

Green Willow Care Limited

Green Willow Care Home

Inspection report

21/23 Vicarage Lane
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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 ●

Summary of findings

Overall summary

Green Willows is registered to provide support and accommodation for up to 30 people. It provides a service to people which includes older people, people living with a physical disability, sensory impairment and some people living with dementia. It also provides respite care. On the day of our visit there were 29 people who used the service.

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

People and relatives said they felt safe and secure and had no concerns about safety at the home. Staff understood local safeguarding procedures. They knew what action to take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely.

Staff received regular training and there were opportunities for them to study for additional qualifications. Staff were supported by the management through supervision and appraisal.

Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We found the registered manager understood when an application should be made and how to submit one.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. They had access to healthcare professionals. People's rooms were decorated in line with their personal preferences.

People were supported by kind and caring staff who understood their job role. Staff took time to engage with people, providing reassurance and support. People had developed very good relationships with staff and told us that staff were kind, caring and that they treated them respectfully. Staff understood how to care for people in a sensitive way. People were supported at the end of their life to have a private, comfortable, dignified and pain-free death.

Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

People were involved as much as possible in planning their care. Care plans provided information about people in a person-centred way and identified the support people needed and how support should be

given. The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported to live the life they wanted, in accordance with their needs and abilities.

Care plans were regularly reviewed. We saw that when a person's needs had changed the care plan was updated to reflect this. People were encouraged to maintain their independence and to participate in activities that interested them. People were supported to express their religious beliefs and to maintain their cultural or religious needs. There was a clear complaints policy and people knew how to make a complaint if necessary.

The service was well led. The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was strong leadership within the home and the registered manager, deputy managers and senior staff monitored the delivery of care. The Service had a clear vision and values which were enforced by an open and positive culture. A system of audits were in place to measure and monitor the quality of the service provided and this helped to ensure care was delivered consistently. Suggestions on improvements to the service were welcomed and people's feedback encouraged.

There were elements in the well-led section of the report which could be developed further to achieve an "outstanding" rating. We made a recommendation to the provider about this in the main body of the report.

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.

Potential risks were identified and managed. Risk assessments were in place and reviewed to help protect people from harm. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who were appropriately trained.

Is the service effective?

Good ●

The service was effective.

Staff received the training they required to provide effective care and support. The staff were very skilled and knowledgeable about their roles and understood how to provide appropriate support to meet people's needs including health, social and nutritional needs

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff.

People had access to a choice of meals and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good ●

The service was caring.

Positive, caring relationships existed between people and the staff who looked after them. Staff treated people as equals and with respect and their privacy and dignity was maintained and upheld. If people needed any help or assistance the staff were diligent in their efforts to make sure that this was given.

Relatives and friends were made welcome and were involved in activities in the home. Families were fully involved in and consulted about their family member's care and support.

Is the service responsive?

Good ●

The service was responsive.

The service was responsive to people's individual needs and these were assessed, planned and responded to by staff who understood them. The service sought people's views about how they wanted to live their life. These were taken into account when care plans were being put together, including people's personal history.

Activities were provided according to people's preferences.

Although people were asked their opinion of the service they received every year, people were constantly prompted to share their views on how they were being cared for.

People told us they had no concerns, but there were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Good ●

The service was very well led.

People, relatives, health and social care professional and staff all told us how well they thought the service was run and managed. People and staff told us they got on with the management team and staff really well.

The organisation had a clear vision and set of values. This was reflected by the way the management team and staff worked with the people they supported.

Staff told us the management was very supportive and they worked well as a team. There was an open culture where the people who used the service were involved in making decisions about how they lived and how the home was run.

The manager actively sought ways to monitor the quality of the service to a high standard and took appropriate action to improve the standards when necessary, as did the provider.

Green Willow Care Home

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 was 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 12 and 13 July 2016. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also looked at statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information together with other information we held about the service and the service provider to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with people and how people were supported in the communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at plans of care, risk assessments, incident records and medicines records for five people. We looked at training and recruitment records for three members of staff. We also looked at staffing rotas, staff handover records, minutes of meetings with people and staff, records of activities undertaken, menus, quality feedback surveys and records relating to the management of the service such as audits and policies.

During our inspection, we met with 12 people who used the service and four relatives. We spoke with a representative of the provider, the registered manager, two deputy managers, the admin assistant, the cook, one domestic staff member and eight care staff. We also spoke with a admissions avoidance matron from the local hospital and a member of staff from the hydration in care home project. They consented to share their views in this report.

