

My the Orchards Ltd

# Willow Tree House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Willow Tree House is a residential care home with a supported living facility registered at the same address, this is known as The Willows Care Village. The residential care home (Willow Tree House) is purpose built residential home and can provide accommodation and personal care for up to 60 people. At the time of the inspection there were 41 people living there.

In September 2018 the regulated activity of personal care was added to the providers registration. The supported living facility is an adapted property providing 40 self-contained flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were thirty people resident in the home at least five of these required personal care

People's experience of using this service: Willow Tree House (Residential Care).

People told us they felt safe living at Willow Tree House.

The risks to people had been assessed and people and where appropriate their relatives had been involved in compiling care plans. Staff were knowledgeable about the range of needs people had. People were supported with their medicines in a safe way.

Appropriate recruitment checks had been carried out to ensure staff were suitable to work at the service. Training relevant to people's support had been undertaken by staff. The staff team felt involved in the running of the home and were supported by the registered manager.

People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy.

People were involved in making decisions about their care and support. Staff obtained people's consent before commencing with care and support. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

There were systems in place to monitor the quality and safety of the service being provided. People's views of the service were sought through regular meetings, surveys and informal chats. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

People's experience of using this service: The Willows Care Village (Supported Living).

People told us they felt safe living at The Willows Care Village.

The risks to people had been assessed and people had been involved in compiling care plans. However, assessments were not updated and so care plans did not fully reflect the level of personal care people were assisted with. Staff are not employed in numbers to assist people with their personal care needs.

People's views of the service were sought through regular meetings. Concerns about the meal provision in the home had been raised by people and the registered manager had attempted, unsuccessfully to remedy the situation.

Staff were knowledgeable about the range of needs people had. People were supported with their medicines in a safe way, though people who required assistance with their medicines had them held in the office.

Appropriate recruitment checks had been carried out to ensure staff were suitable to work at the service. Training relevant to people's support had been undertaken by staff.

People accessed healthcare services when they needed them, and they were supported to eat and drink enough to remain healthy.

People were involved in making decisions about their care and support. Staff obtained people's consent before commencing with care and support. People were supported by a staff team who were kind and caring and treated them in a considerate and respectful manner.

There were systems in place to monitor the quality and safety of the service being provided. A complaints procedure was in place and people knew what to do if they had a concern of any kind.

The registered manager understood their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

More information can be found in the detailed findings below.

Rating at last inspection: The residential home was rated Good at the last inspection in 2016.

This is the first inspection of the Supported living service.

Why we inspected: The inspection was prompted in part by notification of a specific incident. This incident is subject to a continuing safeguarding investigation by the local authority.

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?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Willow Tree House

## 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 checked 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 was carried out by one inspector.

#### Service and service type

Willow Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care, this home provides accommodation for up to 60 people. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Both services 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

The inspection to Willow Tree House was unannounced for the first day. We announced our return for the second day and announced both days of the inspection of The Willows Care Village.

#### What we did

Before the inspection we reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. We used information the

provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During the inspection at Willow Tree House we spoke with five people using the service and four relatives. We also spoke with the provider (owner), the area manager, the deputising manager (from another home), the deputy manager, three care staff, two domestic staff and cook.

During the inspection at The Willows Care Village we spoke with four people using the service. We also spoke with the area manager, the deputising manager (from another home), the deputy manager, two support staff and two domestic staff.

We observed support being provided in the communal areas of both services. We reviewed a range of records about people's care and how the services were managed. This included four people's care records at Willow Tree House and three at The Willows Care Village. We also looked at associated documents including risk assessments and a sample of medicine records. We looked at records of meetings, staff training records and the recruitment checks carried out for three care and support staff. A sample of the providers policies and procedures and the quality assurance audits were also checked.

What we did after the inspection

We received some anonymous feedback about Willow Tree House and complaints after the inspection and before we commenced writing the inspection report. We have covered the concerns detailed in the complaint information.

# Is the service safe?

## Our findings

Safe – this means 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. As this is the first inspection of the supported living service, the combined rating is requires improvement.

Please read both reports below for details of how we made our judgement and awarded the rating.

Willow Tree House (residential care)

Systems and processes

- People and their relatives told us they felt safe. People had access to a bedroom door lock, but no-one we spoke with said they locked their door at night. One person told us they did however lock their door when they were not in their room. They explained, "As some people wander in and out [bedrooms], but they can't help it."
- The registered manager had systems and processes in place to ensure people using the service were safeguarded.
- Staff had received training in safeguarding people and demonstrated their knowledge and responsibilities for ensuring peoples safety.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information which demonstrated staff had the appropriate checks in place prior to commencing employment.

