

Affinity Trust

The Willows

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Willows is a residential care home providing personal care for up to six people. At the time of inspection, six people were living at the service. People living at the Willows had learning disabilities and some physical disabilities.

The Willows was an adapted building, in a bungalow style. The building was wheelchair accessible and had a large garden, that people liked to use.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

People were not able to tell us that they felt safe, however we observed them to feel relaxed around staff that knew them, and their support needs well. Risks to people were well known and there were robust assessments to address concerns.

There were enough staff to ensure people's needs and routines were met, and staff were recruited safely. The building was kept clean and safe through regular health and safety checks. People received their medicines safely from trained and competent staff.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had all received a variety of training to meet people's needs, such as epilepsy and managing behaviours that challenged. Staff had also received more specialised training in advanced communication techniques.

People's nutritional needs were consistently met, and guidance given by professionals followed by staff. People could choose what they wanted to eat and drink each day. People also received regular support from health and social care professionals to ensure their physical and emotional wellbeing.

Everyone we spoke to was consistent in their views that staff were kind, caring and attentive. One professional said, "Any interactions with residents I have seen during my visits have always been very supportive and caring." We observed that strong relationships had been built between people and staff, based on mutual respect and trust. People's dignity, privacy and independence was continually promoted.

People received personalised support centred around their support needs, preferences and choices. This was regularly reviewed with people, their relatives and professionals. People were engaged in a variety of activities of their choosing each day, based on their interests. This included building relationships with members of the community.

Staff, professionals and a relative spoke highly of the registered manager and felt the service was well-led. Audit processes were robust which meant that the registered manager had clear oversight of the service and people's experiences. The registered manager valued continuous learning and had on-going plans to improve the skills and knowledge of staff. They also sought regular feedback from people, relatives, staff and professionals to improve the service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (published August 2016)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

The Willows

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be staff at the service to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

People were not able to talk to us to share their views of the service, due to complex communication and support needs. Therefore, we observed six people's experiences living at The Willows, including meal-times, activities and interactions with staff. We spoke with five members of staff including the registered manager. 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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also pathway tracked two people. This is where we check that the records for people match the care and support they receive from staff.

After the inspection

We spoke with four professionals who regularly visit the service and one relative.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- Although people could not tell us they felt safe, we observed them to be calm and happy around staff that knew them well.
- Staff had all received safeguarding training and were knowledgeable of when someone might be at risk and who to report to. They gave examples of scenarios that may cause them concern and told us they would first go to the registered manager. One staff member said, "Our training helps us to recognise how people that can't tell us things verbally, could communicate they aren't happy or feel unsafe such as body language or facial expression. We keep an eye out for these and would investigate further if we needed to."
- Staff told us that they had a whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. One staff member said, "The idea of people being abused is horrific to me. I would absolutely tell someone if I suspected anything. There is no excuse for people being treated badly and I am pleased to say it doesn't happen here."

Assessing risk, safety monitoring and management

- Risks to people were identified, monitored and continuously reviewed to ensure people remained safe. Staff knew people very well and knew about risks to their wellbeing.
- People had robust risk assessments for areas of concern, such as moving and handling, going out and choking. These assessments gave very specific guidance to staff in how to manage risks and we observed staff supporting people in this way. For example, one person had specific guidance and equipment to support them with moving. We saw staff using this equipment safely and being aware of their environment and trip hazards.