The service was last inspected in July 2014 and no concerns were identified.

Is the service safe?

Our findings

People felt safe at the home. All the people we spoke with told us they felt safe and were treated well. People said there were enough staff to provide support to them. One person said, "The staff are all very good. I feel quite safe here". Relatives said they were happy with the care and support provided and had no concerns about their relatives safety.

The registered manager had an up to date copy of the West Sussex safeguarding procedures to inform staff on how to keep people safe. She understood her responsibilities in this area to report any suspected abuse. There were notices and contact details regarding safeguarding procedures on the notice board. The registered manager had appointed a member of staff who was a 'safeguarding champion'. This person was committed to attending nine specific training days to develop their understanding of safeguarding issues. Any learning was then cascaded down to staff. Staff were aware and understood the different types of potential abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's plans of care. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding people's mobility, dietary needs, moving and handling, pressure areas and falls. For example the risk assessment for one person stated 'the person could have unresponsive days where they would refuse to accept any personal care and would refuse to get out of bed' The risk assessment explained to staff the measures they needed to take when this happened to keep the person safe. This included information to ensure that the person was encouraged to undertake breathing exercises and sit in a chair in their bedroom. A staff member told us, "Safety is paramount we always look out for potential risks"

There were also environmental risks assessments in place, such as from legionella or fire. There were emergency plans in place so that information that may be necessary in an emergency was quickly available for staff and the emergency services as required. The home also had a fire risk assessment for the building which had recently been updated and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

We viewed staff recruitment files for three staff members. Records showed the provider ensured appropriate checks were carried out including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough. The registered manager told us that although people were not fully involved in the recruitment of new staff, they were introduced to potential new staff members and were able to chat with them and ask questions when they came to the home for interview. Once the interview was over the registered manager would ask people what they thought of the candidate and if they thought they would be good for the job. The manager told us that if the person did not think the candidate was suitable, they would go through their reasoning together and their views would be considered in

making the recruitment decision.

The registered manager told us there was a team leader and six care staff on duty between 8am and 2pm. Between 2pm and 10pm there was a team leader plus four care staff on duty and between 10pm and 7am there was a team leader and one member of care staff who were awake throughout the night. In addition the registered manager and the two deputy managers worked flexibly alongside staff. The provider also employed domestic, laundry and kitchen staff, a maintenance person and an administrator who all worked flexibly to meet people's needs and ensured the care staff could focus on people's care. The registered manager told us she worked at the home most days and was available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us staffing levels were based on people's needs. The registered manager told us agency staff were rarely used as the permanent staff would always complete overtime to cover sickness and annual leave. Our observations and comments from people relatives and staff confirmed there were sufficient staff on duty to meet people's needs.

Staff supported people to take their medicines safely. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure. The provider had introduced a computer based medicines procedure. This contained records of all medicines received and also had people's medicine administration records stored on computer. We observed the lunchtime medicines being dispensed and we saw they were signed off by a member of staff once they had been administered. There was also a clear protocol for when to administer medicines to be taken on an 'as required basis'. This meant that medicines were managed so that people received them safely and as prescribed.

All staff who were authorised to administer medicines had completed training. We asked one of the team leaders how the new computer system was working and they said "It's much better than the old system of recording on medicine administration charts. It took a little while to get used to but now it works really well". We asked what would happen if the computer system went down and they said they had full paper records so that people would always receive their prescribed medicines. We spoke to the registered manager about this who told us she was very pleased with how the new system was working. She told us all staff authorised to administer medicines had received training from the company who provided the system and those staff received regular training and competency assessments to ensure medicines were ordered, received, administered and disposed of safely.

Is the service effective?

Our findings

People told us they got on well with staff and said they were well cared for. Comments from people included: "I cannot fault them, they look after me so well," "I am very happy with everything," "They (the staff) know me, they know what I want and how to look after me" and "I am well looked after, I have no complaints". Relatives said they were very happy with the support provided by staff. Their comments included: "I visit here nearly every day and it's always the same, I could not be happier with the care my relatives received," "The staff are all lovely, I am always made welcome whenever I visit" and "Before my husband moved into Green Willows we used to visit a relative here. When my husband decided he needed to go into a care home he said he wanted to come to Green Willows. It was his first choice".

The registered manager told us people were encouraged to bring items of furniture and personal effects to decorate their rooms when they came to live at the home. The provider encouraged relatives to help their family members with this to give bedrooms a personalised and homely feel. We saw that some rooms contained photos and ornaments that were special to people. Communal areas were homely with comfortable chairs and suitable lighting. There was a large picture board with photographs of people's holidays, outings into the local community and activities undertaken in the home to show visitors and remind people of the fun activities they had done.

