

Action for Care Limited

Willow View

Inspection report

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Bradford
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Willow View is a care home providing accommodation and personal care for up to eight people who have a learning disability and who may have behaviour that may challenge others. There were eight people using the service at the time of our visit.

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

Willow View was exceptional at placing people at the heart of the service. The manager and staff of the service had a strong focus on people having as many opportunities as possible to develop their confidence, gain new skills and become as independent as they could. One family member said, "[My relative] has a very good quality of life here there is no doubt about it." A second family members aid, "I think it's excellent."

The outcomes for people using the service truly reflected the principles and values of Registering the Right Support in the promotion of choice, control, independence and inclusion. The registered manager constantly looked for ways to improve the service. They had engaged people with very complex emotional and behavioural needs in decisions and feedback at every opportunity and used therapeutic techniques to include people and respond to any issues that arose.

Relatives and people we spoke with during our inspection highly praised the service and the impact it was having. People were supported by staff who were determined to ensure people could make their own choices. Staff assisted people to make their wishes a reality.

There was a very positive culture in the service. Staff attributed this to the strong guidance in the service and believed the high levels of positivity in the service stemmed from outstanding leadership. People experienced excellent levels of staff support and interaction to lead fulfilling lives.

The service was safe and people were encouraged to live life to the full and enjoy taking supported risks.

People were supported to maintain optimum wellbeing and quality of life. Care plans were outcome focused, extremely detailed, accessible and based on robust assessments of need.

Relatives and professionals told us how people were highly valued, shown great respect and their dignity preserved. People were supported to have the optimum 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 were exceptionally caring. They all shared the same hopes and aspirations for people to continue to live the lifestyle of their choice. People's voices were of paramount importance in the service.

People experienced life in a homely building with a relaxed family atmosphere, which maximised personalisation and social living. The service had a welcoming feel and great care and attention had been taken to ensure each person had a bespoke living environment, which took into account their likes, preferences and sensory needs.

There was clear and consistent working with other professionals who supported people and staff were proactive and dedicated to promote people's physical and emotional wellbeing.

Recruitment practices for the service were safe. Staff were supported through induction, training, frequent observations and supervision.

The registered manager welcomed comments about the service. They had an accessible complaint's process available to people. The service had not received any complaints.

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

Rating at the last inspection

At the last inspection the service was rated good (last report published 13/06/2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service and re-inspect in line with the current rating. 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?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Willow View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection took place on 16 December 2019 and was unannounced. The inspection was conducted by one inspector.

Service and service type

Willow View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

What we did before the inspection

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, feedback from the local authority safeguarding team and commissioners. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and one of their relatives. Some people who used the service used non-verbal communication methods. As we were not familiar with their way of communicating we used different methods to help us understand their experiences. We spent time in the communal areas observing the care and support people received. We spent time looking at two people's care plans and other records. We looked at three records relating to staff recruitment, supervision and training, and various documents relating to the service's quality assurance systems. We spoke with the registered manager, the deputy manager, one senior support worker and three support workers.

After the inspection

Following our inspection, we spoke with three people's relatives and received feedback from one community professional.

Is the service safe?

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we saw people smiled and interacted happily with staff. One person said, "I like living at Willow View. I get all the support I need and I'm safe. If [name of person] has a bad day and shouts at me [name of manager] sorts it out. Yes, I feel safe."
- Staff we spoke with knew how to ensure people were safeguarded against abuse and the procedure to follow to report any incidents.

Assessing risk, safety monitoring and management

- Risks were minimised by detailed risk assessments, with clear directions for staff, and included the positive benefits of the right to take risks. They included taking part in a variety of activities outside the home, support to stay safe, mobility, nutrition and hydration, finances and specific health conditions.
- People had been involved in decisions about risk and their safety, for example regarding drinking alcohol or managing their own medicines.
- Fire safety measures were in place, and people and staff were aware of the procedure to follow in the event of the need to evacuate the building.
- The premises and equipment was safely managed and maintained to a high standard.
- Staff members we spoke with knew how to support people if they experienced behaviours that may challenge others and how to prevent this from occurring through diversion and proactive person-centred support.

Staffing and recruitment

- The registered provider deployed a good level of staff to meet people's assessed needs and enable people to safely lead the life they chose.
- Recruitment procedures were safe.

