Kings Residential Care Homes Limited

Willow House

Inspection report

22 Tredington Road
Glenfield
Leicester
Leicestershire
LE3 8EP

Tel: 01162321971
Website: www.kingscarehomes.co.uk

Date of inspection visit:
23 August 2016

Date of publication:
12 October 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 23 August 2016.

Willow House is a care home registered to provide accommodation for up to five people who have a learning disability or who are on the autistic spectrum. The home is located on two floors. Each person had their own room. The home had a communal lounge, kitchen and dining room where people could spend time together. At the time of inspection there were five people using the service. Building works were in the process of being completed to extend 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 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 felt safe with the support offered. Staff could describe and understood their responsibilities to support people to protect from abuse and avoidable harm.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where people displayed behaviour that may be deemed as challenging guidance given to staff helped them to manage situations in a consistent way that protected the person, other people using the service and staff.

People's equipment was regularly checked. The building was well maintained and kept in a safe condition. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions.

There were enough staff to meet people's needs. They were recruited using procedures to make sure people were supported by staff with the right skills and attributes.

Staff received appropriate support through a structured induction and regular supervision. There was an on-going training programme to update staff on safe ways of working. However some staff felt that the training was not specific for the needs of the people who used the service. This meant that staff were not confident tha they had completed enough training to enable them to support people with specific needs.

People were prompted to maintain a balanced diet and guidance from health professionals in relation to eating and drinking was followed. We saw that people were able to choose their meals and were involved in making them. People had access to healthcare services to promote their well- being.

People were supported to make their own decisions. The registered manager had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We found that appropriate DoLS applications had been made. Assessments of people's capacity to make a specific decision had not been carried out. Support plans provided guidance on how to involve people in making their own decisions. Staff told us that they sought people's consent before delivering their support.

People received support from staff who showed kindness and compassion. Their dignity and privacy was protected. This included staff responding to people discreetly and discussing people in a professional manner. Staff knew people's communication preferences. They did not always use communication tools to help improve communication. People were supported to develop and maintain their independence. People were involved in decisions about their support where they could be.

People knew how to make a complaint. There was a complaints policy in place that was available for people and their relatives. Complaints that had been received had been managed in line with the policy.

People received care and support that was responsive to their needs and preferences. Support plans provided detailed information about most people so staff knew what people liked and what they enjoyed. People took part in activities that they enjoyed. People participated in developing their support plans.

People and staff felt the service was well managed. The service was led by a registered manager who understood most of their responsibilities under the Care Quality Commission (Registration) Regulations 2009. However, statutory notifications of DoLS applications that had been approved had not been submitted to CQC.

Systems were in place which assessed and monitored the quality of the service. This included obtaining feedback from people who used the service and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from risk of abuse and avoidable harm. Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

People received safe support with their medicines where this was required.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received support from staff who had received regular supervision and an indication. Staff had completed some training; however staff felt that this was not specific for the people who used the service.

People were encouraged to make decisions about their care and day to day lives. Assessments of capacity to make specific decisions had not been completed in line with the Mental Capacity Act 2005.

People had access to healthcare services. People chose their own meals and were prompted to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were supported to be independent and were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

People were involved in making their own decisions where they could.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most people's needs had been assessed with them. Support plans provided detailed information for staff about people's needs, their likes, dislikes and preferences. However, one person had lived at the service for a period of three months and they did not have a support plan in place. Staff demonstrated a person centred approach and put this into practice.

There was a range of activities that people participated in.

There was a complaints procedure in place. People felt confident to raise any concerns

Is the service well-led?

Good

The service was well led.

People knew who the registered manager was and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

The provider had checks in place to monitor the quality of the service that had been provided.

Willow House

Detailed findings

Background to this inspection

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

This inspection took place on 23 August 2016 and was unannounced. The inspection was carried out by an 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. The expert had experience of caring for someone who used this type of service.