Training was provided to staff through regular courses arranged by the provider. Staff told us they had completed all training considered mandatory to their role. Staff also said that they were provided with a range of training opportunities. Training was also provided through the local authority courses, distance learning and face to face training. The provider employed a training co-ordinator who worked 3 days per week. The registered manager showed us a training plan which was on the wall in the office. This showed all staff members and what training they had completed and when refresher training was due. This made it easy for the registered manager to track when updated training needed to be organised. We saw training included the following subjects: Moving and handling, safeguarding, fire, health and safety, first aid, MCA and DoLS, dementia awareness, end of life care, person centred planning, hydration awareness and medicines. The registered manager told us that additional training would be provided if necessary to meet the needs of the people that they were caring for.

The registered manager said all new staff members were expected to complete an induction when they started work. The induction programme included essential training and shadowing experienced care staff for a minimum of two weeks so they could get to know the people they would be supporting and working with. The registered manager told us any new staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. She explained that new recruits who had not previously worked in care would be expected to complete the Care Certificate.

The provider also encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The provider employed a total of 24 care staff and 19 had completed qualifications up to National Vocational Qualification (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve

these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager told us that the two deputy managers and team leaders regularly worked alongside care staff and this enabled them to monitor staff performance and identify if the training was effective and also to identify any additional training needs. Staff spoke positively about the training they received. One member of staff told us "The training is very good here" and another said "There is always some form of training going on and there are plenty of opportunities for training". Team leaders also received training on coaching and mentoring. This meant that people were supported by a staff team who had the skills required to provide effective care and support.

Staff received regular supervision every four to six weeks and records of this were up to date. The registered manager told us that each staff member received regular supervision and staff also had an annual appraisal. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager or any of the senior staff. Staff said they were able to discuss any issues with the management team and felt that communication was good with everyone and that everyone worked together as a team.

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. The registered manager and staff understood their role and the procedures to follow under this legislation.

The registered manager said that at present there was no one living at the home who was subject to DoLS. The registered manager told us that although some people were living with dementia, people were able to make day to day choices and decisions for themselves. People's capacity to consent had been assumed until assessed otherwise, which was in line with the MCA principles. We saw that each person had signed a form to consent to care and treatment and we observed staff explaining to people what they were doing and gaining their consent before providing support. People told us that they were able to make their own decisions and comments included: "They always ask me and explain what they are doing," "They talk to me and tell me what's going on so I can help them as much as I can" and "They (staff) always give me time and never rush me". This meant that people were able to exercise as much choice as possible in their day to day lives.

People told us the food was good and they were supported to have sufficient to eat and drink. A relative told us, "Food's lovely there's always plenty to eat and drink". We spoke to the cook who told us breakfast was normally cereals and toast and people could choose what to eat. A cooked breakfast was available if people requested this. Lunch was the main meal of the day and supper was soup, sandwiches or a hot snack. There was a rolling menu which was made up following discussions with people at residents meetings to ensure it met people's preferences and choice. The registered manager also went out to talk to people and explain to them the choices on offer. The registered manager said food questionnaires were regularly sent round for people to complete regarding food choices. The cook said there were always two choices for lunch and supper. She said if the choices were not to someone's liking then additional meals could be made such as jacket potato, omelettes or salad. The cook said there was always a range of food in the fridge so that staff could make snack or sandwich for people at any time if they wanted this. Care

records showed that people had been assessed using a Malnutrition Universal Screening Tool (MUST) a tool designed to assess the risk of malnutrition. The registered manager said that special diets were catered for and if necessary a dietician or Speech and Language Therapist (SALT) would be consulted to ensure people's nutritional and food texture needs were met. This meant people were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet.

Green Willows had also signed up to the 'Hydrate in Care Homes' project running across four localities including Kent, Sussex and Surrey. The programme is aimed at improving people's hydration in care homes. The programme involves a training session for hydration champions who then come up with an action plan for their home based on what they have learnt. Green willows have two hydration champions. We spoke to a health care professional who was working with the home who told us "The champions were particularly enthusiastic in the training session and have come up with some very good ideas to implement at Green Willows and we are supporting them to implement these". The hydration champions are providing information to the project with regard to Urinary Tract Infections (UTI's) and falls as de-hydration can have an impact in these areas". The registered manager said the hydration champions are being fully supported by the provider and also the kitchen team.