Assessing risk, safety monitoring and management

- Regular safety checks had been carried out on the environment and on the equipment used to care for and protect people.
- Emergency plans and a colour coded warning system was in place to ensure people were fully supported in the event of the building being evacuated.

Staffing and recruitment

- Staff were employed in numbers to support people safely. Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs. One relative said, "When [named] uses the bell to call staff they come soon enough."
- Staff felt there were enough staff to support people in the way they preferred.
- The registered manager followed the company's policies and procedures in safe recruitment and selection processes. Staff had the appropriate checks in place prior to commencing employment at the home.

Using medicines safely

- People were provided with their medicines in a safe way. One person said, "I get medicines the staff keep them for me."
- Staff administered people's medicines in line with the provider's policies and procedures.
- Detailed guidance was in place to assist staff in administering 'as and when required' medicines safely.
- Staff received training and their competencies in administering medicine were checked.

#### Preventing and controlling infection

- Staff received training in infection control and were provided with personal protective equipment (PPE) to help prevent the spread of acquired infections.
- Good practice around prevention of infections was shared as part of team meetings or supervisions.

#### Learning lessons when things go wrong

- Information from any outcomes from complaints or updates was shared with the staff through individual or group meetings. Selected information and updates were also included in the monthly newsletter.

### The Willows Care Village (Supported Living)

This is the first inspection for this newly registered service.

#### Staffing and recruitment

- People felt there were not enough staff to provide their personal care. One person said, "They need more staff, the number of people [living] here has increased but the staff [numbers] have gone down."
- Staff were not employed in numbers to fully support people to maintain their independence. People told us they felt staff were 'rushed' and did not have time to spend with them. Staff were not rostered past 4.30 in an afternoon. However, people required medicine prior to going to sleep. We spoke with the deputising manager about this who said staff from the residential home would come over and provide what care was required, which included attending any emergency call alarm that sounded out of normal hours. The deputising manager added the management team were in the process of re-assessing people's care needs and would then provide staffing to meet people's needs.

The provider failed to ensure that enough staff were deployed to ensure medicines were administered as required and meet people's needs. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager followed the company's policies and procedures in safe recruitment and selection processes. Staff had the appropriate checks in place prior to commencing employment at the home.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibility around safeguarding and knew how to recognise and report potential abuse.
- People told us they felt safe. One person told us, "I like all the staff, they make me feel safe."
- Staff had received safeguarding training and were aware of safeguarding procedures and where to report any concerns onto.

#### Preventing and controlling infection

- Staff told us, and records showed, they received infection control training.
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available to

staff to use when supporting people with personal care within their own homes.

#### Learning lessons when things go wrong

- A system was in place to ensure staff completed records detailing accidents and incidents that may occur in the service.
- The provider said that any accidents and incidents were recorded and analysed to identify patterns, and ensure a strategy was put in place to reduce the risk of further incidents.
- Any changes to processes were communicated to staff through a communications book and at meetings.

# 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 deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

As this is the first rating of the supported living service, the combined rating is requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Please read both reports below for details of how we made our judgement and awarded our rating

### Willow Tree House (residential care)

#### Staff skills, knowledge and experience

- Staff were not consistently trained to ensure people's individual needs were met by well informed staff. We saw from training records a significant number of staff had no formal training qualifications. The registered manager had not undertaken any training updates. That meant we could not ensure that any 'spot' checks made by them to oversee staff practices adhered to what training staff had received.
- Newly recruited staff received an induction and ongoing training to enable them to carry out their roles. One staff member said, "I've had the 'mandatory' training." Mandatory training courses are those the provider has identified as essential for staff to undertake and decides the course frequency.
- Staff demonstrated their knowledge and understanding about people's individual needs and subjects such as safeguarding and whistleblowing.
- Staff received support from the registered manager and others in the management team with regular supervisions.

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

- The premises were purpose built to meet people's needs with wide corridors en-suite bedrooms and people were free to access all areas of the home. However, one relative questioned why some of the bedrooms had no opening window. We spoke with the deputising manager who pointed out the external door 'tilted' and so provided a source of fresh air without the door being opened.
- Apart from the ongoing refurbishment and decorating programme by the in-house team of decorator's staff had attempted to improve the environment for individuals who required additional assistance. They have provided additional signage to assist people's orientation around the home and a 'themed' bedroom for a person. This was to help with their transition from another home and helped the 'settling in' process. Other people's bedrooms were personalised with furniture and ornaments from their home.
- People could choose to spend time in communal areas suitably arranged in small groups of seating or quieter areas where people could be alone.