Using medicines safely

- People were protected against the risks associated with medicines because the provider had appropriate arrangements in place.
- Staff had completed regular medicines training and quarterly competence assessments.
- Medicines were stored and administered in line with good practice.
- Each person had a detailed medicines care plan, including for 'as required' medicines, such as Paracetamol. One 'as required' medicine protocol was inconsistent with the prescription. This was addressed straight away by the registered manager.

Preventing and controlling infection

- People were protected from the spread of infections by good staff practice and there was a good supply of personal protective equipment available.

Learning lessons when things go wrong

- The registered manager and provider demonstrated learning from incidents and proactive action to embed the prevention of future risks. For example, reviewing behavioural incidents and making adjustments to support, which reduced recurrence.

Is the service effective?

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 now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care

- The management team led a thoroughly planned and well-coordinated approach to ensure a smooth transition for people when they moved from other services. One family member said, "I'm very, very happy with [my relative] moving in. It was brilliant and was all worked out together with the past care home. [Name of relative] is very settled. It's a great staff team."
- There were many examples of excellent person-centred joint working where each person had unique complex physical, emotional and behavioural needs. For example, joint working with the local intensive support nurse regarding behaviour, and training with a specialist team regarding managing specific high-risk health conditions.

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

- People experienced highly effective support that was delivered in line with legislation, standards and evidence-based guidance to achieve their desired outcomes. For example, the home had achieved accreditation by the National Autistic Society for excellent practice in supporting people living with autistic spectrum disorder.

Staff support: induction, training, skills and experience

- The lives of people were greatly enhanced by staff who were determined to be led by the people and be their partners in care. For example; people were involved in staff recruitment as part of staff interview panels.
- Innovative training was delivered, such as a 'Autism virtual experience' to embed empathy and compassion in the service. Staff were provided with a thorough induction, training, supervision and appraisal to ensure they were able to meet people's needs effectively.
- Staff told us they felt very supported by managers and had regular supervision and an annual appraisal.

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

- There was a strong emphasis on eating and drinking well and staff promoted people's food preparation and self-help skills. People's individual dietary and cultural requirements and tastes were catered for and healthy eating was promoted.
- Nutritional and hydration needs were carefully monitored by staff and action taken if required. For example; one person was provided with a new cup displaying their favourite characters to encourage them to drink spontaneously more often.

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

- Bedrooms were personalised to individual tastes, as well as being adapted to individuals specific behavioural or physical needs. For example; One person who's behaviour may challenge others had trendy furniture, which also presented less risk, as it was soft and flexible. Another person had a floor-based environment appropriate for their needs.

Supporting people to live healthier lives, access healthcare services and support

- The service was proactive in identifying people's health needs, supporting them to access services and promoting healthy lifestyles.
- One person had recently been supported to visit the dentist in the community after a program of desensitisation. A further person's relative said, "[My relation] goes to the dentist, which is something they absolutely hated doing at one time."
- People had an up to date Health Action Plan and hospital passport to ensure information was easily shared between services. Complex health records were detailed, clear, in one place and up to date.

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.

- The registered managers proactive approach to promoting independence, autonomy and decision making led to one person being assessed as no longer requiring a DoLS to be authorised, as they had gained decision making skills over many years through therapeutic engagement and supported risk taking.
- We found DoLS had been applied for where appropriate and one condition was in place, which was being complied with.
- The staff members we spoke with had an excellent understanding of the Mental Capacity Act and it was clear from observations and records people's autonomy, choices and human rights were promoted.
- We found people had their capacity assessed where required, to determine their ability to provide lawful consent in areas such as consent to the care plan, medical interventions, health monitoring and finances.

Is the service caring?

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 as good. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong and visible person-centred culture, with staff going out of their way to ensure people were treated equally and fairly and participate in their community. People told us the team had a very caring approach and told us the registered manager was particularly caring and supportive.
- One relative said, "She [The manager] is just amazing that woman. It's just like talking to your friend, so caring, compassion, so much empathy."
- We observed staff consistently treated people with a very kind and compassionate manner.
- We saw lots of interaction, laughter and joking between people and staff, with people's faces lighting up when staff entered the room.
- All staff and the registered manager spoke to us about the people they supported in a caring, respectful manner and it was clear they knew people very well.
- One community professional said, "I saw a clear management presence and a compassionate and caring response to the arrival of [name of person]."
- Staff demonstrated they were highly motivated and committed to respecting people's equality, diversity and human rights and knew how to support the cultural needs of people from different ethnic and religious backgrounds.
- One staff member said, "I would recommend this home to a family member. We talk about it in staff meetings. That's a big thing for [name of manager]. She wants you to work as if it was your own family member." A second staff member said, "I would be happy for a relative to live here. I know they would be looked after."