We observed the lunchtime meal and this was a friendly social occasion with lots of chatter and banter between people and staff. We saw that staff offered support to people to eat their meals if this was needed. For example we saw one staff member supported a person with their lunch. The staff member said, "Are you sure you have finished? Let's leave it a little while and see if you can eat a bit more". The person responded and confirmed they had sufficient to eat and the staff member respected this and asked before taking the person's plate away.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. The registered manager said appointments with other health care professionals were arranged and these included the dementia care team, SALT occupational therapist, hospital admission avoidance team, palliative care team, tissue viability nurse and the falls team. A record of all healthcare appointments was kept in each person's care plan together with a record of any treatment given and dates for future appointments. The registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments. We spoke with a healthcare professional who told us the staff were pro-active in asking for advice and support and followed the advice given. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

Is the service caring?

Our findings

Staff were observed to be caring. People were very happy with the care and support they received and told us their privacy and dignity was always maintained. Comments from people included: "All the staff are wonderful, they look after me so very well," "I could not ask for better care, they know when to give you help and when to leave you alone," and "I have not got a bad word to say about them, they are all so kind and caring". Relatives were all very positive and described the care as "wonderful". One relative said, "It's such a lovely home, the staff are outstanding".

Three relatives we spoke with during the inspection specifically sought us out so they could express how impressed they were with the dedication and kindness that the staff showed their family members. One relative said, "The staff go above and beyond their normal role for people". One told us "All the staff are so good, I am so glad my relative moved here". Another said "I want to put on record the wonderful service that Green Willows provides". Other comments included: "I was visiting someone in hospital and I saw two of the care staff from Green Willows visiting a resident who was also in hospital, they were not on duty it was in their own time" and "The staff work so hard to make sure that people are well cared for and I can't thank them enough for the way they look after my relative". One relative wrote to us, 'In January my father was admitted to hospital and it became obvious after a couple of weeks that my father was too frail to get over this. With the help of the registered manager, the hospital was persuaded to let him go back to Green Willows, where he died a week later. Although Green Willows is not a nursing home my father was cared for to a very high standard by the staff with the help of the community nurse team. They also looked after me for that week, as I was there all the time and I will never be able to thank the staff for the way they looked after me for that week. My father was cared for beautifully and died peacefully.'

People were supported to maintain relationships with their families and others important to them. Contact details for important people and key dates such as birthdays were recorded in people's care records. People told us they were encouraged to have regular visitors. One person said "My family come to see me regularly, there are no restrictions". Another person said "My family and friends pop in to see me if they are in the area, it's never a problem". Relatives told us they could visit at any time and were always made welcome. One relative told us, "When I first phoned up to ask if I could visit, the manager said 'this is [Name's] home, you don't have to ask us if you can visit'". Relatives told us they could visit as often as they liked and stay as long as they liked. One relative said "I feel at home here. It's not about the building, it's about the staff and the atmosphere. It's so homely and everyone is so kind". Relatives said they had never experienced any problems when they visited and they were always made welcome.

The PIR sent to us prior to the inspection told us staff were recruited on the basis of their nature, caring attitude and personality as well as qualifications and experience. The manager told us, "We can teach people who have not had any experience in care but you can't teach people if they don't have the right attitude and caring nature." This ensured they recruited staff who would share the caring values of the service and treat people with respect.

We saw numerous cards and letters of thanks from relatives which spoke of how people's dignity had been

upheld. One read, 'Just a little card to say a big thank you to all the staff for the dignity and respect you showed our mom on a day to day basis'. Another said, 'Thank you for the care your staff gave to (name of person). You supported them and us through a very difficult period during the final few weeks'.

We saw that staff respected people's privacy and dignity. We saw that when staff approached people, they would always engage with them and check if they needed any support. Staff told us that they would always respect people's privacy and dignity. One staff member said "I could not work here if people were not respected and treated with genuine kindness"

We observed care in communal areas at lunchtime and throughout the day. Care was safe and compassionate, with sufficient numbers of staff present. We observed good interaction between people and staff who consulted people and gained their consent before giving any care or support. Staff were kind, friendly and caring with people. We observed staff engaging people in conversation and chatting with them about topics in the news.

Staff were able to tell us about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. We saw that staff knocked on people's doors and waiting for a response before entering.

People were involved in planning their care. Before anyone moved into the home they were given information which explained the ethos of the home and how it was run. This provided useful information on the services available. People were encouraged to visit the home prior to admission. The registered manager said, "Many come to view beforehand, some have spent some respite time here and others come on recommendations. People told us they were happy with their accommodation and one person said "I have a lovely room with a view over the garden".