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

- People's individual needs had been assessed prior to them moving into the service.
- Risks associated with people's care and support had been assessed, reviewed regularly and reflected people's needs.
- People using the service were supported to make choices about their care and support.

Supporting people to eat and drink enough with choice in a balanced diet

- People were offered a healthy diet that met their nutritional needs. One person said, "I like the food, especially the fish and chips." A second person said, "I like the drinks trolley, it has a selection of hot and cold drinks."
- People were referred to health professionals for dietary advice where people were at risk from malnutrition through swallowing difficulties.
- Staff ensured people received food that met their dietary and cultural needs. People were encouraged to eat and drink and maintain a healthy balanced diet.
- Staff offered people choices at mealtimes; drinks and snacks were offered throughout the day.

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

- People were supported to access healthcare through their GP and other health professionals. One person said, "Staff will call the doctor if needed."
- Staff knew people well and recognised when their health changed and arranged health referrals when required.

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The manager was working within the principles of the MCA.

- Staff had received training in the MCA and DoLS and they understood their responsibilities to report on any potential abuse.
- People who did not have capacity to make decisions were supported to have choice and control over their lives.
- When able people were involved in decisions about their care. Where people were less able, staff ensured decisions were taken in people's best interests.

The Willows Care Village (Supported Living)

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People felt the staff were trained appropriately. One person said, "I am very impressed with the cleaning

and laundry staff they are very efficient."

- Staff were not fully trained to provide care to people in a safe way.
- Staff were not consistently trained to ensure people's individual needs were met by well informed staff. We saw from the single training record used for both the residential care and supported living staff, training had not been completed by the registered manager or staff. Staff told us there were no 'spot checks' undertaken by the management team. That meant we could not be assured that staff had been adequately trained to support people.
- Staff we spoke with felt the training provided was good and prepared them for their roles. Staff went through an induction process when they were first employed.
- Staff told us they did not have regular supervision. This would provide staff and the registered or deputy managers with an opportunity to discuss their respective roles and the support staff development.

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

- People's individual needs had been assessed prior to them moving into the service. However, risks associated with people's care and support had not been reviewed to ensure they reflected people's current support needs.
- People using the service were supported to make choices about their care and support.
- People's opinions, culture and life history was considered when assessing their personal care and support needs.

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

- People told us some of them received a mid-day meal. However, they told us that they did not receive meals that were enough to satisfy their appetite or were warm enough. One person said, "You look forward to your food, it's not the same if it's not warm or you don't have enough." On the second day of the inspection one person complained to the deputising manager. The deputising manager said they would follow up the complaint. A second person said, "The meals aren't hot and when there is meat, it comes in small pieces."
- One person we spoke with told us they went out shopping with staff to get the food they liked and prepared some of their own meals.
- The people being supported by staff did not have any specialist support requirements with food and drink and were able to eat and drink the things they liked. Care plans documented people's preferences in this area.

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

- People independently sought or were supported to access healthcare through their GP and other health professionals.
- Staff knew people well and recognised when their health changed and arranged health referrals when required.

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. The manager and staff team understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care.

- Staff had received training in the MCA and DoLS and they understood their responsibilities to report on

any potential abuse.

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

- The service worked and communicated with other agencies and staff to enable effective care and support. These included health and social care professionals that were involved in people's care.

- People that were supported did not have any specialist healthcare requirements that required staff support. Records showed people were accessed healthcare appointments in the community as necessary.

## 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care. As this is the first rating of the supported living service, the combined rating is good.

Please see both reports below for details.

#### Willow Tree House (residential care)

##### Ensuring people are well treated and supported

- People experienced positive supportive relationships with the staff team. One person told us about the support they received when going through a traumatic life experience with a close relative. One person said, "I prefer it here [to the previous home] it's friendly, the people and the staff." A second person said, "I like living here, the staff are nice." One relative said, "I think the care is good [named] is treated affectionately." A second relative said, "[named] is comfortable and the staff are pleasant."

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

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. One person said, "I've read my care plan and signed it."

##### Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect.
- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them.
- People were encouraged and supported to continue their independence whenever possible.
- People were supported to maintain relationships with people who were important to them. Relatives and friends could visit the home at any time and told us they were made welcome by the staff team.

#### The Willows Care Village (Supported Living)

##### Ensuring people are well treated and supported

- People told us they had good relationships with the supporting staff. One person said, "They [staff] are always polite." A second person said, "I have a laugh with the girls [staff], it's good to have a bit of banter."
- We observed that people appeared comfortable in their individual apartments and communal areas when staff were present.
- Staff spoke about the people they supported in a warm and caring manner, and clearly respected they were providing a service in the person's own private apartment.
- Staff spoke about the people they supported in a warm and caring manner, and staff told us they felt they

had good relationships with people.

