happy and have as fulfilled and rewarding lives as possible". We observed these values in action during our inspection and found staff were committed, patient and caring.

Staff constantly explained to people what was happening and what they needed to do with regard to daily activities. One person indicated through positive gestures that staff were caring. Without exception relatives told us the registered manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families. One relative told us, "All staff show kindness and respect to our daughter and are very welcoming when we visit. They respect our time alone with her but are immediately on hand should we need anything." Another family member told us, "The staff are very kind, patient and enthusiastic. You can see they really care and enjoy working there. It is clear that people really matter to them."

Staff had developed trusting relationships with people and spoke with passion about peoples' needs and the challenges they faced. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people's care plans and the events that had informed them.

All staff had completed documents which recorded their special memories about people's achievements, which frequently described small steps taken by individuals. Staff spoke fondly about these 'special memories' for example when one person allowed staff into their personal

bathroom for the first time to support them with personal care and the first time a person asked staff to go for a walk with them by bringing them their shoes. One staff member told us they will always remember an occasion where they fell during a country walk and the person they were supporting came to help them.

Relatives told us people were encouraged to be as independent as possible. They told us people were able to make choices about their day to day lives and care staff respected those choices. People had their own activity boards which they completed themselves or with support where required. This board showed what they were doing, when and with whom. We observed one person who referred to photos of different locations including Willow Tree Lodge and their parent's house, which reassured them as to where they were and prepared them for impending visits. Two people prepared a photo story board to confirm they wished to go on a country walk, whilst another confirmed they wished to go to a local active life centre where they enjoyed running on a trampoline.

Staff gave people time to communicate their wishes and did not rush them. Staff respected people's right to decide whether to participate in activities. Although people were encouraged to take part in scheduled activities they were able to exercise their right of choice and to decide when they had had enough. We observed staff supporting a person at the active life centre who decided they wished to take part in a different activity, which they were supported to do. During a country walk we observed a person deciding the route to be taken. Staff told us it was not uncommon for walks to last for over an hour. This demonstrated that staff ensured activities were led by the person and not the need to complete a task.

A team leader told us that the caring qualities of prospective care staff were evaluated through the provider's recruitment and induction process, which was confirmed by records. Staff told us that they had completed shadow shifts prior to their selection where their response to people and their needs had been assessed. New members of staff told us they had been "Really impressed" with the management support for them to get to know people and develop relationships. One staff member told us, "The registered manager encourages all the time to understand and know the people here because that allows us to respond and provide the best care and support." People experienced positive relationships with staff.

Is the service caring?

People were supported to keep in contact with their family and friends and maintain relationships with them. The home worked closely with families and representatives and kept them fully involved in the person's care as required. Relatives and visitors were welcomed to the service and there were no restrictions on times or lengths of visits.

During visits to the service staff supported families to take part in activities of their loved one's choice and supported people to regularly visit relatives at their homes. One person told us by using positive signs that they loved their family and it was important to them to keep in contact with them. A family member told us, "We are provided with regular updates by emails and telephone. One thing I find really reassuring is the manager knows everything that is

going on, but whoever answers the phone can tell you how they are and what's happening. "Relatives, representatives and health and social care professionals told us they were invited to people's reviews and kept up-dated about people's progress.

People's privacy and dignity were maintained by staff who had received training and understood how to support people with intimate care tasks. Staff were able to clearly describe and demonstrate how they upheld people's privacy and dignity. They also demonstrated how they encouraged people to be aware of their own dignity and privacy. People's preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed in practice.

Is the service responsive?

Our findings

One person told using positive gestures that staff listened to them. All relatives told us that the home provided person centred care and support which was tailored to meet their family member's needs. One relative told us, "Staff always listen to our views and seek our input about all important decisions." Another relative told us, "They (staff) really do put people first and focus on what they want and need." A health and social care professional told us that the registered manager and staff were responsive to individual's needs and were committed to their best interests.

Staff responded immediately to the needs of people throughout our inspection. We observed staff were able to interpret communication methods and behaviours to respond to people who were not able to verbalise their needs. One relative told us, "Staff are very good at understanding what he wants and recognising when he is becoming anxious"

People's needs were assessed before they moved in to the home and re-assessed at regular intervals. People, their families, relevant health professionals and the commissioners of people's care were involved in the assessment process. Support plans and risk assessments were completed and agreed with individuals and other interested parties, where appropriate.