We saw staff showing people patience and understanding. People were confident and comfortable with the staff who supported them. Staff related to people in a courteous and friendly manner, explaining what they were doing and giving reassurance if required. We observed one person who was walking to the dining room without any mobility aids. A member of staff went up to them and said "[Name], where is your frame? You should always use it to get around. It's much safer." The staff member supported the person to the dining room and sat them down, they then went to get the person's wheeled walking frame and place this adjacent to them and informed them it was there for when they left the dining room. This assurance of the person's safety was done with kindness and respected the person's dignity.

We saw that everyone was well groomed and dressed appropriately for the time of year. Staff told us people made their own choice in what they wanted to wear. One staff member said, "most people make their own decisions on what to wear and I just offer my opinion, but it's their choice and I respect that. I usually just let them know if it's cold as if they see the sun shining they may think it's warm when it's not.

Throughout our visit staff showed people respect. We observed staff showed patience and respect to people when supporting them. People were cared for with kindness and compassion and we observed many positive interactions between people and staff. For example one person was reading the paper in the lounge. A staff member went over to them and reminded the person to wear their glasses. The staff member did this in a discreet manner and explaining why they should use their glasses. The staff member told us the person could still read the paper without glasses but this was putting a strain on their eyes so they gave them a gentle reminder to use their glasses to make reading easier. We observed staff using people's preferred form of address and chatted and engaged with people in a warm and friendly manner. If a person decided to stay in their room staff would always take time to check they were Ok. One member of staff told us "We

always have time to check on people, even if we only have a few minutes we have a quick chat and let them know we are around if they need any help or support". We saw that rooms were personalised and people were encouraged to bring items and small furniture from home to make their room homely for individuals.

The management kept a focus on dignity. The registered manager had appointed a dignity champion who attended specialist training and observed how staff supported people. The dignity champion provided feedback to the registered manager and also spoke to people and staff to gain their view and opinions. We asked staff how they supported people to maintain their dignity and privacy. One staff member told us, "We treat them as people". Another staff member said, "We have the time to get to know them and find out what they like". Our observations confirmed this.

Staff were able to tell us about people's individual personalities, their likes, dislikes and preferences, demonstrating that they knew people well. Green Willows operated a 'keyworker system'. A key worker is a person who has responsibility for working with individuals so they could build up a relationship with them. This helps to support them in their day to day lives and give reassurance to feel safe and cared for. The registered manager said they often tried to match the staff to individual people so they could develop meaningful and caring relationships with them.

People were supported at the end of their life to have a private, comfortable, dignified and pain-free death. Staff received training in end of life care and also received advice, guidance and support from the Macmillan nurse team. The PIR stated end of life care was provided by the compassionate and supportive staff team, with residents and those close to them contributing to care plans so staff know their wishes in advance. There was unrestricted visiting for relatives/friends with overnight care provision. Relatives were given the Macmillan end of life booklet and any other advice and support that may be needed by the registered manager and staff. There was no-one at the home currently receiving end of life care. The registered manager said that it was important for people and their families that people could spend their last days at the home and explained, "We do anything that is needed to keep people well cared for and comfortable in their home".

Is the service responsive?

Our findings

All the people we spoke with said they were well looked after. One person said "The staff are wonderful, they look after me so well. I need anything I just have to ask". Another person said "I cannot fault the care I get at Green Willows, I have everything I need and the staff really take care of me." Relatives were also very positive and comments included "My relative's made the decision to move into Green Willows himself. He is very happy and is full of praise for the care and support he receives" and "I am so pleased with the care and support my relative receives, I can honestly say, I would be more than happy to move in myself".

The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported to live the lives they wanted, in accordance with their needs and abilities. For example, if a relative was visiting staff made sure the person was aware of the time they were visiting and made sure they were ready if they were going out with their family.

Before accepting a placement for someone the provider carried out an assessment of the person's needs so they could be sure that they could provide appropriate support. This assessment formed the basis of the initial care plan.

People knew they had a plan of care and consent to care forms had been completed and signed. The registered manager told us that people and their relatives were involved in planning their care. People told us that they were quite happy with the care they received. We were told staff always involved them in decisions relating to their daily care and how they wished to spend their time.