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

- The service was excellent at ensuring those with complex emotional, physical and communication needs were kept fully involved and engaged, demonstrating an excellent approach to equality.
- We saw people were consulted and involved in every aspect of their lives regardless of communication styles or disability. Staff demonstrated a detailed knowledge of people's individual mannerisms and communication methods, and how to interpret these. One person's communication plan contained great detail about gestures and nonverbal cues and what this usually meant.
- People experienced support from staff they chose or were matched with in line with their tastes and interests, including the preferred gender of care staff. People had chosen their furnishings and décor, meals, holidays and how they spent their day.
- Advocates were involved for some people and they had given excellent recent written feedback about

every aspect of the service.

Respecting and promoting people's privacy, dignity and independence

- The promotion of privacy, dignity and independence was at the heart of the service's culture and values. There was plenty of space for people to spend time alone, but people were also able to easily socialise with others.
- People we spoke with said staff respected their privacy, dignity and independence.
- The dignity and respect champion completed staff observations to ensure dignity and respect were always promoted. One staff member said, "With personal care we cover people up if getting changed. We always knock before going in bedrooms. People have private time in bedrooms if needed." This was embedded in care plans and daily records.
- When people became distressed staff stepped in appropriately, making adjustments to the sensory environment or interacting with the person with good effect.
- Staff support to people had resulted in people achieving greater independence and new skills underpinned by growing confidence in their abilities. Staff never gave up promoting independence and they were genuinely pleased and proud of people's achievements.

Is the service responsive?

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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Everyone received exceptionally well-planned and co-ordinated person-centred support that was unique to and inclusive for them. Staff were fully familiar with people's likes and preferences including the music they liked to listen to, signs of distress or pain and people's individual communication styles, creating a truly person-centred environment.
- We observed staff using this detailed knowledge to make people comfortable, have fun and reduce any distress. It was clear staff were extremely dedicated and passionate about people.
- One relative told us since moving to the service their relative was a lot happier and risks to the person reduced significantly because their wellbeing had improved.
- Staff placed great importance on giving people choice and control. One person said, "Staff bring down my medication in the morning and advise me to take them. It's my choice."
- Several recent compliments from community professionals, recorded how impressed they were with the staff's extensive, detailed knowledge of people's needs and how well people were supported. Comments included, "[Name of person] is taking part in things that I was always informed they couldn't and wouldn't do. But the staff here have given [person] every opportunity to try and [person] is doing well." "I find staff really approachable and knowledgeable. I am really happy with the placement. ...Staff are consistent and support [name of person] well to access the community to ensure good quality of life."
- Care plans and risk assessments were easy read with individual photographs for visual learners. For example, one personal care plan contained photographs of a person in their favourite brand of clothing and at their favourite barbers. This promoted clear guidelines for staff as well as involvement and accessible communication.
- People had identified their goals and reviewed their achievements with their chosen core staff team. Person centred plans contained photographed of outcomes that had been achieved, for example, going on frequent trips to the seaside.

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.

- The service carefully considered people's nonverbal communication, such as reactions to external stimuli and put measures in place to support them, for example ensuring a low stimulus environment when one person returned from activities to support them to relax and avoid distress.

- One person had opted to complete 'Autism sensory awareness' training alongside staff to better understand their fellow residents. The person said, "Making noises is their sensory amusement."

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support focused on them having as many opportunities as possible to gain new skills and experiences and have fun, like other adults. One person said, "I have enough support with activities. It's actually really good like that. It's brilliant. Yes, my skills have also improved. I keep on top of hygiene and washing now."
- One family member said, "Everything is individual. They are trying to take some people out together now, as well, so they have friends. [My relative] goes to the seaside every Saturday and swimming. They do trampoline and soft play." A second family member said, "[My relatives] program is loaded. [They] go to bingo and swimming. They say they take [them] to the lake district and seaside."
- Staff and managers pushed the boundaries with activities, focusing on ability rather than disability. One person who had previously been unable to tolerate learning environments was supported to successfully complete a course they chose at the local library and was very proud of their achievement.

Supporting people to develop and maintain relationships to avoid social isolation

- The registered manager was innovative, and person centred in ensuring people were not isolated by their disability.
- One person who had not left the home for many years, despite professional interventions, had gradually responded to a very long program of desensitisation and was now going on short outings in the community twice a week.
- Staff were exceptionally committed to working with people and helping them maintain relationships that were important to them.
- People used Skype to keep in touch with friends and loved ones and most people had their own electronic tablets.

