



Making Social Care
Better for People

Inspecting for better lives

Key inspection report

Care homes for adults (18-65 years)

Name:	The Willows
Address:	72 Boreham Road Warminster Wiltshire BA12 9JN

The quality rating for this care home is:

two star good service

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full assessment of the service. We call this a 'key' inspection.

Lead inspector:	Date:
Sally Walker	2 3 0 7 2 0 0 9

This is a report of an inspection where we looked at how well this care home is meeting the needs of people who use it. There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

Our duty to regulate social care services is set out in the Care Standards Act 2000.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Willows
Address:	72 Boreham Road Warminster Wiltshire BA12 9JN
Telephone number:	01985215757
Fax number:	01985215554
Email address:	steve@exalon.net
Provider web address:	

Name of registered provider(s):	Exalon Care Homes Ltd
Type of registration:	care home
Number of places registered:	10

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	10	0
Additional conditions:		
The maximum number of service users who may be accommodated is 10.		
The registered person may provide the following category of service only: Care home only - Code PC to service users of either gender whose primary care needs on admission to the home are within the following category: Learning disability (Code LD)		

Date of last inspection								
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Brief description of the care home
The Willows is registered to provide care to up to ten people with a learning disability. It is owned by Exalon Care Homes Limited. www.exalon.net . Mr Steve Tayler is the registered manager. The Willows is a large detached Victorian property with a large enclosed garden to the rear. Two sitting rooms, a dining room, kitchen, utility are on the ground floor. People's bedrooms are located on the first and second floors, together with shared bathrooms with toilets. The manager's office is to the first floor. The home is situated a walk away from the centre of Warminster, with shops and amenities close by. As well as the home having two cars for the use of people who use the service, there are very good public transport links to neighbouring towns and further a field. Weekly fees are in the range of 1128.00 to 1459.00 pounds a week.

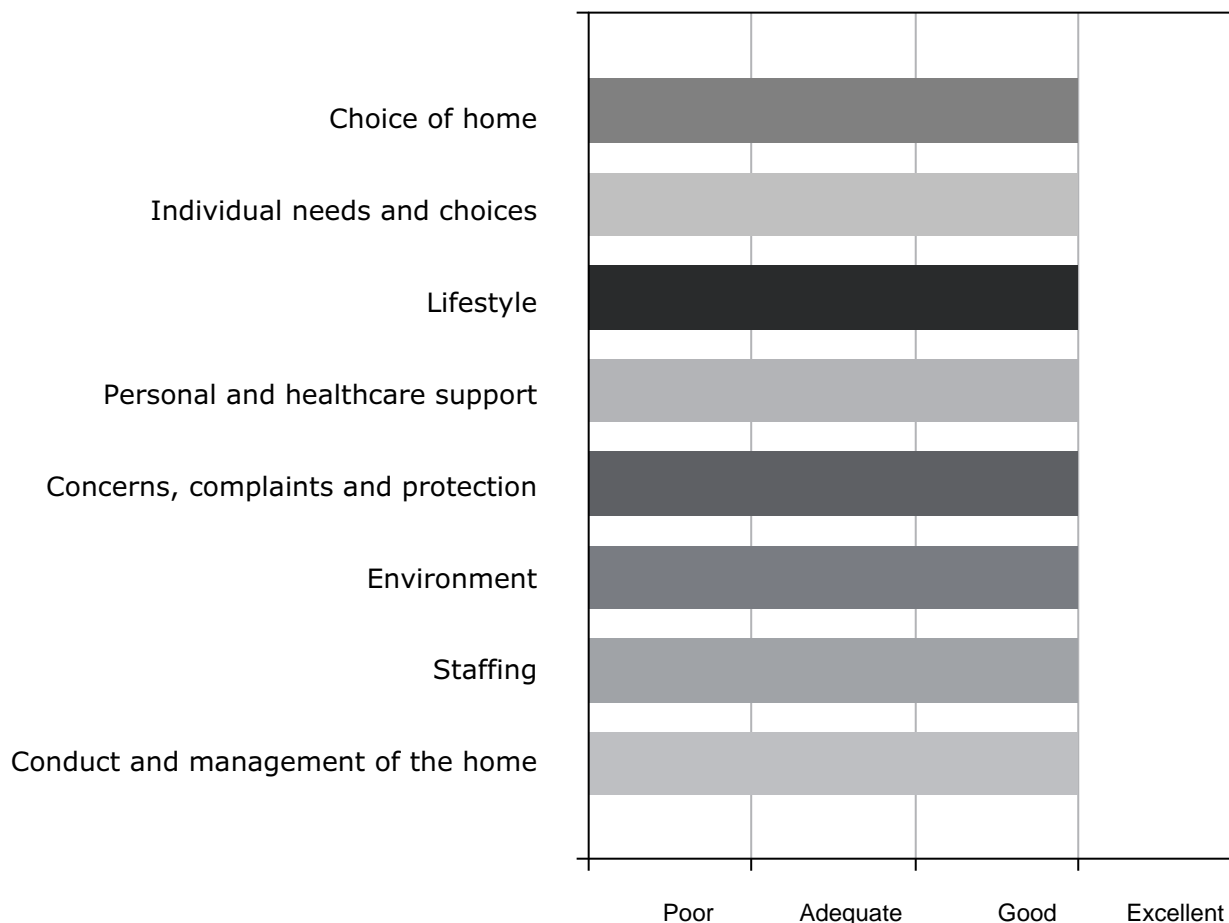
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