Each person had an individual care plan and people's likes and dislikes were documented so that staff knew how people wished to be supported. Care plans were person centred and staff understood the importance of explaining to people what they were doing when providing support. Care plans included information about the person's social history with information regarding what school they attended, whether they were married, their children/grandchildren, past history of employment and social interests. This gave valuable information for staff to know and understand how people might choose to live their lives. People told us they 'pleased themselves' about how they spent their time. One person told us they preferred their own company and chose to spend time in their room reading. Other people said they enjoyed playing dominoes and cards with other people, attending the activity and exercise sessions available at the home and spending time watching television or listening to music.

Care plans identified the support people needed and how support should be given. People had care plans for the following: Activities of daily living, communication, psychological and mental health, skin care, mobility, continence, personal safety and risk, eating and drinking, and personal care needs. Care plans were detailed informed staff of what people could do for themselves, what support was required from staff and details of how this support should be given. Staff we spoke with demonstrated a good knowledge of the care needs of the people they looked after and were able to describe the routines and preferences of the people. This was in line with people's care plans.

The care plan for one person stated that the person could, at times, be unresponsive, refusing to eat or drink or take medicines. The staff consulted with appropriate medical professionals to rule out any medical conditions and fully considered the person's mental capacity to refuse food, fluid and medicines. The person's care plan explained how the person should be encouraged to eat, drink and take their medicines. There were food and fluid charts in place so staff could monitor and record the person's food and fluid intake. Staff had taken a person-centred approach to respecting the person's wishes while taking steps to ensure their safety and health.

Care plans were regularly reviewed and when a person's needs had changed the care plan was updated to reflect this. For example the care plan for one person stated the person had Parkinson's disease which affected the person's posture and impacted them particularly at meal times. In order to provide the best possible support staff had contacted the Parkinson's society to see if there was anything they could do to help the situation. Following this contact a mould had been made which fitted in the person's wheelchair and enabled them to sit upright and this had proved to be most successful for the person. Also the same person had been finding it difficult to drink when using a normal cup. The care plan was amended and staff were instructed to ensure the person used a two handed mug which made drinking easier. This meant that the care plan reflected the person needs at a particular time. Staff told us that the care plans reflected the current support people needed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people's needs. During the course of the inspection we observed that when people requested assistance by using their call bells, these were responded to swiftly by care staff.

The registered manager and staff were flexible and responsive to people's individual preferences and ensured people were supported to live the lives they wanted, in accordance with their needs and abilities.

Staff told us they were kept up to date about people's well-being and about changes in their care needs at the handover which was carried out before commencing their shift. We observed staff preparing to handover to the oncoming shift and the senior care staff member discussed each person individually. The handover gave an update on each person together with any additional information they needed to be aware of. Staff told us that the handover was really valuable in getting to know people's current care needs. The handover and updated care plans ensured staff provided care that reflected people's current needs.

Green Willow employed an activities co-ordinator who organised activities for people according to their preferences. We saw there were a range of activities provided for people. The activities programme for the week included exercise to music, visiting entertainers, bingo, manicures, games, TV and radio. On the day of our visit we saw four people playing scrabble, and other people were having individual hand massages. All the staff were dedicated to supporting people to celebrate special occasions. The cooks told us they frequently made cakes and scones for special functions and birthdays. Recent events that had taken place included celebrating the Queen's 90th birthday and organising a jazz festival in the grounds as part of the East Preston Festival. We saw photos of people celebrating this event and the registered manager told us this had been very popular with lots of visitors from the local community. The jazz festival had raised over £1000 for the residents' fund. Seasonal events were also organised such as summer, Christmas and Easter events with local groups including schools visiting the home. There had also been Pets as Therapy (PAT) dog that visited and other animals brought to the home including a pony and exotic animals such as snakes

and birds of prey.

People were supported to express their religious beliefs and to maintain their cultural or religious needs. There was a monthly church service and communion for those that wished to attend.

The service routinely listened and learned from people's experiences, concerns and complaints. People and relatives told us they were confident any concerns would be dealt with appropriately. The provider's complaints policy was displayed in the home. People told us they had not made any complaints. A relative told us, "I would know how to complain if I needed to" Another relative told us, "I know there are complaint forms but I am sure the registered manager would resolve problems early." The PIR stated 'complaints and compliments are seen as a positive way of improving the service. Complaints and compliments are logged and dealt with quickly and appropriately.

Is the service well-led?

Our findings

People said communication with the staff and manager was excellent. Comments from people included: "I am very happy with how the home is run, communication with everyone is very good and there is always someone around to talk to if I have any problems," "All of the management team and staff are approachable, they are always walking round and checking that everything is alright" and "Green Willows is very well run, that's why I chose to move here, I have visited before I moved in and I just knew it was the right place for me. I have not been proved wrong, everything is just as it should be".