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

- People had been involved at the initial development their care plan, however, plans were not fully update with people's current needs. We spoke with the deputising manager who said they would re-assess everyone's care needs and where necessary change or update care plans accordingly. This process had commenced before we completed the inspection.
- Staff told us they supported people to make decisions about changes to their care routine, which meant people were included in the process.
- Staff told us they supported and involved people to make decisions about their care

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was maintained whilst being assisted with personal care. A person said, "The staff are OK they treat us with respect."
- Staff had been trained to ensure people's privacy was respected when personal care was being carried out.
- People's personal information was stored in their apartment, whilst some information was stored securely within the office. All staff were aware of keeping people's personal information secure.

# 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 deteriorated to requires improvement. This meant people's needs were not met through good organisation and delivery.

As this is the first rating of the supported living service, the combined rating is requires improvement. This meant people's needs were not always met.

Please see both reports below for details as to how we made our judgement

### Willow Tree House (residential care)

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care based on their individual assessed needs. One person said, "I can have a shower when I want one." A second person said, "They [staff] look after us quite well."
- People, and where appropriate their relatives, had been involved in the development of care plans.
- People were requested for information about their previous life history and what was most important to them. That helped staff provide care which was personalised and met their cultural expectations.
- Where a person was being introduced to the home, a thorough transition was planned, which included detailed changes to the home. This had a positive effect and assisted in the person settling in the home.
- People's plans provided staff with the information they required to meet people's leisure needs. One person said, "I like doing jigsaws." A second person told us about a boat trip they enjoyed. Relatives confirmed people were entertained, one relative said they had joined in the sing a long and skittles.
- People's care plans had been reviewed regularly or as people's needs changed.

### 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 provider understood their responsibility to comply with the Accessible Information Standard and had accessed information regarding the service in different formats to meet people's diverse needs. Staff knew people well and knew how each person communicated and used some pictorial information whilst providing choice to people.
- One member of staff told us they communicated with some people using 'flash' cards and pictorial menus.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. One relative said, "I know where to make a complaint if required."
- The provider had a complaints procedure displayed for people's information.
- There had been one complaint about the service in the past 12 months. The registered manager had responded to the complainant in line with the provider's complaint policy and procedure.

#### End of life care and support

- Staff had received training in how to support people at the end of their life and had a good understanding of this subject.
- There were no people who required end of life care or support at the time of our inspection.

#### The Willows Care Village (Supported Living)

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

- Some care plans were in place for people who required personal care. However, these did not represent the full number of people the care staff provided personal care support to. The registered manager indicated there were five people who required personal care, but this was not representative of the fifteen people the care staff told us they provided care too. The deputising manager stated they would immediately start re-assessing people's needs to ensure the care that staff were providing was required, and would then ensure care plans recorded the required care interventions. These had been commenced by the second day of the inspection.
- Some people remained independent and could access the local community. One person said, "I go out and get my prescription from the doctors and take them myself."

##### 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.

- There was no one that required easy read or adapted documents at this time. The deputising manager stated these would be put in place when required.

##### 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 encouraged to remain independent and for some that meant continuing their lifestyle prior to moving into the supported living apartment. Others relied on in house activities, though staff found it difficult to accomplish all the tasks within their allocated time. One person said, "I have been out to a [religious] meeting." A second person said, "We get activities, I like the bingo [named] runs."
- People were enabled and free to continue with family and friends visiting them and there are communal areas as well as the persons apartment if private meeting areas were required. This helped to protect people from the risk of social isolation and loneliness.

##### Improving care quality in response to complaints or concerns

- A complaints procedure was in place which people and their relatives were able to access. There had been one complaint received in the past year. We reviewed the complaints records and saw the management team had followed their policy and procedure to respond to the complainant. A record of correspondence

had been made and action taken to make improvements.

A relative said, "We haven't had any complaints, if we did we would just go in the office."

#### End of life care and support

- The people being supported did not currently have any end of life care needs. Some of the care plans we viewed contained people's future choices and wishes around their care at this time.

# 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 deteriorated to requires improvement. This meant people's needs were not met through good organisation and delivery.

As this is the first rating of the supported living service, the combined rating is requires improvement. This meant people's needs were not always met.