This unannounced Key inspection took place on 23rd July 2009 between 9.20am and 6.15pm. Mr Steven Tayler was present during the inspection. He was registered as manager in October 2008.

We spoke with people who use the service and staff. We looked at care records, risk assessments, menus, staff training and recruitment files. We made a tour of the communal parts of the building. One person showed us their bedroom.

As part of the inspection process we sent survey forms to the home for people who use the service, staff and healthcare professionals to tell us about the service. Comments are found in the relevant part of this report. We asked the home to fill out their AQAA

(Annual Quality Assurance Assessment). This is their own assessment of how well they are doing. It was filled out in full and returned on time. Some of the information we received can be found in the body of this report.

The last Key inspection was on 19th June 2008.

We looked at the information we received since the last inspection, so that we could decide which areas to focus on during the inspection.

The fees for the service are from 1128.00 to 1459.00 pounds a week depending on assessed need.

The judgements contained in this report have been made from evidence gathered during the inspection, which included a visit to the service and takes into account the views and experiences of people using the service.

What the care home does well:

The home makes sure that they know about people's care and support needs before they move in. People who are thinking about moving in can visit and stay over to meet with the people who live there so they get an idea of what the home is like.

People can discuss and make informed decisions about their lives. Risk management does not necessarily stop people from experiencing new things.

People benefit from having a healthy diet. People have good access to healthcare professionals when they need it. Any medical or behavioural advice is put into practice for people's well-being.

People enjoy different holidays that they choose themselves. People are supported to look at different things that they can do, including going to college or working.

People are encouraged to talk about anything that they are not happy with. If people make a complaint, the manager takes it seriously and finds out why things happen. He tells people what he has done about any complaint made. Staff know how to refer any concerns to the local safeguarding process.

People benefit from surroundings that are comfortable, well maintained, clean and homely.

There is a robust recruitment process in place.

Staff are available when people need them, during the day and at night. People can choose their keyworker. Staff have good access to relevant training.

Mr Taylor continues to seek ways to improve the service for the benefit of people who live there and staff.

What has improved since the last inspection?

People's care and support plans have been put on a new computer system. This has resulted in less duplication of records. People are consulted about how they wish to be supported with a more independent lifestyle. People who have detailed medical needs have guidance in their care plans about how they are supported to remain healthy.

People's needs, choices and aspirations are well documented in their care plans, including those people who had little purposeful activity in the past. Everyone has a range of things that they like to do during the day. Some people go to college, some people work and staff have lists of things that are happening in the area that people go to.