People, relatives and care managers said they were involved in regular meetings with the manager and senior care staff to review support plans and risk assessments, which records confirmed. The provider reviewed people's needs and risk assessments regularly to ensure that their changing needs were met. Care plans were reviewed quarterly by the provider's specialism lead and the senior specialist worker at the home. The nature of the service provided meant that people's needs tended to change frequently and plans were reviewed whenever a change to care plans was required. The shift leaders and activity coordinator met weekly to review people's needs, where any concerns or changes were recorded and addressed to the registered manager. Each support plan contained a record of any changes to the person's health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible to meet people's changing needs.

The registered manager sought advice and support from health professionals and we observed staff followed their guidance. People, their relatives and health professionals told us staff consistently responded to people's needs and wishes in a prompt manner. Each person had a support plan to set their own goals and learning objectives and recorded how they wanted to be supported. This meant staff had access to information which enabled them to provide support in line with the individual's wishes and preferences.

Staff talked knowledgeably about the people they supported and took account of their changing views and preferences. They told us there was a handover at the beginning of each shift where the incoming staff team was updated on any relevant information. We observed the two handovers during our inspection and heard detailed information discussed about people's health and different moods, together with the potential risks and impact on planned daily activities.

All staff had been taught a recognised system for supporting people to manage behaviour which may challenge others. We observed positive behaviour management and sensitive interventions throughout our inspection, which ensured people were treated with respect and their human rights were protected.

All people had activity plans which had different entries throughout the day. This ensured people had a range of varied and stimulating activities every day. Each person had an activity schedule which was tailored to their personal interests and pursuits. People also attended lifestyle workshops where they completed training in their chosen topics such as cookery and art. We observed one person had succeeded in learning how to prepare baked potatoes and was supported to complete the home's waste bin recycling process. Staff had identified people's individual needs and interests and arranged activities to meet them.

During our inspection we observed staff accompany people on walks of their choice within the community and visiting a local gymnasium. People were encouraged to take part in other activities of their choice outside the service such as horse riding, swimming, bowling, attending a drama club, the cinema and local pubs and restaurants. Detailed risk assessments were in place to ensure activities were pursued as safely as possible. These included multi-disciplinary and DoLS

Is the service responsive?

agreements to use some specialised physical restraints whilst in the community. One person had a risk assessment to support them with their safety whilst accessing the community involving the use of restrictive equipment, which was subject to a DoLS authorisation. We noted that staff had begun a transitional plan in conjunction with their DoLS authorisation and risk assessment to support the person to play basketball at a local community basketball court without the use of the restrictive equipment. People with learning disabilities had reasonable adjustments made, following the requirements of relevant legislation, to make sure they received support to promote their independence and freedom of choice.

Each person had a communication plan. This provided staff with information about how people communicated and their level of understanding. One person's communication plan stated what signs they used to communicate different messages. Another person liked staff to wait until they approached them to communicate. We observed staff

communicating effectively during our inspection in accordance with people's communication plans. People's communication methods were understood and implemented in practice by staff.

People had access to information on how to make a complaint, which was provided in an accessible format to meet their needs. Since our last inspection there had been no formal complaints about the home. People and relatives were also able to raise issues in their quarterly service reviews with the registered manager or senior specialist support worker. One relative told us they had raised a concern to the registered manager who had responded promptly and taken steps to address the issues raised. The registered manager had apologised and informed the family of the action taken and ascertained whether they were happy with the outcome. Necessary learning from these concerns was implemented to prevent the risk of a recurrence and to improve the service.

Is the service well-led?

Our findings

Health and social care professionals told us they experienced good communication with the registered manager and care staff who were always open and honest. People and their relatives complimented the registered manager and staff for their commitment and dedication to the people living at Willow Tree Lodge.

Staff told us the registered manager and provider were very supportive of them and people who lived in the home. Without exception, staff told us the registered manager was an inspiration to them and made them feel their opinions were valued. One staff member told us, “This is a great place to work because everyone knows they can discuss their concerns or make suggestions and they will be supported by the manager and staff.” Another staff member told us, “The management team are friendly and approachable and find time to listen to.”

People and relatives told us the provider and care staff were always approachable and knew what was happening. Staff told us they were able to express their thoughts about the service through the regular staff meetings, which records confirmed. The registered manager told us they worked shifts alongside staff which enabled them to build positive relationships with people and staff, which records confirmed.