- Some people displayed behaviours that challenged when they became anxious. They had positive behaviour support (PBS) plans that guided staff in what behaviours looked like, signs the person may be anxious and how to support them during this time. One person required staff to be calm and support them to do other activities when they became anxious. We observed staff following this guidance when they supported the person on inspection. Staff were kind and calm in their approach and helped the person to focus on another task. We then observed the person to appear much happier. They smiled, hugged the staff member and used Makaton (a form of sign language) to communicate 'Sorry'. PBS is a person-centred approach to supporting people who display behaviours that challenge. It involves understanding behaviours and why they occur, considering the person as a whole and implementing ways of supporting them. It involves teaching new skills to replace the behaviours that challenge.
- People with specific health conditions such as epilepsy, had detailed assessments to inform staff what seizures looked like, how to give emergency medicine and when to seek additional medical support.
- The registered manager told us it was important to them that people were supported to do the things they wanted and that risks were managed to help them achieve this. They told us that a professional had come in to do a 'Build a book' session with people and this had taught staff a lot about taking risks. They said, "The idea of the session was for people to build their own book with sensory materials. People were being supported to use saws and hammers and they loved it. It taught staff not to be risk averse."
- Staff completed regular health and safety checks of the building to ensure it was safe to live in, for example fire equipment, water temperatures and electrical equipment. Additional checks were also completed regularly by external health and safety professionals.
- People had easy read evacuation plans that told staff about their support needs in the event of an emergency. There was clear guidance for evacuating the building during the day and night. Fire drills had been completed regularly with staff and people. For staff that worked at night, the registered manager had involved other staff in simulating an emergency event, so as not to disrupt people at night.
- The registered manager told us that this simulated evacuation had actually highlighted areas for improvement when evacuating people and they had amended their fire protocols as a result. The registered manager said, "Not only did this help staff experience what an emergency is like, it also gave me time to reflect on areas that could be improved, and we sourced equipment to make evacuation go more smoothly."

Staffing and recruitment

- We saw there were enough staff to meet people's needs. We looked at rotas and saw that staffing reflected how people's support needs were met, were supported to attend medical appointments and ensured people got to do activities they enjoyed. Some people required 1-1 support with certain tasks or when going out and there was enough staff to make this happen.
- Staff told us they felt there were enough staff and that the registered manager was always available to help if there was sudden sickness or a person required additional support. During the inspection we observed staff asking the registered manager for support and they were immediately available to do so.
- A relative told us they felt people were kept safe. They said, "I think they're very safe. Staff are very conscientious, there is always enough staff and security is good."
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Using medicines safely

- People received their medicines safely from staff that were trained and competent to do so. Staff completed medicines training annually and had their competency accessed by the registered manager. This involved observation of practice and answering a medicine's quiz.
- People's medicines were kept in their bedrooms in locked cabinets and were stored in a clear and organised way. This promoted people's privacy and independence with managing their own medicines.
- Although we were unable to observe medicines practice, we talked to staff about how they gave medicines and they gave us a step by step account of how they supported people in a safe way. We observed people's Medicine Administration Records (MAR) and saw that people were given their medicines in the way they were prescribed.
- Some people had 'as required' medicines, (PRN) such as painkillers or for when they became anxious. There were detailed PRN protocols that advised of maximum dosage, how the person demonstrated they needed the medicine and when to seek further medical advice. For those people that required medicines to help them feel calmer, staff all told us this was a last resort and gave details of other methods they would use before offering this medicine. This was closely monitored by the registered manager and reviewed regularly by people's G.Ps.
- The registered manager and staff had recently volunteered to work with a pharmacist in reviewing people's medicines as part of the 'STOMP' campaign. (Stopping the over medication of people with a learning disability, autism or both) This looked at medicines for people with learning disabilities to ensure they were taking the right amount and benefitting from these.
- As a result of this work, some people's medicines had been reduced and this had a positive effect on their wellbeing. For example, it was identified that two people were experiencing side effects from some medicines. Since reducing these medicines, the side effects had stopped. The registered manager said, "Working with the pharmacist has really opened all our eyes about what works and what is necessary. The fact that some people are now not having side effects is wonderful and has meant they can also stop taking other medicines to prevent the side effects."

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained, with good practices in infection control.
- Staff had all received infection control training and we observed them to use Personal Protective Equipment (PPE) such as gloves and aprons when supporting people. They also encouraged people to wash their hands frequently before preparing food or after personal care.
- Maintenance was managed by the local authority. There was good oversight of this process and we could see requests had been made and reviewed to ensure they were completed in a timely way.
- Cleaning was allocated to staff in shift plans and where possible, people were encouraged to join in with keeping their home clean. We saw people being involved with taking their washing to the laundry room and being encouraged to put it in the washing machine themselves. The laundry room was clear and organised, and equipment was well maintained.

Learning lessons when things go wrong

- The registered manager had good oversight of accidents and incidents and analysed these to learn lessons and prevent them re-occurring.
- Incidents were reviewed monthly by the registered manager and any themes or trends were identified. These were then discussed with staff during staff meetings to ensure staff learned about areas for improvement as well.