People are keeping their own medication locked in their bedrooms and are taking it when it is prescribed, with staff support if they need it. Tablet dosages have been changed by the pharmacy so staff are no longer cutting tablets in half. Topical creams are not kept all together, so if the label comes off, staff know who it belongs to. The medication administration records are now kept locked in the office. Handwritten

entries in the medication administration record are now witnessed, signed and dated by two staff.

The garden has been cleared and professionally laid out with different areas to sit in. People were asked what they wanted when the garden was designed.

People who smoke have a room where they can do this. This meets the guidance on a smoke free environment, for other people who live in the home.

Staff have benefited from access to more relevant training.

What they could do better:

Elements of the computerised care planning system that are not relevant to younger people should be discarded.

Care plans must identify whether people can bath alone without staff support and for how long they should be unsupported. Records must state if anyone must never be left alone when bathing.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line –0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Information about the home is in different formats that are easily accessible to people who are thinking about moving in. People have all their care and support needs assessed before moving in.

Evidence:

We saw that the home carried out detailed assessments with people who were considering using the service. Information was gathered from the person, their family, healthcare professionals and others involved in supporting them. New people had visited the home to meet the people who lived there. They had made overnight and weekend visits to see if the home was suitable for them. One of the people we spoke with told us about how they had come to live at The Willows. They told us about all the positives of moving and settling in.

We saw some of the DVD that the organisation had made so that people who are considering using the service could have visual information about the home. In the AQAA Mr Tayler told us "we are now introducing for new referrals alongside our current

Evidence:

assessment tools, the care calculator that will reflect the true cost of the assessed needs." Mr Tayler told us "all new service users are allocated a named link member of staff to ensure smooth transition. We also ensure that a member of the current service user group is identified as a 'Buddy' for the new service user so as to make them feel welcome."

One of the people who use the service told us in a survey "stayed on respite for a week or two to help decide."

One of the healthcare professionals told us "I feel they worked very well to make the transition from one home to another a very successful and welcoming experience for [the person] and feel they liaised at all times with family members as well as myself to ensure they did things right. They also went to great lengths to ensure the service user was fully involved in how [they] would like [their] room to be decorated and organised."

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Much work has been done to make sure that people's needs are recorded in their care plans. People now have more independent lifestyles and are supported in decision making and informed risk taking.

Evidence:

Action had been taken to address the requirement we made that care plans must capture people's current needs and how they are to be met and monitored. A computerised care recording system had been recently implemented. Care plans were more detailed and relevant to people's assessed need. We saw that the new care planning system identified some areas which related more to working with older people, rather than younger people with learning disabilities or mental health care needs. This meant that assessments were being carried out on whether people had dementia or continence issues. Mr Tayler told us that this would be fed back to the supplier so that the assessments and care plans were more relevant to people using the service. Other risks which were more relevant to younger people with more

Evidence:

independent lifestyles were documented.

People had signed their care plans and now attended regular reviews of their care and support with family, care managers and healthcare professionals. The keyworkers made a monthly report on people's current care and support needs. People now talked about their goals and achievements when they met with their keyworker each month.

One of the people we spoke with told us that they chose the member of staff who was their keyworker who was the same gender. They said that there was a co-keyworker if they were on leave.

Staff were trained in managing behaviours and behaviour management strategies were in place. We have seen a reduction in notification to us about incidents in the last year. Care plans identified strategies for managing any behaviours. These had been developed with specialist behaviour nurses.

Staff had received training in the Mental Capacity Act 2005 and deprivation of liberty.

One of the healthcare professionals told us in a survey "the service are very aware for the need for privacy and have created very pleasant areas for individuals. There is a flexible and supportive style of support. Choice and making decisions are actively encouraged and due to the flexible but reasoned response people can make safe, individual choice. To my knowledge the service responds positively to individual need and have supported areas of a sensitive nature very well."