As reflected throughout this report, relatives with were full of praise for the care and support their family members had received. Relatives were extremely positive about how the home was run. One relative said "The manager is excellent, as are all the staff. I have been visiting for over three years and it's been improving all the time". Another said "The home always keeps me in touch and lets me know what is happening, I don't have to ring up to check if everything's OK the staff will phone me with an update". Everyone we spoke with was unanimous in their praise for this service, this included phrases like 'outstanding', 'going the extra mile' and 'I'd be happy for my relative to live here.' We contacted healthcare professionals for comment, all of whom were very positive about the management and how the home was run.

The PIR stated, 'The service has a clear vision and values which are followed with an open and positive culture'. Throughout our inspection we found this to be the case. We observed clear communication that was person centred and transparent.

The provider had produced a Statement of Purpose and Service User Guide which was given to people before they moved into the home. These documents contained current up to date information about the services on offer, the aims and objectives of the home and the provider's philosophy and a copy of the most recent CQC inspection report. They also gave practical information about what people could expect if they moved into Green Willows. People were able to look through these documents in order to make an informed decision about whether they would like to move in.

The provider encouraged and supported staff to ensure people were listened to and were treated fairly. Staff said the registered manager operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring any problems to her attention. Staff spoke positively about the registered manager and the management team. They told us that she was approachable and always available for help and support. One staff member told us "I have worked in a number of different homes and I can honestly say this is definitely the best, I feel well supported and this is down to the management and how the home is run".

The registered manager started work early some morning so she could meet up with the night staff and provide them with supervision and support. She explained that this was very important as the night staff could feel isolated.

All the staff we spoke with were positive about the culture of the service and told us that they felt they could approach the registered manager if they had any problems, and that she would listen to their concerns. Staff said they were confident the registered manager would make changes if necessary to benefit people.

All staff told us there was a good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. They said the registered manager had good communication skills and that she was open and transparent and worked well with them.

The registered manager was knowledgeable about the people in the service and she walked around the home each day and spent time with them. This also enabled her to monitor staff and their delivery of care. The registered manager said she spoke with people and staff to discuss any issues they may have. She told us she always asked people if they were happy with how their care was delivered, how people were getting on, what had been going well and what not so well. People told us that the registered manager was nice and easy to get on with and was around if they wanted to speak to her. One person told us, "The manager spends time with us, helps me when I need it and makes me laugh."

The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date through continuing professional development. She had attended learning events and kept up to date with current practice through journals, care publications and the CQC website. She regularly met with other managers who worked for the provider and sought advice from external community organisations such as the Parkinson's Society, Palliative Care Team and a local hospice. This helped to support care provision, identify new training opportunities and to promote best practice. This had a positive impact on people. For example a creative approach to manual handling training was applied. During this training, staff were hoisted by other staff so they understood how people felt about being hoisted. People were able to be involved in this training as much as they were able and were invited to share their views of being hoisted so staff had a thorough understanding of people's experiences. One person said, "It was really good to see the staff learning how to do this correctly, I am sure they will think before hoisting anyone now they have felt what it's like." This fostered empathy for people using services and demonstrated a commitment to person-centred care.

The registered manager said the service's core values were of respect, involvement, compassion, dignity, independence, equality and safety. Staff at Green Willows worked with people to maximise their potential and independence. It was clear from speaking to the registered manager and observing staff that they were all passionate about the job, their work and about providing person-centred care. Therefore the core values of the service were clearly understood and embedded in practice.

Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager had introduced 'Champions' in safeguarding, medicines, dementia, equality and diversity and hydration to enhance these aspects of care for people. These staff undertook additional training for their 'Champion' roles and were allocated time at the staff meetings to pass information to staff about best practice and areas for development. They also monitored how staff put what they have learnt into practice to ensure this was consistent. The registered manager had empowered staff to be actively involved in driving forward improvement and keeping up to date with best practice. This helped to monitor and improve the quality of the care provided to people.

In order to inform staff on the standards expected from CQC at inspection, the registered manager had introduced workshops for staff on the CQC inspection process. This guided staff on what they could expect

and help staff to be actively involved in the inspection process. It also included informing staff of the CQC, Key Lines of Enquiry and explaining why CQC visited and inspected services. It explained to staff that they should embrace the inspection process as a way of checking that the home was meeting people's needs and for identifying areas where improvements could be made. Staff we spoke with told us that this had enabled them to see the inspection as a positive and were keen to show off the home and they were confident when speaking with us. Therefore the registered manager had nurtured positive perceptions of CQC inspections to ensure they were transparent and open.