- For example, one person had been involved in several incidents where they had become anxious and displayed behaviours that challenged. When reviewing these, it was identified that staff needed to be more consistent in their communication and not give specific times for events if they couldn't do them when promised. Staff were all aware of this communication need and since it had been reviewed, there had been less incidents.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people moved in, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. A relative said, "They asked my relative and I lots of questions to find out who they were and what was important to them. It was reassuring to go through this process."
- People's needs and choices were continually reviewed to ensure they were receiving the right care and support. A professional told us, "The home has some clients with complex needs and staff manage this really well. They are aware of care plans and ready to feed back if asked."

Staff support: induction, training, skills and experience

- Staff had received training in areas such as moving and handling, safeguarding, mental capacity, first aid and medicines and had the skills and knowledge to meet people's needs. Staff practice was observed by the registered manager annually in areas such as moving and handling and medicines, to ensure they were supporting people in the right way.
- A relative told us they thought staff were highly skilled. They said, "Staff have extra training to support people - they communicate very well with my relative and meet all their needs."
- Staff had received more specialised training in epilepsy and challenging behaviour to meet specific needs of people. This had included Strategies for Crisis Intervention and Prevention (SCIP) training for people that required additional support with behaviours that challenged. This training focuses on being proactive, rather than reactive to behaviours.
- For example, one person's PBS plan stated that they could become anxious if they wanted a drink and could display certain behaviours whilst waiting for one. During the inspection, this person went out for an activity and a staff member ensured that a drink was waiting for them when they returned to reduce the

likelihood of them becoming anxious.

- Staff had also received additional training in communication, for example intensive interaction. This is an approach designed for people who have autism or severe, profound or complex learning difficulties. One staff member said, "I really enjoyed this course and could apply what I learned directly to people we support. It taught me to relate to people and really try to put myself in their shoes to understand how they're feeling."
- We observed staff putting intensive interaction into practice during the inspection. One person communicated using vocal sounds and staff repeated these noises back to them. The person laughed and smiled following this interaction.
- Staff told us that they received a robust induction where they got to know people, their routines and what is expected of them in their role. This included shadowing more experienced staff. One staff member said, "I did 10 shadow shifts, which sounds like a lot, but it takes time to get to know people, their support needs and routines and I found this really beneficial." Another staff member said, "We were given time to read people's support plans and the company policies. I asked for extra time and the registered manager was flexible, giving me what I needed."
- New staff also completed the Care Certificate as part of induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Following induction, staff were supported in their roles with continued training, supervision and appraisals, where they could discuss areas of learning and set goals. This included the opportunity to do higher level qualifications in health and social care to increase skills and knowledge. One staff member said, "I find supervision really useful as I can get things off my chest. I told the registered manager I was interested in a dementia course and she located one for me. I can ask anything and not feel judged."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Menus were chosen by people based on their preferences and choices and staff showed us numerous alternatives if people decided they didn't want what was on offer.
- People and staff ate together and encouraged this to be a social experience where people engaged with each other. We observed people at breakfast and lunch time and saw staff using objects of reference, such as cereals or sandwich fillers, so people could choose what they wanted to eat and drink.
- Some people required their food or drink to be prepared in a specific way to reduce the risk of choking. They had received support from the Speech and Language Team (SaLT). Copies of this guidance were available for staff to look at and we observed them following this during the inspection. For example, one person required thickener to be added to their drinks and staff ensured it was the right consistency for them to drink safely. Another person ate quickly and required staff to sit with them and encourage them to slow down, to reduce the risk of choking. Their meals were given to them a bit at a time, rather than all at once and this further supported them to eat more slowly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had regular support from a variety of health and social care professionals to improve their physical and emotional wellbeing.
- We saw people had input from the community learning disability team, specialist nurses, physiotherapists, occupational therapists, challenging behaviour specialists, neurologists and their GPs.
- A relative told us that people were well looked after and their health promoted. They said, "Staff tell me

when my relative is ill and take them to the GP. They are really on the ball and notice the slightest change in their wellbeing."

- Professionals were positive about their working relationships with the service and the positive effect this had on people. A professional told us, "I have worked closely with staff and the registered manager and I really feel that due to the close communication we have, this has resulted in better outcomes for people." Another said, "Staff are very keen to take advice and ask appropriate questions to seek clarity and understanding."