Another healthcare professional told us "my impression of the service is that the manager and staff work and promote person centred practice and have an ethos of supporting service users to live the life they choose. The Willows specialises in working with adults with learning disabilities and mental health needs and has strategies that define boundaries and offer supportive and therapeutic approaches." A third healthcare professional told us "I feel the care home manages some complex and challenging behaviours well."

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are doing lots of different things that were not made available to them before. People benefit from being encouraged to do more things that interest them like going to college or working. People have appropriate personal, family and sexual relationships. People benefit from having an improved healthy diet.

Evidence:

Action had been taken to address the requirement we made that people have opportunities for appropriate and purposeful activities and occupation. Significant efforts had been made during the last year to make sure that everyone who uses the service has a programme of activities and education. Each person had attended some courses at Trowbridge College. Mr Tayler told us that the college had finished for the summer but people had registered for new courses for the Autumn. Some of the courses included stress management, relaxation, computers, photography and art.

Evidence:

Individual monthly planning meetings had been introduced to look at other things people could be involved in. Mr Tayler told us that one person had achieved employment as a result of these meetings. Another outcome had been the introduction of pet rabbits which some people had asked for. In the AQAA Mr Tayler told us that he had introduced a 'thoughts board'. He said this was to capture people's wishes and aspirations that they may not have discussed in their meetings with their keyworker. People were appropriately supported if they wanted to have a sexual relationship.

In the AQAA Mr Tayler told us he planned to develop an activities co-ordinator from the staff team. This was so that people's access to employment and other activities could be developed.

One of the senior staff was the home's ASDAN (Award Scheme Development and Accreditation Network) qualified assessor. This meant that people could access different learning opportunities in education and personal development and have a recognised qualification. One person was undertaking an award in animal care at a local educational farm. Another senior staff had produced individual work folders with each person. These showed how people were supported in achieving realistic goals and work on daily life skills and tasks. Everyone had been involved in work on healthy eating. There were photographs of people engaged in some of this work.

Some people went to different local day services. Other people had part time employment and this was being sought for other people. We met one person who was involved in local action groups. Another person was a member of a local drama group. We saw photos of their performance at a local theatre.

People now have access to the internet and a Blog had been set up for information sharing with peoples families and friends. Some people have their own laptops or can use the computer in the new activities room. A rota had been set up so that everyone had a chance to use the computer. People were encouraged to keep in touch with family and friends who regularly visited. Individual post boxes had been provided outside each person's bedroom.

People had painted pictures which were displayed on the walls. Other activities included ballroom dancing, clubs, going to the local pub, coffee and cake in a local cafe, walks, feeding birds in the park and exercise. One of the staff told us that people would often decide on the spur of the moment to go out for a picnic if the weather was good.

The downstairs office had been redecorated and refurbished as an activity room. There was a flat screen television, play station, DVD player, music equipment, snooker table

Evidence:

and the computer with internet access. Staff had collated information about all the different events and leisure facilities that could be accessed locally. The home had two vehicles to take people to their different activities. People also used public transport.

People were planning their holidays for the year. Some people had days out. One person told us they were going camping with someone else who lived there and their keyworker. Other people had planned to go to Minehead and Bognor Regis.

One of the people we spoke with told us "I'm getting out more. I go to the markets and into town shopping." They also told us they were going on holiday to Weymouth. Another person told us that they enjoyed fishing and had permits to different local lakes. They showed us photographs of their fishing trips and told us that they had planned a fishing holiday with their keyworker in Cornwall. Another person had gone for a day out in Poole.

Another person told us they liked to play games and watch films. They said they liked to spend some time on their own. They told us that they were getting to know what was available to do locally and familiarising themselves with the town.

When we visited some people went to a market in Devizes. Later in the day some other people had attempted to go to the seaside but bad weather on the way meant that they went somewhere nearer instead.

One of the people who use the service told us in a survey "I would like to do go karting Laser Quest."