Please see both reports below for details as to how we made this judgement

Willow Tree House (residential care)

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

- People and their relatives felt they were supported by the registered manager. A relative said, "I can speak with [named] about anything, they are approachable."
- Staff were aware of people's individual needs and they provided care and support that ensured good outcomes for people.
- The registered manager promoted self-help and independence in the individualised care plans.

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; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The residential service was well led. The registered manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the home on a regular basis.
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as CQC, in line with the duty of candour. For example, the provider had submitted a notification about significant event that had occurred in the service, and demonstrated they had communicated this to other interested parties.
- The provider also communicated by sending information about accidents, incidents, and injuries such as falls. The previous inspection report and rating was displayed within the service
- People using the service and their relatives spoke positively about the registered manager and staff and knew who to speak with if they had any issues.
- People told us they knew the registered manager and regularly saw them around the home.
- Staff also felt supported by the registered manager.
- Procedures were in place which enabled and supported the staff team to provide consistent care and support.

Engaging and involving people using the service, the public and staff

- People using the service and their relatives or representatives had been given the opportunity to comment on the service provided. Surveys had been used to gather people's opinions.
- People had opportunities to share their views about the service at 'residents' or 'relatives' meetings. People confirmed there were planned meetings, and these were planned on a monthly basis. Food and nutrition, care provision and activities featured regularly on the meetings for those living in the home. The refurbishment and decoration of the home, activities and future plans were included in the relative meeting minutes.
- Staff were given the opportunity to share their thoughts on the service and be involved in how the service was run. This was through formal staff meetings, supervisions and day to day conversations with the management team.

#### Continuous learning and improving care

- We could see the registered manager regularly reviewed the service provided for people. Learning from reviews, meetings and feedback from the provider and area manager observations were fed back to the staff and incorporated wherever possible in care plans, policies and procedures.

#### Working in partnership with others

- The deputising manager demonstrated how the staff worked in partnership with local hospitals, commissioners, the local authority safeguarding team and other healthcare professionals to ensure people received care that was consistent with their needs.

#### The Willows Care Village (Supported Living)

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- The provider had registered the supported living accommodation at the same time as the adjoined residential home. The provider had produced a service user guide (SUG) for people moving into their individual apartment accommodation. The SUG was misleading as it mentioned about people moving into the 'care home'. There was some documentation missing from people's files, where some did not have tenancy agreements, and the monthly charges for all the accommodation, personal care, laundry and meals were detailed on one invoice. The emphasis of supported living is living independently and 'renting' your accommodation from a provider other than the company providing the care.
- The provider did not have a detailed knowledge and understanding of the people they were supporting, and what their specific personal care needs were.

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

- The registered manager was not clear about the support role required by staff providing care in the supported living accommodation. This was demonstrated in the confused wording in the documentation produced by them for prospective admissions.
- Staff were not clear about their roles. The staff we spoke with did not understand their responsibilities and supported people with personal care tasks which were not part of people's care plans.
- The provider did not understand the risks within the service or where action was required to improve.
- The provider did not understand the regulatory requirements such as notifying CQC of certain incidents. Information on such events had been forwarded to us.

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

- People had limited opportunities to share their views about the service either informally, directly with the staff or management, or through feedback forms. One person said there were planned meetings, but these were not planned regularly, and they were not sure the suggested changes were followed through. One person said, "There's not enough meetings to air our grievances."
- They provided the amount of food sent for their lunch as an example. Staff confirmed there had not been an increase in the amount of food supplied by the catering kitchen in the residential home. We spoke with the deputising manager who demonstrated the registered manager had followed this up with the staff concerned but would again follow this up to provide adequate amounts of food for the people concerned.

Continuous learning and improving care

- There was limited opportunities learning from past issues and this being used to positively affect the care provided
- People told us there were no planned regular meetings to discuss any issues that had arisen at the care village. One person said, "There are not enough meetings to air our views."
- We asked for copies of the three last meetings so we could ascertain how often they took place and if they recognised people's concerns. We did not receive the number we asked for, though on the last meeting the amount of food, heated plates and quantity of food were discussed, but from discussions with the current group of people, there were still issues with luke warm and amount of meals.
- We saw audits took place on records such as medicines records, infection control, cleaning and disinfection. However, there was not any audits of care plans or people's assessed needs to ensure changes to people's needs resulted in changes to their care plan.
- Spot checks on staff's practices were not taking place to ensure they were adhering to the training they had undertaken.

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

- There was a manager registered by the Care Quality Commission (CQC) to undertake the responsibility of ensuring people were cared for and supported safely and in line with current legislation.

Working in partnership with others

- The provider and care staff worked in partnership with health and social care professionals to ensure that people received the care and support they needed.