Adapting service, design, decoration to meet people's needs

- The building had been adapted to ensure it met the needs of people.
- The design of the building was large and open plan, with wide corridors to allow for wheelchair access in all areas.
- There was mobility equipment in all bathrooms which included specialised baths, shower chairs, hoists and hand rails to meet people's physical needs. Bathrooms were spacious, allowing for the equipment to be moved around safely and comfortably for people.
- There was a large garden which was wheelchair accessible and staff told us in the summer months that people loved going outside for meals.
- Some people had sensory support needs and the conservatory had been turned into a sensory and activities room to meet those needs. This included mood lighting, sensory toys and games. Some people required a quiet space when they became anxious and staff told us that the sensory room was useful for this as an alternative to people's bedrooms.
- The registered manager told us that people used to have their own front door key but that not all people had the physical ability to use these. Therefore, they changed the locks on the doors to be accessed by a fob, rather than a key and this meant all people could use them. We observed staff encouraging a person to use their fob when they returned to the service.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's choice and consent was valued, and they were continually consulted about their care. We saw staff using various tools such as objects of reference or pictures to support people in making choices.
- Staff had a good understanding of the MCA and how it applied to people they supported. They told us that

even though some people could not verbally make a choice, they used other methods to communicate their decisions. For example, one staff member said, "Just because they can't verbally communicate, doesn't mean they can't tell us what they want. One person looks at choices and laughs if they want something and blows a raspberry if they don't."

- Where a person was assessed as lacking capacity, DoLS applications had been made. We viewed these applications and saw that no conditions had been made. However, the registered manager was aware of the need to meet these if anything changed.
- People's ability to consent to care had been assessed. Where people could not give consent, a best interest decision had been taken. For example, some people had sensors in their bedrooms to monitor for epilepsy, so staff could give appropriate support in an emergency. Views from others that were important to the person, such as relatives and professionals had also been considered when making decisions on people's behalf.
- One person received covert medicines. This involves medicine being disguised in food or drink if a person resists it when given openly. There was a best interest decision for this which had been completed by staff, the person's relative, a pharmacist, the SaLT team and a GP.
- The PIR for The Willows stated that, 'Capacity for the people we support is always assumed, but where there are concerns a person lacks capacity in certain areas for decisions, capacity will be assessed, and a best interest agreed ensuring the least restrictive option.' We saw examples of this in practice on inspection. For example, some people were at risk of leaving the building on their own and required support when going out. Instead of having locks on the doors, the provider installed an alarm system that alerted staff if people left the building. Staff could then check to see if the person needed support and go with them, rather than preventing them leaving. The registered manager's office was located by the front door, so they could also monitor who was leaving the building and support if needed.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has remained Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people could not tell us about the caring nature of staff, we observed that positive relationships had been built between people and staff. One person was laughing and making vocal noises that indicated they were happy when sitting with a staff member. Another person was smiling and humming which was an indication they were happy. We observed another person sitting next to a staff member and resting their head on their shoulder.
- Staff were friendly, calm and patient when working with people. They talked with them about their interests and engaged them in conversation during support. One staff member stroked a person's hair as they supported them to have a drink as this helped them to feel calm and relaxed.
- A relative spoke highly about the caring nature of staff. They said, "Staff are very sweet and very caring. They don't treat my relative like a child. My relative is the happiest I've ever known them, it's brilliant, absolutely fantastic."
- Professionals were also positive about staff. One professional told us, "I found the staff supportive of the person I was involved with, they knew their needs and were very helpful and considerate at all times I believe towards them." Another said, "It is always clear to me that staff have warm, caring relationships with residents."
- Staff were passionate about working with people and all told us they loved being at the service. One staff member said, "I just like helping people, if they're happy and doing things they enjoy, it's very rewarding." Other comments included, "I look forward to coming in each day and wouldn't want to be anywhere else" and, "The people are my favourite part of working here. I go home feeling like I've had a great day."
- Staff had a good understanding of equality and diversity. They understood people, their preferences and what made them unique. For example, two people were religious and were supported to go to church every Sunday, as well as to other church events. The registered manager said, "Staff have worked really hard at

supporting people to feel a part of the church community. They engage with members of the public and it has resulted in people building relationships with them."