One of the healthcare professionals told us in a survey "people settled happy, getting more out of life." They told us about how their client was much more happy and settled since moving to The Willows. Another healthcare professional told us "the care provider are always seeking advice on how to manage the individual better. They have always acted upon advice given. Individuals have their own room to be in and are able to access the large garden/outside to have privacy. The care service encourages independence as far as possible. My individual is being supported in the activities [they] choose."

One of the staff told us that they were pleased that the staff tee shirts with the name of the home on had been discarded. This meant that people were not stigmatised when they went out with staff.

People were involved in shopping and preparing meals. People had discussed and developed new menus. These took into consideration peoples likes, dislikes, any

Evidence:

special diets and the work that had been done in nutrition and healthy eating. One person told us that they had a special diet and there was a list in the kitchen of all the things they didn't like. They said they sometimes did some cooking. They said everyone helped themselves to breakfast. Another person showed us the selection of snacks that were available for them to help themselves to for lunch. There were tins of soup, beans and macaroni cheese. They showed us the bowl of fresh fruit that people could help themselves to.

We saw that people had different things for lunch. We saw staff offer support to some people who needed help to eat their lunch. People who had been assessed as needing nutritional support had food supplements prescribed.

Some people had gone with staff to buy the weekly food shopping.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People experience good support in managing their health and personal care needs. Everyone has a health action plan. Efforts have been made to make sure that staff better support people's emotional wellbeing and behaviour management. People are supported to safely administer their own medication.

Evidence:

People were independent and did not need support with intimate personal care. People had chosen who their keyworker was. One person we spoke to told us they were pleased to have a keyworker of the same gender. There were nearly equal numbers of male and female staff. This meant that people could choose the gender of people who supported them with personal care or other matters. Staff told us that some people may need support with bathing or showering. We saw that risk assessments had been carried out with people about bathing or showering. We saw that the records were not clear about whether, and for how long, people could be safely left alone when in the bath or shower.

People had signed their care plans and were involved in the review of their care. Hard

Evidence:

copies were available of the care plans that were generated electronically. Staff made entries each day. The computer files were set up so that staff could not change essential information and if daily records were changed, these changes could be tracked and identified. The computer enabled Mr Tayler to see whether regular checks on people's wellbeing were carried out. He said that people had very good access to different healthcare professionals. People were encouraged to make their own medical appointments.

Staff had received training in nutrition and health. We saw that health action plans had been developed with individuals to support them with choosing a more healthy diet. People were weighed each month. Staff had received training in supporting people to manage diabetes. The district nurse had been involved in supporting people who may have diabetes, to manage the condition with staff support. One person was now testing their own blood glucose levels and administering their own insulin. They had a fridge in their bedroom for insulin storage. The nurse and GP were monitoring their condition. We saw that the care plan did not have much information about how the person was supported with managing diabetes although we saw that this information was available in other parts of their file. We saw that the person was following a diet sheet. There was a food and fluid intake chart which was filled out each day. There was also guidance on what to eat and which foods to avoid for the person's continued wellbeing.

Staff had received training in supporting people with epilepsy.

Mr Tayler had sought information from the Health Protection Agency website and produced an action plan and guidance in relation to Swine Flu.

People could administer their medication following a risk assessment. Staff administered medication following training by the supplying pharmacist and from the senior staff with delegated responsibility for medication. Updated training was undertaken yearly. Mr Tayler had amended the medication policy. People who use the service, as well as staff signed the medication administration record when medication had been administered. If people did not administer their own medication two staff signed the medication administration record. We saw that care plans did not always state why people should take a medication which was prescribed to be taken only when required. We saw that one person was prescribed three different medications for pain. These were not identified in their care plan as to when each different one was to be given.

Action had been taken to address the requirement we made that any requests from GPs regarding specific information on peoples medication is followed up if the GP does

Evidence:

not reply. On coming into post Mr Tayler met with all the GPs and reviews of people's medication were carried out. He told us that he had now developed a good working relationship with the surgery and the lead nurse. He had regular meetings with the practice manager. He told us how one person had benefited from the reduction of some of their medication by the clinical psychiatrist.