Before our inspection, we reviewed the Provider Information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We looked at four staff files including their recruitment and training records. We also looked at documentation about the service that was given to staff and people using the service and policies and procedures that the provider had in place. We spoke with the registered manager, and three care workers.

We spoke with four people who used the service. We spoke with two relatives of people who used the service. This was to gather their views of the service being provided.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe when receiving support from the care staff. One person told us, "I am safe. Staff keep me safe. They look after me." Another person said, "I care for my own safety. Staff help me keep safe." A relative told us, "I think [person's name] is safe. The staff are all checked. When I have visited I have seen how they treat everyone." Another relative said, "Oh yes, I know [person's name] is safe."

Staff members we spoke with had a good understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the manager or to external professionals if necessary. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Staff told us, and records confirmed, they had received training around safeguarding adults.

Staff we spoke with told us that they understood whistleblowing, felt they could raise concerns and that there was a procedure for this. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and to the Care Quality Commission. We saw that the manager had reported concerns appropriately to the local authority safeguarding team and the concerns had been investigated either internally when this had been requested by the local authority or by the local authority.

Most people's support plans included risk management plans and control measures to reduce any risks. These were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to this. These included assessments about accessing the community independently and using equipment in the kitchen such as knives. One person told us, "The manager is doing one of those risk assessments for me to go out on my bike." However we found one person did not have risk assessments in place. They had moved to the service within the last three months. The registered manager told us that they were developing the care plan and risk assessments for this person. we saw that risk assessments were in place from a previous placement for this person. Risk assessments were reviewed annually unless a change had occurred in the person's circumstances. This was important to make sure that they information included in the assessment was based on the current needs of the person. We saw that where someone had behaviour that may be deemed as challenging plans were in place so that staff responded consistently. The plans identified triggers and ways to diffuse the situation. Staff told us that they were confident in following these plans and had been trained to do so.

Where accidents or incidents had occurred these had been appropriately documented and investigated. The documentation included a detailed description of what had happened. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly.

People were protected from the risk of harm because there were robust contingency plans in place in the event of an untoward event such as large scale sickness or accommodation loss due to flood or fire. Staff knew the fire response procedure and this was practised to make sure that everyone knew what to do in an

emergency. Personal emergency evacuation plans were in place for people living at the home. These provided a guide for staff and emergency workers in regards to the assistance people required in the event of a fire. We saw that regular testing of fire equipment had taken place.

There were regular checks on the temperature of the water carried out by a person who used the service with support from staff. At our last inspection we identified that three taps in the communal areas were producing water at temperatures that were very hot. The registered manager told us that temperature regulators had been put on for two of these taps. It had not been possible for the third tap as this was for the main kitchen sink and water was needed to be hot enough to safely wash pots to reduce the risk of cross infection. We saw that signs advising people of the temperature were in place. The registered manager told us that people who used the sink independently were aware that the water was hot and were reminded of this.

People told us that there were enough staff to meet their needs safely. One person told us, "Staff give me time if I want to do anything." A relative said, "There are enough staff. I think everyone has one to one support pretty much." Staff told us that they felt there were enough staff to meet people's needs. The rota showed that suitably experienced staff were deployed so that each person had their allocated support. We saw that staff responded to people's requests in a timely manner. We found that staff had time to talk with people and support people when they asked for this.

People were cared for by suitable staff because the provider followed recruitment procedures. Staff had undergone detailed recruitment checks as part of their application process and these were documented. We looked at the files of four staff members and found that all appropriate pre-employment checks had been carried out before they started work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. We saw that the two newest staff members did not have a photo on their file. The registered manager told us that they were updating the files. Following our inspection the registered manager confirmed that both staff had a photo on their file. This meant that people could be confident that safe recruitment practices had been followed.