Regular newsletters were produced which were distributed to people, relatives and staff. The newsletters focused on individual people's achievements as well as reflecting on the past year and what they had done. There were photos of recent events that had taken place such as, staff news, birthdays in the coming month and there were also details of future events. There was an activities plan for the month and a quiz. People told us they enjoyed reading the newsletter and this kept them up to date with things happening in the home. This was a tool used to show off the things they were most proud of and encourage people's involvement in how the home was run.

Questionnaires were sent to people and their representatives to ask them their views on how the provider was meeting people's needs. The questionnaire asked for people's opinions of the home and invited comment on any shortfalls or areas for improvement. The last questionnaire was sent out in June 2016, approximately 50 questionnaires were sent out and so far there were 40 responses. The vast majority of people were very positive about the politeness, helpfulness and skill level of staff. They were positive about the cleanliness of the home and people described the atmosphere in the home as good or excellent. People's views had been used to make changes in an effort to continuously improve their practice and meet people's expectations.

The provider had a policy and procedure for quality assurance and viewed this as key to ensuring a high quality service was provided to people. The registered manager carried out spot checks of night staff by carrying out unannounced visits to check that everything was running smoothly. She ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits included: housekeeping audit, infection control audit, health and safety audit, training audit, supervision audit, fire audit, care plan audit, air mattress audit, medication audit, accident/incident audit and audit of concerns and complaints. These were also monitored and spot checked by the provider who carried out monthly visits. The provider produced a report after each visit. Any areas for improvement were noted and the registered manager produced an action plan to state how and when any shortfalls would be addressed. We were able to see a copy of the report of the last visit to the service and this showed that audits had been completed as required and there were no actions to take forward.

The provider had also introduced quality audits based on CQC Key Lines of Enquiry (KLOE) prompts to assess how the home was meeting people's needs. These audits were conducted by a manager from one of the provider's other homes to ensure an objective view of quality. External audits were also carried out by the supplying pharmacist, fire authority and environmental health officials. The robust quality monitoring systems in place ensured a thorough review and analysis of what worked well at the service and encouraged improvements to ensure people experienced safe and high quality care.

The registered manager and her two deputies worked closely with other professionals to ensure that people received effective and compassionate care. There were regular meetings with the admission avoidance matron's at a local hospital. The purpose of this meeting was to discuss ways care could be adapted to avoid any unnecessary admissions to hospital. This was a relatively new initiative and it was not yet clear if any progress on reducing hospital admissions had been made. However the regular monitoring which was

taking place will enable the registered manager to see any progress made.

The registered manager had signed the home up to the 'Social Care Commitment.' The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I Will' statements, with associated tasks. Each commitment focuses on the minimum standards required when working in care. The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care. The Registered manager said all staff will be involved and will complete each commitment and task in the coming weeks. The registered manager said completing the social care commitment will help focus staff and help them to enforce the values of delivering high quality care to people.

In the PIR sent to us the provider told us their plans for improvement these were: 'To develop a new monthly audit tool to be able to double check and assess audit process and to include a SOFI style observation into the process. SOFI is the Short Observational Framework for Inspection and is a way of observing care to help understand the experience of people who cannot communicate effectively. The PIR also told us it was intended to undertake further specific training in specific areas of resident need and make Champions in new areas to cascade information to whole team. Encourage staff reflective practice in groups to facilitate communication of the culture of the home and its high quality service provision expectation. It was also intended to seek out further local community groups who could bring facilities and services to our residents'. This showed that the provider and registered manager were focused on improving the service provided and to keep the service moving forward.

There were elements of the leadership in the service which could be developed further to achieve an "outstanding" rating. Particularly with regard to the involvement with community organisations, the creative approach to manual handling training, the appointment of 'champions' to empower staff to be actively involved in driving forward improvement, signing up to the 'Social Care Commitment' and introducing the workshops for staff to better understand the CQC inspection process.

We recommend the provider take steps to embed these aspects of the service over time to demonstrate the long-term impact and benefit to people using the service.

Note: For a good service to be rated outstanding there are additional key characteristics that make the service exceptional and distinctive. We further recommend that the provider and registered manager study the providers 'Residential adult social care services handbook' and particularly Appendix B: 'Characteristics of each rating level' to see how ratings can be improved. This can be found in the 'information for providers' on the CQC website.