One of the people we spoke with told us that staff would make appointments if they needed to see their GP. People had had an annual health check carried out by the Primary Care Team.

Action had been taken to address the requirement we made that confidential medication administration records are kept securely. At the last inspection we recommended that cutting tablets should be discussed with the supplying pharmacist. Mr Tayler told us that no tablets were being cut. We also recommended that prescribed topical creams should retain their labels and if the label had come off the cream should be discarded. As topical creams are not now stored centrally they can be identified to each person. Action had been taken to address the good practice recommendation we made that handwritten entries in the medication administration record should be witnessed, signed and dated.

The supplying pharmacist had provided the home with a file containing data about each medication that people were taking. There was also a book about medication that staff could read.

People had access to bereavement counselling when needed.

One of the healthcare professionals told us in a survey "in my experience the service are very receptive regarding health needs and work positively and proactively with health and allied health professionals. Joint work with nurses and specialist nurses eg diabetic nurses very good. I am impressed with recent addition of meds being securely kept in individuals bedrooms making this a private and person focused process." Another healthcare professional told us, in answer to the question whether the home sought and acted on advice on health care needs, said "Willows staff have acted very appropriately in this area. Staff have been very attentive and responded to recommendations. [Medication] Staff are working closely with the district nurses in relation to this issue."

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to make their views known if they are unhappy about anything. Complaints are taken seriously and fully investigated. Systems are in place to help protect people from harm or abuse.

Evidence:

The home had a complaints procedure which was produced in an easy read and pictorial format. The procedure was included in the information pack given to people when they made inquiries about the home. People had statements in their care plans as to whether they could use the complaints procedure or would need support. In the AQAA Mr Tayler told us "all service users are given information regarding the Swan advocacy service with a view to all having individual representation and access to this service." There was a complaints log with information about any investigations and response to complainants.

Staff had attended training by the local authority in safeguarding people who may be vulnerable. We asked staff about how they would deal with allegations or observations of abuse. They were quick to explain the local procedure. We have seen a reduction in the number of incidents referred to the local safeguarding process in the last year. One of the newer staff told us that they had been asked what they would do in a given scenario when they had been interviewed for their job. A copy of the local procedure was available in the office and all staff had been given their own copy.

Evidence:

The manager had a list of contractors who were used because checks had been carried out with the Criminal Records Bureau on their suitability to be in contact with people who may be vulnerable.

Two of the people who use the service told us in surveys that they "would speak to staff" if they wanted to make a complaint. One of these people said "I would ask staff to write it out for me. I would tell them what to say."

One of the healthcare professionals told us in a survey "responses have been open, shared and outcomes satisfactory to the person concerned, good and right for them." Another healthcare professional told us "the manager is always willing to listen to concerns and will act on them." A third healthcare professional told us "the care home have responded quickly to any issues or requests from myself or family or the person." A fourth healthcare professional told us "whilst I have not had concerns staff have responded to recommendations and advice appropriately and promptly." Another healthcare professional told us "the staff team respond appropriately if concerns are raised about persons within the service."

People have a lockable facility in their bedrooms where they keep valuables and small amounts of cash. Some people were supported to manage their money. Records and receipts were kept of all transactions. Only the manager and senior staff had access to the lockable facilities and some people brought their tins to the office for support with how they spent and budgeted their money.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a comfortable, well maintained, clean and homely environment that has been improved over the last year.

Evidence:

All of the bedrooms were singles. Three bedrooms had an ensuite. The bedrooms were on three floors. People told us that they had keys to their bedrooms. One of the staff told us that people's individual space was respected and they only went into people's rooms when invited. They said there was a master key if they needed to go into a bedroom in an emergency. We asked them how they made sure that people's bedrooms were safe and clean if they only went in when asked. They told us that the keyworkers would address any health and safety or cleanliness issues as part of the keyworker role.