The registered manager listened to the views of people, their representatives and staff during weekly senior staff meetings, monthly staff meetings, quarterly review meetings and annual review meetings, which had been recorded. The registered manager sought feedback from relatives and visitors when they attended the home by requesting them to complete a feedback questionnaire. The feedback questions were updated quarterly. All of the completed questionnaires provided very positive feedback with comments including, “I am very happy with the care he receives and very confident that I am able to approach the home manager if I have any concerns.” The registered manager told us they were looking to update some of the questions to generate more critical feedback to drive improvements in the service provided.

Staff meetings were held every month and staff supervisions were completed every eight weeks. We noted that discussion points were recorded and where required actions were raised in relation to new ideas or suggested

improvements. Staff told us that the registered manager encouraged and challenged them to continually identify ways to improve the quality of care people received. One staff member said, “They are always willing to listen and implement changes where possible to improve people’s lives at Willow Tree.” One staff member told us how it had been identified during a staff meeting and staff supervisions that one person derived great pleasure from different sensory stimulation. In response to this the provider had arranged for a full sensory wall to be installed in the person’s bedroom. Another member of staff told us how they had recognised one person had invented a game where they enjoyed looking in a mirror. This had led to the registered manager providing a mirror to encourage their enjoyment of this interactive game.

Where concerns had been raised in reviews the registered manager and shift leaders held meetings to discuss the issues raised and how the service could improve. All staff were encouraged to contribute in these meetings, minutes of which had been recorded. Action plans were then created to address improvements, which had been implemented. For example staff had identified that one person’s behaviour appeared to change in line with weather conditions. We noted that staff had engaged with the person to complete their own ‘weather scrapbook’ to support them with their anxieties surrounding the changing weather. This demonstrated the management team believed in openness and a willingness to listen to suggestions to improve the service and quality of care provided.

New staff completed six weekly and twelve weekly support meetings with the registered manager. These identified any new ideas and ensured they had received the appropriate training and preparation for working with people in the home.

The quality of care people received was continually assessed, maintained and improved by the provider. There was an established system including day to day, weekly and monthly monitoring to effectively ensure the quality of care and people’s positive lifestyles were maintained and improved. Examples included medicine administration audits, health and safety audits, fire safety audits and infection control audits. Satisfaction questionnaires were completed annually and service user audits were completed quarterly.

Is the service well-led?

The provider visited the service a minimum of twice per week and discussed any improvements or issues with the registered manager and senior staff team. The registered manager had to produce a weekly report for the provider identifying all significant issues and action taken by staff at the home. Records demonstrated that the registered manager and provider had completed quarterly night time checks and other registered manager's from the provider's care group completed monthly compliance audits. On the day of our inspection we observed the provider's financial administrator completing their weekly audit of people's finances, which were in order.

Staff told us that improvements had been made as a result of the various quality assurance feedback methods such as people being offered more choice of daytime activities, and the adaptation and decoration of people's rooms and communal areas.

The provider had clear values, visions and a mission statement. The main values were, 'We are positive; empowering; and open. Staff had received training in relation to the provider 'visions and values' which ensured staff understood what was expected of them. Staff were able to tell us about the values of the provider, which we observed staff followed in their care practice.

During our inspection we observed the registered manager and shift leaders engage with staff and positively manage them. For example the senior staff listened intently whilst staff delivered shift handovers talking about people's moods and behaviours, then provided clear guidance about how to support individuals.

We found that accidents and incidents had been recorded appropriately. Learning from incidents and investigations took place and appropriate changes were implemented. Staff told us there was an open culture within the home and the manager encouraged the reporting of, and learning from mistakes. Senior staff told us that when a medicines error had been identified the registered manager had addressed the learning points with them and the person's family. We noted that learning points from this incident had been delivered to other staff to drive improvements.

Any relevant new developments in social care were fed back to people, their representatives and staff by means of the meetings hosted by the registered manager. The service had a policy and procedure with regard to the provider's 'duty of candour' responsibilities. Senior staff were able to describe under what circumstances they would follow the procedures. The home worked closely with other professionals when required and sought and followed the advice they provided.

Records accurately reflected people's needs and were up to date. Detailed care plans and risk assessments were fully completed and provided necessary guidance for staff to provide the required support to meet people's needs. Other records relating to the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. People's and staff records were stored securely, protecting their confidential information from unauthorised persons, whilst remaining accessible to authorised staff. Processes were in place to protect staff and people's confidential information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.