People received their medicines safely as arrangements were in place for the safe administration and disposal of medicines. The service had a policy in place which covered the administration and recording of medicines. Staff told us that they felt confident with the tasks related to medicines that they were being asked to complete. Staff told us that they had been trained to administer medicines. We saw that staff completed training and were also assessed to make sure that they were competent to administer medicines. Each person who used the service had a care plan around medicines to determine the support they needed and a medication administration record to record what medicine the person took. Where someone had a 'PRN' medicine we saw that a protocol had been written so that staff knew when this could be taken. PRN medicines are prescribed to be taken only when they are required. We looked at the records relating to medicine and found these had been completed correctly. We found that the temperature of the main cupboard where medicines were stored was checked daily. However we found that temperatures were not being checked where creams and additional medicines were stored. The registered manager told us that they would make sure that all areas where medicines were stored were checked to make sure that they within the recommended temperature guidelines for storing medicine safely. This is important to make sure that medicines remain effective. Following our inspection the registered manager sent us a form that they were now using that recorded the temperature in all areas where medicine was stored.

Requires Improvement

Is the service effective?

Our findings

People were supported to maintain good health and could access health care services when needed. Relatives told us that they were informed about appointments and the outcome of the appointment. We saw that people were sometimes referred to therapists when appropriate, such as when their mobility had changed. However, one person developed a cough while they were eating. Staff supported this person to visit the GP. They did not seek further input from the speech and language therapists (SALT) which would have been good practice. The SALT team assess people when they are eating and drinking to make sure that they are swallowing correctly to reduce the risk of choking or food going the wrong way when swallowed. We discussed this with the registered manager. They told us that they had spoken with the GP. The GP had not made a referral to the SALT team. They also said that the SALT team were involved with the person already. As the person was known to the SALT team it would have been good practice to discuss concerns with the appropriate specialists to ensure that they had been assessed correctly. People's healthcare was monitored and where a need was identified they were supported to visit the relevant healthcare professional. Records showed that people were supported to attend routine appointments to maintain their wellbeing such as the dentist. Information from health appointments was recorded. We saw that care plans contained contact details of people's relatives, GP's or other involved health professionals so that staff able to contact them if they needed to.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this 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.

We found that a DoLS had been approved for one person and requested for three other people. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

People's capacity to consent to their care and treatment and other areas associated with their care had been considered. However, we found that there had not been any decisions specific capacity assessments carried out. We found that people had been involved in making decisions that they could make. Information in care plans identified ways to involve people as much as possible in making their decisions. For example, in one care plan it told staff to use either pictures or two actual objects so that the person could choose from this. For example, The person could be shown two different items of clothing to make a choice from these. We saw that pictures of the food that was on the menu had been taken so that the person could choose

what food they wanted from the meals on offer.

Staff were able to demonstrate that they had some understanding of the MCA. They were confident in making sure that they always asked people before doing anything. One staff member said, "I always make sure I ask consent." Staff were able to tell us that people have the right to refuse support. We saw that staff sometimes supported people to make their own decisions. For example, we saw that one person had picked what they wanted to have for their lunch. However, we also saw that staff chose lunch for another person without offering them a choice. Staff told us that the meal they had chosen was something the person liked and if they were given a choice they would choose the same option each time. We discussed this with the registered manager. The registered manager said that they remind the staff team to offer choice each time.

People were supported by staff who had completed some training. We looked at the training records for all staff. These showed that staff were working towards completing training including courses that were specific for the needs of the people who they supported. For example, we saw that four staff had completed training in safeguarding adults and seven staff were working towards this course. Records showed that where staff had completed relevant training in other roles the certificates for this had been provided by the staff member. This meant that previous training staff had done was used to evidence all of the courses that staff had undertaken. Staff we spoke with told us that they felt that the training that they had done was useful. However, staff felt that they relied on their previous training that they had completed with other employers. One staff member told us that the training was through distance learning training booklets and these were generic so could be used for staff working with any person who used adult social care. The staff member explained that this meant the content was quite broad to make sure that it covered a wide range of needs and it was not specific enough for the needs of the people who were using the service.