Significant effort had been made to improve the garden. It is a large area with different seating areas. People had consulted with the designer about what sort of garden they wanted. There was a patio area near to the house with a barbecue. A section had been put to raised plots where people were growing vegetables. One of the people we spoke to told us about the quiet area near the bottom of the garden. They told us that people used it to "chill out."

Evidence:

There was a programme of maintenance and redecoration of the building. Many of the rooms had been redecorated with people involved in choosing colour schemes. The bathrooms had been redecorated and one of the broken bath panels had been replaced.

Action had been taken to address the good practice recommendation we made that the Department of Health's Smoke Free guidance was put into place to provide an area where people could smoke and not affect anyone else who used the service. The room where people had smoked had been refurbished and redecorated and turned into a dining room. The old dining room had been redecorated and re-designated as a smoking room. All staff are required to undertake training in infection control.

People are now more involved in some of the domestic tasks. We saw a washing up rota in the kitchen and people had allocated time for using the laundry machines. People were supported to clean and tidy their bedrooms with their keyworker. A member of staff was employed to carry out cleaning and gardening.

One of the people who use the service told us in a survey "would like some of the older furniture and pictures replaced."

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a staff group who are qualified and experienced. Staff are available to support people when they need it. People are protected by a robust recruitment process. Staff are well supported by the manager.

Evidence:

There had been significant changes to the staff team. The home was now fully staffed with less reliance on agency staff. More staff with experience and training had been recruited. The staffing rota had been changed. There were a minimum of four staff during the day with other staff starting at different times for specific support. This meant that people now have staff available when they want them. It also meant that staff were now not working exceptionally long hours. There were now four senior staff to cover each of the shifts. There were two waking night staff. There was a board in the entrance hall where people could see photographs of the staff who were on duty each day.

One of the newer staff told us that they felt they had had a good period of induction with their supervisor. They said they had also had training in epilepsy awareness, managing behaviours that challenge, medication, moving and handling, safeguarding people and person centred care planning. They were undertaking NVQ Level 2. They

Evidence:

said they were booked on courses in mental health in learning disability and Makaton, a form of communication using gestures. They told us they had done e-learning training in health and safety, first aid, dementia, fire safety and infection control. In the AQAA Mr Tayler told us that new staff were inducted into the Skills for Care standards and expected to undertake the Learning Disability Qualification.

In the AQAA Mr Tayler told us that 70% of staff had NVQ Level 2 and 40% were undertaking NVQ Level 3.

One staff told us "we are always doing training. They are very good at providing training." They said they had recently trained in the Mental Capacity Act 2006 and diabetes. They said they were asked about training needs in supervision. In the AQAA Mr Tayler told us "we are planning to introduce training for all staff on equality and diversity via a staff meeting." One of the staff had trained in providing relaxation massage to people who use the service.

The new computerised recording system enabled Mr Tayler to set an individual record of each member of staffs training that they had undertaken. This information could then be collated into a training matrix which showed essential training and when updated training was needed. Training was either e-learning, as part of staff meetings or outsourced courses. Training was identified according to the different staff roles.

One of the staff told us in a survey "all checks were done prior to my employment. My CRB took some time to arrive; this prevented me doing any lone working. I was pova checked." We looked at some of the staff recruitment files. All the documents and information that we require had been obtained. Mr Tayler told us that people who use the service met with potential staff and contributed to the recruitment process. We established that no one commenced working at the home until their suitability to work with people who may be vulnerable had been checked with the Criminal Records Bureau.

One of the staff told us that each staff had a delegated area of responsibility, for example, fire safety, menu planning, medication or finances. They told us that staff worked well as a team.

All staff now had regular monthly supervision. Senior staff had supervision with Mr Tayler at the company headquarters. We saw the planning matrix for each staff to receive supervision.

One of the healthcare professionals told us in a survey "Steve Taylor has worked hard with the organisation to ensure staff training is relevant. The team also are proactive

Evidence:

in seeking advice/support/skills base on an individual basis of need. Sufficient staffing to enable individuals to pursue their own likes/choices." Another healthcare professional told us "The individual is for the first time letting staff in and trusting them more. This is because the staff now have the right skills to support [them]. Some staff have left resulting in a better work force."