- Staff talked about two other people who used wheelchairs and loved dancing. One staff member said, "Just because they can't walk, doesn't mean they can't dance. We take them to wheel chair dancing every two weeks and they love it."
- Some people were registered blind and staff provided support in a way that used their other senses. For example, one person was being supported to have a cup of tea. Staff explained to the person what it was and encouraged the person to smell it. They then gently pressed the cup to the person's lip, so they knew it was there and observed their facial expressions as to whether they were enjoying it or not.
- People's bedrooms were unique to them and their preferences and included photographs and other personal items to help them feel homelier. For example, one person loved the colour pink and had been supported to decorate their room this way. Another person was passionate about music and had music themed wallpaper.
- Two people had recently moved into The Willows from another home owned by the provider. For one person, staff understood the importance of familiarity, routine and structure and knew they could become anxious about change. The registered manager explained that to support with this, they initially decorated the person's bedroom in the same colours that they had in their previous room. "We wanted to give them familiarity and hopefully make the transition less stressful. It worked really well and even though we often offer to change wallpaper if they want, they always refuse."

Supporting people to express their views and be involved in making decisions about their care

- Staff listened to people, understood how they communicated decisions and valued their opinions.
- We saw that people were involved in regular meetings where they could discuss activities, health and safety in the home and menus. Easy read documents were used to discuss things with people and gain their choices. There was also a meetings book where photos, leaflets and sensory items had been used to engage people and involve them in the process.
- One person wanted to go on holiday and staff showed them leaflets and pictures to help them choose where they wanted to go. The person also sat with staff at the computer when booking the hotel, so they could choose where they wanted to stay.
- People were encouraged to be a part of the recruitment process and express their views about new staff. Potential candidates were invited to spend time at the home with people, and staff observed their interactions and people's responses as part of the process. This was then documented in staff's interview notes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was continually promoted and encouraged.
- We observed staff being respectful of people's privacy and dignity by closing doors when providing personal care and discussing support needs in the office so that information was kept confidential.
- Staff gave other examples of how they promoted people's privacy and dignity. One staff member said, "One person likes to take off their clothes and so we need to support them sensitively and encourage them to do this privately, rather than in front of other people." Another staff member said, "Every time we support people, whether it be with personal care or giving medicines, we close the doors and appreciate their need for privacy."
- Staff had all received training in maintaining confidentiality and understood the need to share information on a 'need to know' basis. People's care documentation was kept locked away in a cupboard to ensure that it could only be accessed by those that needed to.

- Staff and the registered manager told us that promoting people's independence was very important to them. They used the slogan, "Nothing about me, without me" to encourage inclusion and independence for people.
- We saw lots of examples of this happening throughout the inspection. People were encouraged to make drinks for themselves and for others with support from staff. Two people were supported to make their lunch. The staff member explained to them the process throughout and encouraged them to mix ingredients. Another person was encouraged to do the recycling with staff and take their washing to the laundry room.
- The registered manager said, "It could be that a person helps clean by holding the mop and receiving hand over hand support to wash the floor, or that they hold the food mixer when preparing dinner. It may seem like small things but even the small things are integral in supporting people to develop skills and independence."