Improving care quality in response to complaints or concerns

- The management team created an open culture, where complaints and concerns were welcomed and learned from. One staff member said, "The manager did a complaints poster to invite complaints. We have not had any complaints because she is so open. If you tell her she remembers and takes action. It's done and sorted. She is remarkable."
- No one we spoke with had any complaints or concerns and no complaints had been received.

End of life care and support

- End of life care was not currently being delivered at the home.
- Discussions about people's end of life plans and wishes were recorded where people wished to do so, including spiritual and cultural needs.
- Plans that people had completed contained personalised photographs and symbols that were relevant to them. Best interest discussions had also taken place for some people to ensure their wishes and feelings were respected.

Is the service well-led?

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 good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The shared vision of a highly successful and inclusive service was driven by exceptional leadership.
- The registered manager's vision for the service was "Person-centred care and positive risk taking. Every decision made in any way, in this service, improves the experiences of our residents. We are doing small things and taking small steps in order to reach our destination, i.e. making a difference in the lives of people with a learning disability and mental health issues."
- One person said, "[The manager] is brilliant. She is fantastic. You can go to [name of manager] and talk to her and it's confidential, unless you want her to share with staff. I would recommend [Willow View] one hundred percent."
- Staff were energised by their work. Every staff member was driven by people having choice and control over their own lives. Staff revelled in people's successes no matter how small, which in turn led to people having increased confidence. Relatives confirmed the increased confidence and self-esteem.
- One relative said, "[Name of manager] is very supportive, she has been brilliant. If you have any concerns she acts straight away." A second relative said, "Oh yes, I definitely recommend it to others." A third relative said, "From what I know I would recommend. From the staff and everything they are brilliant with [my relative]."
- Staff praised their managers for positive high-quality leadership and support. One staff member said, "Without a doubt it is well led. [Name of manager] is brilliant. Not had a manager who is even close to her. She is very, very understanding, she is comfortable to talk to. She has done a lot for me." A second staff member said, "The manager cuts no corners. She has high standards. She is very good at her job."
- The service was continually being developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. Records showed staff had listened to people and their representatives, taken actions and very significant outcomes were achieved, for example a successful transition to the home and gaining confidence.
- These outcomes had improved people's quality of life and developed their aspirations. People were treated by everyone as unique with their own interests and pursuits.

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

- The registered manager made the duty of candour meaningful to people and staff with an open and honest approach. One staff member said, "I enjoy working here. Its family orientated. I love [name of managers] approach. You are allowed to make mistakes, as long as you learn from it. You can be

transparent and honest and can tell [name of manager]. She is the same with the service users. She has therapeutic sessions with service users and they gain from that."

- Reflective practice was recorded, and lessons learned were shared with the staff team and people.

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

- The management team constantly reviewed the service to optimise people's potential. Good governance was fully embedded into the running of the service.
- There was a strong focus on continuous improvement. The quality assurance team and managers completed audits and inspections of each service within the group and ensured actions were followed up to drive excellent care.
- There was a strong focus on learning from incidents and adverse events. For example, analyses of behavioural incidents, to reduce future risks.

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

- Leadership and management was of high quality and people who used the service and representatives were fully involved in how the service was run and operated.
- Family members felt the staff treated them as true partners. For example, one family member had joined staff training in autism to support their own understanding.
- Respect for people's responses in residents' meetings was clear in the records and the actions taken since the meetings, to fulfil people's wishes and choices.
- Staff told us they felt personally cared about and this in turn had led to positive team working. The registered manager held regular team meetings and coffee chats to gain feedback from staff and share ideas and good practice.
- People were supported to use local community facilities, such as shops, education, leisure and sports facilities, to promote good community relationships and promote equality and inclusion.

Continuous learning and improving care: Working in partnership with others

- There was a well-developed culture of questioning practice, reflection, learning and improving care services supported by leadership development.
- The registered manager had worked hard alongside other services in the group to gain accreditation by the National Autistic Society.
- The registered manager maintained their professional registration and used their skilled therapeutic approaches to improve outcomes for people and share good practice with the staff team.
- Managers were highly committed to working collaboratively with people. It was clear from compliments received from community professionals, the service worked collaboratively and proactively with other services to meet people's needs and drive up the quality of the service.
- Strong partnerships had been developed with other professionals to achieve people's goals and outcomes, including speech therapy, physiotherapy, occupational therapy, hospital consultants and education services.