A third healthcare professional told us "The Willows staff team are experienced in supporting adults with mental issues with a focus on preventative approaches which leads me to feel confident that the staff have the right skills and experience to support the person."

A fourth healthcare professional told us "since the new manager has been in post; I feel that The Willows have found a new direction. Staff appear motivated and service users focus and my experiences with staff have been very positive. [Can improve] Continued staff training in relation to LD, epilepsy and dual diagnosis is essential." Another healthcare professional told us "in the last year there have been a lot of changes to the staff team at the Willows. Although there are a lot of new staff, quite a few with inexperience the skill mix with more experienced staff is very good."

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People benefit from a manager who is qualified and experienced. People have benefited from positive changes introduced by the manager in the last year. The home is run in people's best interests. People's health and safety is protected.

Evidence:

Mr Tayler took over the running of the home in May 2008 and was registered with us in October 2008. He had only been in post for five weeks at the last inspection on 19th June 2008, and was aware of what he needed to do to improve the service.

Mr Tayler told us he was nearing completion of the Leadership and Management for Care Services Award. He told us about training he had undertaken since coming to post. This included health and safety and risk assessment for the care profession, nutrition and health, food hygiene, first aid, fire safety and safeguarding people.

All of the staff we spoke with told us that they felt well supported by Mr Tayler. One of the staff told us about all the positive changes since he was managing the home. They

Evidence:

said that the people who use the service now had a better quality of life and more opportunities for development. Another staff told us that Mr Tayler was "very approachable."

Action had been taken to address the good practice recommendation we made that daily records provide an accurate reflection of the daily experiences of people who use the service. We said that staff should avoid unclear statements. Action had also been taken to address the good practice recommendation we made that any amendments to care plans are signed and dated for monitoring purposes. We also recommended that the records should be rationalise to reduce duplication. The new recording system required that staff make a record each day for each person. All entries on the computer were dated and the entry could be related to which staff made the entry. This recording system eliminated any duplication of records.

The home had a quality assurance system which took into account the views of people who use the service, their families, staff and others involved in their care and support. Questionnaires were sent to people who use the service and others involved in their care. The results were collated by the organisation's administration manager and informed the homes business plan. Monthly Service Users meetings were held with minutes kept. The minutes showed action points and outcomes from the previous meeting.

Staff were required to undertake regular training in fire safety, first aid, food hygiene, health and safety and moving and handling. The computer system enabled Mr Tayler to check whether health and safety checks were carried out, including fire safety information. There was a maintenance plan in place.

Mr Tayler now had the support of a part time administrator. One of the staff told us in a survey "there is good communication between the manager and all staff. There is a good culture of inclusion in the home, which has created the family atmosphere which is evident in the home." Another staff told us "I have regular supervisions with Steve and feel very supported by him as my manager."

One of the healthcare professionals told us in a survey "the service at The Willows has improved over the last couple of years and in particular since the new manager, Steve, has been in post. He has worked well with his team making changes and enabling a flexible and supportive response to those in his care. Also enabling staff to utilise their skills, gain confidence and knowledge." Another healthcare professional told us "I believe the care service has drastically improved since Steve has been in post as manager."

Evidence:

A third healthcare professional told us "the staff team are now better managed and organised and this is seen by a much improved service provided. It is a pleasure to go into the Willows, meet with service users or with staff. It is obvious that over the last 12 months a lot of time and effort has gone into improving the service. I have been very impressed with the improvements that the Willows have made."

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action
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Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action
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Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	18	13	Care plans must identify whether people can bath alone without staff support and for how long. Records must state if anyone must never be left alone when bathing. So that people are not at risk of drowning.	31/08/2009

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No.	Refer to Standard	Good Practice Recommendations
1	6	Elements of the computerised care planning system that are not relevant to younger people should be discarded.

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