People were supported by staff who received an induction into their role. Staff told us that they had completed an induction. They described how they had been introduced to the people they supported and said they had been given time to complete training, read care plans and policies and procedures. The staff also said that they had shadowed more experienced staff before working alone with people using the service. One staff member explained how important this was to them. They told us, "It would be very difficult to get to know any person without seeing how someone who knows them well interacts with them." Records we saw confirmed that staff had completed an induction.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help support workers develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I have had two supervisions since I started. I feel supported in my role." Another staff member said, "I have had supervision. I can approach the manager and ask questions." Records we saw confirmed that supervisions had taken place.

People told us that they enjoyed the food. One person said, "I like all the food. It's good." Another person commented, "I can eat and drink what I want to. I help with the cooking." People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. We saw a menu was available with choices for each meal and this was based on what the people who used the service liked to eat. Throughout the day people were able to go to the kitchen and help themselves to drinks and snacks. Where someone was at risk of choking this had been assessed by speech and language therapists and guidance was included in the person's care plan and in the kitchen. Staff were able to tell us what consistency food needed to be for this person. We saw staff prepare food and drinks to the required thickness. Staff told us that they prompted people to eat balanced meals where possible. A relative told us, "[Person's name] has a new feeding regime.

They are handling this."

Good

Is the service caring?

Our findings

People were very positive about the support that they received and the caring nature of staff. One person told us, "The staff look after me." Another person said, "I like the staff. I really like [staff name]. She was at my other home. I am glad she is here." Another person said, "I'm glad I am here. Its home." A relative said, "They have become his family. They have included me too." Another relative told us, "I know [person's name] is cared for and cared about." People were treated with dignity and respect. We observed staff interacted with people in a caring compassionate and kind manner throughout the inspection. This included laughing and joking with people. We heard light hearted conversations which led to laughter and joking. We saw that staff spent time chatting to people and took an interest in them.

Staff knew the different ways that people communicated. A relative told us, "[Person's name] key worker is especially good at communicating with him." We saw that in people's care plans there was information about how they communicated. Staff did not always use tools to improve communication. One staff member told us, "We don't use Makaton all the time because they can hear. We just speak clearly." Makaton is a form of sign language that can be used to enable people to communicate their needs. It is good practice for staff to use Makaton as it becomes more natural for the person and helps to develop their communication. We discussed this with the registered manager. They told us that the person did understand when staff spoke to them but staff would be encouraged to use the signs that the person understood to help them to communicate more clearly. We saw that one person made choices using pictures of items and pictures had been taken to give the person as much choice as possible. For example, the menu had pictures of the food choices available.

People were involved in making decisions where they were able to. This included decisions about meals, going out, attending activities and participation in the reviews of their care. One person told us, "I can do what I want." We saw throughout the day of the inspection that people were asked what they wanted to do and if they wanted to participate in their activities. Records showed that people had been involved in decisions about their support.

People's preferences and wishes were taken into account in how their care was delivered. For example, routines that they wanted to follow were respected. Information had been gathered about most people's personal and medical histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

People told us that staff were respectful to them. We saw that when staff supported people they did so discretely and offered people guidance in a kind way. Staff told us how they protected people's privacy and dignity. For example, checking someone needed assistance, trying to get people to do as much as they could for themselves, and making sure people were covered when they were supported. We saw that staff provided reassurance and explanations to people when they supported them.

Staff were knowledgeable about the people who they supported. They could tell us about people's preferences. A staff member told us how they used the information in people's support plans to get to know

a bit about the person. They told us how they sometimes discussed a person's support plan with them to help get to understand the person more. Staff could describe to us what people liked to do. They told us that one person particularly liked one television programme. The person's relative also told us this. We saw that this information was included in the person's care plan and the television show was on during our visit.

Staff knew how to support people if they became upset or distressed. We saw from one person's support plan that they could become anxious. The care plan identified examples of how to identify the triggers for the behaviour and de-escalate this behaviour. Staff were able to explain these to us. This meant that staff were able to support people effectively when they were upset or distressed.

People's visitors were made welcome and were free to see them as they wished. A relative told us, "I can go in at any time. I have got to know everyone."