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was tailored around their wishes, preferences and routines.
- Information gathered during pre-assessments was used to formulate detailed care plans centred around the person. This included information on likes, dislikes, specific health conditions, preferred routines. This information was presented in an easy read format to encourage participation and understanding for people when reviewing information.
- People had their own key-workers. This was a named member of staff who had a central role in their life and would oversee their support needs and care plans. There were profiles that detailed personalities, hobbies and interests of staff that people may prefer to work with. These were reviewed to ensure that people were matched to their key-workers as closely as possible.
- People and their relatives were regularly involved with reviews of their care. One relative said, "I am always invited to reviews and sent minutes afterwards." During this time, personal goals were considered and set based on people's choices. For example, one person wanted to go on holiday and a goal was set around supporting them to achieve this. Another person wished to go horse-riding and to a concert at the O2 and these goals were reviewed until they were achieved.
- To further involve people in their care, person centred plans (PCPs) had been created with people. One person had this in their own book whilst others had PCP boards in their bedrooms. These were created using pictures, sensory objects and photos of the person achieving their goals. Staff used these visual PCPs to regularly review goals with people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were knowledgeable about people's communication needs and there were detailed assessments highlighting support needs within their care plans. This included details on sounds, facial expressions, or behaviours a person could display and what this meant. It also included information of how a person presented when they were happy or upset.
- We observed staff using a variety of tools to communicate with people. For example, one person used Makaton (a form of sign language) and staff and the registered manager communicated with them this way. There were photos on the walls of activities and we observed staff referring to these and people pointing at the picture of what they wanted to do.
- There was easy read documentation available to people about what to expect from the provider, how to make complaints and how to keep people safe from abuse.
- Objects of reference had also been introduced for communicating with people about activities. For example, people were given oils to smell so that they understood the aromatherapist had visited and a small desk sized trolley to touch to indicate they were going food shopping. As part of staff development, the registered manager had asked each staff member to come up with an idea of other objects they could use, and this was due to be explored further at the next team meeting.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in activities that they enjoyed and that promoted their wellbeing. Each person had their own personalised activities plan that centred around their preferences.
- Some people attended hydrotherapy or swimming sessions, whilst another person attended a specialised gym to support people with physical needs. Other activities included horse-riding, rebound therapy, aromatherapy and cooking. People had been supported to go on holiday and to concerts or the theatre.
- People were encouraged to build relationships within the community. One person, who had recently moved into The Willows, loved books and was being supported to build relationships with staff at the local library. Even though they had moved towns, staff supported them to continue visiting their barber, who was important to them.
- Three people had been involved with a local 'Wheel and walk' charity event and there were pictures displayed around the home that showed this was enjoyed. The home had recently held a cake competition with other homes owned by the provider. Instead of having a judging panel, all people had tasted and voted on their favourite cakes. The registered manager was also proud that people at The Willows had been the first with profound physical and learning disabilities to take part in, 'It's a knock-out'. This is a selection of games and races in which people are encouraged to team build and compete against one another.
- A relative said, "People go out a lot and staff do so much with my relative. It's great."

Improving care quality in response to complaints or concerns

- Relatives told us that they had no reason to complain about the service but that they would have no issues contacting the registered manager or staff with any concerns. They were confident that any issues would be resolved quickly.
- There was a clear complaints procedure that was available in an easy read format for people. This had recently been reviewed and discussed with people in a resident's meeting.
- The most recent complaint had been received in 2017. We saw that the registered manager responded to the complaint in a timely way. They thanked the complainant for their feedback and resolved issues politely

and professionally.

End of life care and support

- Support given to people at the end of their lives was kind, compassionate and reflective of people's wishes.
- At the time of inspection, one person was receiving support with palliative care. The person's needs had changed quickly, and the registered manager had immediately sought support from a hospice, district nurses and an occupational therapist to get a specialised bed and medicines that would help the person remain comfortable.
- The registered manager said, "We accept that the person may have good and bad days. We want to encourage them to be as active as possible and do activities they love when they can." We observed staff supporting the person at their own pace and offering them outings that they liked to go on.
- Even though the person had been diagnosed as needing end of life care a couple of days before the inspection, the registered manager had already spoken with professionals, staff and relatives to devise a comprehensive end of life plan. This included information about how to recognise the person was in pain, how to manage and recognise decline in health and how to use equipment.
- The registered manager had already thought about ways they could support people to understand. They had accessed easy read documentation and social stories, which explained what end of life meant and what would happen next.
- The registered manager also told us it was important to them that staff received emotional support. "We are all shocked and upset. I need to help staff manage their grief so that they are strong to support the people living here." This included the use of a staff counselling service, should they wish to talk to someone outside of the service.



Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At their previous inspection, The Willows were rated Requires Improvement in well-led. This was because medicines, cleaning and health and safety audits had not been completed consistently. Fire drills and personal evacuation plans had not held relevant information about people. There was no clear oversight of maintenance issues.
- During this inspection we saw the audit process had improved. The registered manager completed numerous monthly checks, including health and safety of the building, medicines, complaints, staff documentation and training, accidents and incidents. People's documentation was audited every six months to ensure it was up to date and reflective of people's needs. The operations manager for the provider also completed quarterly audits, where they looked at the experiences of people, policies and documentation.
- The registered manager told us that these audits ensured they were able to identify patterns or trends in incidents and take action to improve. For example, through the medicines audit, they identified a number of recording errors with regard to medicines. Although these had no impact on people, the registered manager recognised the potential risk of not recording appropriately. Therefore, they provided additional training to staff and reviewed medicine competencies. Since this, the number of recording errors had declined.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although people could not tell us their views about the registered manager, we observed that people were

comfortable around them and that the registered manager knew them and their support needs extremely well. The registered manager spent time with people, talking to them about their interests. They communicated clearly and in people's preferred method. One person smiled and hugged the registered manager when they saw them.

- A relative knew the registered manager well and described them as "Very Good" and, "Friendly."
- Professionals were complimentary about the registered manager and how they supported people. One professional said, "I have built an excellent relationship with the care home manager, who is very caring towards the patients. They have been very responsive to my suggestions." Another told us, "The manager is clearly knowledgeable and a pleasure to work with. They have been instrumental in organising follow-up hospital visits for one person to ensure they received the equipment they require."
- Staff also spoke highly of the registered manager. Comments included, "They are so nice and always available for a chat if you need it" and, "They are very knowledgeable and caring about people, so it is easy to talk to them."
- Staff told us that they worked closely as a team and were constantly communicating with each other and the registered manager. One staff member said, "The registered manager encourages us to come up with ideas for issues ourselves and listens to them without judging."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff told us that an open and honest culture was promoted and that they were taught to share any concerns they had. One staff member said, "The registered manager would be the first person I went to if I was worried."
- The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the Safeguarding team and CQC.
- The registered manager told us that this openness included relatives of people when things happened. Relatives confirmed this, one telling us, "The registered manager is so informative and always keeps me in the picture."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was aware of the importance of obtaining feedback from people, staff, relatives and professionals to improve the service.
- Annual surveys were sent out for people, relatives, staff and professionals to gain their views of the service. People's surveys were in an easy read format and their responses to questions were recorded, such as facial expressions, to determine how they were feeling. We viewed the latest surveys and feedback was extremely positive from relatives and professionals.
- In the latest staff survey, feedback was that staff wanted more recognition for good practice. In response to this, the provider had introduced additional initiatives and awards. This included a 'Star award' to thank staff, annual awards ceremonies and celebrating staff that stayed working with the provider.
- Staff told us they had regular staff meetings where they had the opportunity to discuss people and their needs and any improvements needed. The registered manager also used this as a time to increase staff knowledge by inviting professionals to give presentations. We saw that the SaLT team and a physiotherapist had attended at recent meetings.

Continuous learning and improving care

- The registered manager recognised the importance of remaining up to date with current legislation and good practice and promoted new ways of working with staff.
- The registered manager told us about various exercises they planned to do with staff, to increase their understanding of people's experiences. This included 'feeding exercises' to develop staff understanding of what it feels like to be reliant on others for support with eating. The registered manager said, "This would include blindfolding staff and simulating putting too much food in their mouth or not supporting them to wipe their mouth, so they can feel what people could feel if we didn't support them in the right way."
- The registered manager was also planning to do this with moving and handling and getting staff to experience what it is like to be in a hoist. The registered manager said, "I want staff to understand how vulnerable you can feel in that position, so they can empathise with people."
- The registered manager was keen to develop their own skills and knowledge so that they could continue to guide and support staff in their roles. They had recently attended 'Tac pac' training. This approach is designed for people with complex needs and involves everyday objects to stimulate sensory needs. The registered manager was passionate that this could be beneficial to people at The Willows and planned to introduce this method to staff.

Working in partnership with others

- The registered manager told us it was important to them that they worked with others to improve outcomes for people. They worked regularly with pharmacists, GPs, specialist learning disability teams and social workers.
- Professionals were all complimentary of how the registered manager and staff worked with others. One professional said, "The manager encourages all senior staff to attend during my visits to ensure consistency of information given and follows up my report with their own action plan and progress made."
- The registered manager was involved with regular managers meetings for services owned by the same provider. This gave them opportunities to talk with managers from other services, discuss positive practice and review ideas.