People had chosen how to decorate their home and their own rooms. We were invited to see three rooms. People had pictures of family, friends, activities and their own belongings in each room. One person told us, "II have a new cupboard for my bedroom. I am going to paint it." Encouragement had been given so that people could decorate their room to their taste. There was a communal lounge, dining room and kitchen where people could spend time together if they wanted to.

People's sensitive information was being handled carefully. We saw that the provider had secure cabinets to store people's records. We heard staff share information about people in a discreet and sensitive way. We saw that policies were available about confidentiality and data protection. This meant that people's privacy was being protected.

Requires Improvement

Is the service responsive?

Our findings

People were supported by a service that was responsive to their needs. We found staff knew people well and were able to discuss their needs and individual circumstances with us. A relative told us, "[Person's name] has a good quality of life." Most people had been involved in an initial assessment of their needs before they moved to the home. Information had also been sought from their relatives and other professionals involved in their care. Information from the assessment had informed the support plan. We found that one person had not had a formal assessment before moving to the home. The registered manager told us that this was because the person would have been anxious about the move. They told us, and records confirmed, that people who knew the person well had provided detailed information about what they liked and routines that were important to them as well as known risks.

People participated in developing their support plans where they could. One person told us, "I have a support plan. I talk about it with the manager." We found that people had signed their own support plans where they were able to do this. We saw that one person had discussed each element of their support plan and agreed which parts of the plan they were happy to share with the staff and with external professionals. Records showed that people and their families had been involved in reviews of peoples care and involved in decisions with the person's consent. A relative told us, "[Person's name] has a support plan. We haven't talked about it for a while. We have a meeting coming up." We saw that people had meetings with their key worker when they were asked about their support plans and any changes they wanted to make, as well as what activities they would like to take part in. This information was used to provide feedback to family members about what their relative had been doing. This meant that people were given the opportunity to discuss their support and any changes they would like to happen.

Most people's support plans were personalised and provided details of what the person liked and what activities they wanted to do. For example, in one person's care plan it identified that they liked to go to a specific hairdressers. However, we found that one person did not have a detailed support plan in place. We discussed this with the registered manager. They told us that information about routines and potential challenging behaviour had been recorded and they were still developing the rest of the support plan as the person had been at the service for less than three months. The registered manager told us that understanding how this person wanted to be supported and their routines was the most important aspect of their support. However, in order to fully support someone a full assessment of all of their needs and how they want them to be met should be completed. The person was able to tell staff how they wanted to be supported. The registered manager agreed that a full support plan would be implemented as soon as possible.

Support plans had been kept under review to make sure that they reflected people's current circumstances. This helped ensure that staff provided appropriate support to people and could meet their needs as these changed. Staff had a good understanding of the support needs of the people they worked with and could tell us about these. This meant that staff knew the people who they supported and how they wanted to be supported.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were recorded. The handover was recorded so that all staff could see a record of what had happened. Key information was recorded in the communication book that all staff could access.

People were offered activities to provide them with stimulation and meaningful tasks. People we spoke with were positive about what they did during the day. One person said, "I go out and about walking. I like shopping." Staff told us that this person really enjoyed walking. On the day of our visit the person went out for a walk. Another person told us, "I go on drives and walks. I play music. I like nightclubs. I went to one with staff." We saw that each person had their own weekly activity plan. However, this was not updated each week. On the day of our visit the plan showed that some people were going to school or college even though people had been on holiday from these activities for a number of weeks. People told us that they could choose if they wanted to participate in the planned activity. We saw that one person was not offered any activities on the day of our visit. Staff told us that this person did not participate in many activities. We discussed this with the registered manager. They told us that the person did participate in some activities and was offered a range of things to do such as walks out and trips to the shops, but that the person had not been well and they were not doing things every day at the time of our visit.

People told us that they did things for themselves. One person said, "Friday I cook. Staff are always there." Another person told us, "I go to the bank on Monday. Staff are with me but they stand back and let me take my money out." We saw that people were confident with household tasks they were completing and that staff supported them discreetly and let the person take the lead. This meant that people were being supported to develop their daily living skills.

People's independence was promoted. Risk management plans identified ways in which people could be supported to undertake things themselves with measures in place so that things were done safely. For example, one person liked to cook. They told us, "I am cooking tonight. Staff watch me if I am using sharp knives. They stand back, watch and tell me." The person had been supported to make sure they were safe while cooking. People were supported to undertake household and every day activities to maintain their independence. One person told us, "I use the washer and dryer, sometimes the iron." Another person said, "I clean all the time." We saw that people were doing their own washing, and making their own food and drinks. A staff member told us, "I try to let people do what they can. " Another staff member said, "[Person's name] does things for himself when he can."

People told us that they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "If I had a complaint I would ring [owners name] straightaway. His number is on the board. I can and have called the manager. I can talk through anything." Relatives told us that they felt confident in approaching the registered manager if they needed to discuss any aspects of people's care. One relative said, "I would know how to complain. If serious I would go to safeguarding but a little concern I would speak to the manager or the owner." There were procedures for making compliments and complaints about the service. We saw that any complaints would be logged and responded to. The registered manager told us that all people were provided with a copy of the complaints procedure and we saw that it was included within the service user guide. We found that two complaints had been received in the last twelve months. These had been investigated and responded to within timescales in the policy.

Good

Is the service well-led?

Our findings

People told us that they were pleased with the service provided and the way it was managed. One person told us, "I like the home." Another person said, "I like it. A really nice relaxing home." A relative told us, "It is the best I could wish for. I can't think of a negative." Another relative commented, "I can only say keep up the good work. There are no negatives."

The service had an experienced registered manager. We received positive feedback about how they managed the service and supported the staff. One person said, "[Registered manager] is good. I have meetings. I talk all the time with them." A relative told us, "The manager calls me and I call them. Everything is out in the open." Another relative commented, "I have a good relationship with the home and I am confident with the manager." Staff spoke highly of the registered manager and the service. One staff member told us, "[Registered manager] is very easy to talk to." Another staff member said, "I can approach the registered manager and ask questions."

The registered manager was aware of most of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened. However they had not notified us when someone had a DoLS application that had been approved. This is something that registered managers must notify CQC of as it affects the health, safety and welfare of people who use services. The registered manager told us that they would in future complete notifications when DoLS had been agreed.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager was supported by the senior management team, a deputy manager, a senior, and a team of care workers. Staff told us that the registered manager was always available and that they spent time working in the service to see how people were. We saw staff and people who lived at the service were comfortable speaking with them.

The provider regularly monitored the quality of care through visiting the service and speaking with people, relatives and the staff. However these visits were not recorded. People and staff told us that the provider visited regularly. The registered manager also carried out audits on topics such as medicines, paperwork, and health and safety. Any action needed had been documented and once carried out, had been signed off. This meant that the delivery of the support people received was being reviewed.

Willow House had a statement about the values it promoted. This was about aiming to motivate each individual to achieve his or her full potential and to support and not lead and nurture not judge. Staff understood and were able to tell us about the values. One staff member told us, "There is a lot of consideration given as to how to support [person's name]. There is a really good understanding of how to support them." Throughout our visit we found that staff promoted these values in the way they provided support to people. For example, in the way they spoke with people and understood their needs.

People and their relatives had opportunities to give feedback to the provider. One person said, "I call the owner sometimes. He made sure I had his number. I have his mobile too." A relative confirmed that they were asked for feedback through regular contact with the home. They said, "We have meetings at the home. I get the information if I can't make it. We talk a lot anyway." We saw that questionnaires had been sent to people and their relatives asking for their comments on the quality of the service that had been provided. The registered manager told us that none of these had been returned. They told us that each time feedback was provided to relatives about what people had done, this included a section that could be returned if there was any feedback or questions. This meant that people were given opportunities to discuss their experience of the service with the registered manager on a regular basis.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.