Care Quality Commission

Voyage 1 Limited

Willowbrook

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Outstanding**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 4 March 2015 and was unannounced.

Willowbrook is a purpose built care home that provides residential care for up to six people with an acquired brain injury or associated needs and specialises in rehabilitation. The service is a modern purpose built accommodation with level access throughout. At the time of our inspection there were five people in residence.

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

People told us that they felt safe. People were well cared for, felt safe with the staff that looked after them and protected them from harm and abuse. People's needs had been risk assessed to promote their safety and independence. People were actively involved in the development of their plan of care along with the staff and relevant health and social care professionals. People told us they were satisfied with the care provided.

Summary of findings

Safe staff recruitment procedures were followed that ensured staff were qualified and suitable to work at the home. We saw there were sufficient numbers of staff to support people to meet their individual needs including developing their daily living skills and accessing community services.

Staff were knowledgeable about their responsibilities and were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take.

Staff were recruited in accordance with the provider's recruitment procedures that ensured staff were qualified and suitable to work at the home. We observed there to be sufficient staff available to meet people's needs and that they worked in a co-ordinated manner.

People received their medication as prescribed and their medication was stored safely. Staff were appropriately trained in medicines management and their competency assessed to ensure people's medicines were managed properly to maintain their health and wellbeing.

Staff received an appropriate induction and training which reflected the needs of people who used the service which enabled them to provide care in a safe manner. They had access to people's care records and were knowledgeable about people's needs and things that were important to them.

People were protected under the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager and staff understood their role in supporting people to maintain control and make decisions which affected their daily lives. We found that appropriate referrals had been made to supervisory bodies where there was a risk people did not have capacity to make decisions.

The design and layout of the service took account of people's needs and promoted people's freedom and safety. The environment was used to encourage people to learn skills to live independently.

People were provided with a choice of meals that met their cultural and dietary needs. People at risk of poor nutrition had assessments and plans of care in place for the promotion of their health. People gave their views about the meal choices and staff supported those with meal planning and budgeting as part of their rehabilitation plan to live independently.

People had choice and control over their lives and were supported to take part in activities both at the service and outside in the community. This included supporting people to maintain their identity, observe and practice their faith.

People had access to health care support to meet their needs in a timely manner. Health care professionals with expertise to rehabilitate people with an acquired brain injury were involved in the development of people's rehabilitation plans of care and supported staff in using appropriate strategies in promoting people's safety, health and wellbeing.

Information gathered from a health care professional and our observations showed there to be a positive working relationship between professionals and the service, which impacted on the quality of care people received.

People spoke positively about the staff's attitude and approach. They felt staff were kind and caring. Their privacy and dignity was respected in the delivery of care and their choice of lifestyle. People were comfortable and relaxed in the company of staff. We observed people being encouraged to make decisions about their day and records showed people's comments and views were documented in their care records.

People's care and support was person centred, which took account of their individual needs along with their goals and aspirations. People were supported by staff who were responsive to their needs and requests for support, which included accessing community facilities independently or with support from staff. People were involved in the development of their plans of care with support from the staff and the relevant health care professionals. Staff including their provider's internal health care professionals working with external health care professionals and developed with innovative ways of supporting people to meet their individual needs and goals. Staff were aware of the strategies developed to support people in their rehabilitation, which were monitored and reviewed regularly.

Summary of findings

People were confident to raise any issues, concerns or to make complaints, which would be listened to and acted on appropriately. Records showed complaints received had been documented and included the outcome and response to the complainant.

Staff told us they had access to information about people's care and support needs and what was important to people. Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment to provide quality care. They had an 'open door' policy to encourage feedback from people who used the service, relatives, health and social care professionals and staff.

The provider's quality assurance systems and processes monitored the performance of the service and the quality of care provided. There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment, which was well maintained and safe. Audits and checks were effectively used to ensure people's safety and their needs were being met.

The registered manager worked with health and social care professionals and the local authority commissioner that monitor the service for people they funded to ensure people received care that was appropriate and safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were protected from abuse because staff were trained and had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service. There were sufficient numbers of staff available to keep people safe who had the appropriate skills and knowledge.

People received their medicines correctly and at the right time.

Is the service effective?

Outstanding 

The service was effective.

People were cared for by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people. Staff were supported by the management team through meetings and supervisions.

Staff were trained in requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. Staff displayed a high level of understanding of the requirements of the act, which in practice helped to ensure people's human and legal rights were respected.

People's nutritional and cultural dietary needs were met.

The service worked in partnership with other health and social care professionals that helped in meeting people's needs along with their individual goals and aspirations towards independent living.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and caring. Positive caring relationships had been formed between people and the staff.

People were informed and actively involved in decisions about their care and treatment.

Staff empowered and promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good 

The service was responsive.

Summary of findings

People's needs were assessed prior to using the service and reviewed on a regularly. Staff were knowledgeable about people's needs and worked in partnership with health care professionals.

Care records were personalised to reflect individual needs and aspirations, which helped staff to support people to achieve their goals and aspirations as part of their rehabilitation, which contributed to their wellbeing.

People were encouraged to maintain contact with family and friends. People were encouraged to pursue their interests, access community resources including observing cultural and religious beliefs.

People had opportunities to share their views and concerns about the service. People were confident that their concerns would be listened to and acted upon. Procedures were in place to ensure complaints were addressed.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and they had good management and leadership skills. The registered manager and staff had a clear and consistent approach to providing person centred care in a safe and homely environment.

People spoke positively about the management of the service and found they had an open and transparent approach to care and support. People's views were sought and they were encouraged to make suggestions about the development of the service, which was acted on.

Staff were supported by the management team and received relevant training to provide quality care.

The provider had effective quality assurance systems in place that monitored the quality of care provided. The provider worked with external agencies and accreditation schemes that supported the service to provide person centred care.

Willowbrook

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 4 March 2015 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We read the provider's statement of purpose sent to us when the service was registered. This outlined the ethos of the provider and important information such as the range of care and support available to people who may choose to use the service, staffing and the management of the service. We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also looked at other information sent to us from people who used the service or the relatives of people who used the service and health and social care professionals such as social workers, physiotherapist and speech and language therapist.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of people who used the service and asked them for their views about the service.

During the inspection visit we spoke with four people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and three care staff.

We also spoke with the provider representative and a health care professional who visited the service at the time of our inspection. We received feedback about the service, staff and the management of the service from health care professionals after our site visit to the service.

We pathway tracked the care and support of two people, which included looking at their plans of care. We also looked at a third person's transitional rehabilitation plan of care to live independently. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality monitoring and assurance.

We requested additional information from the provider in relation to daily living and rehabilitation plans, therapy plans developed by health care professionals to manage people's behaviour that challenge and details of the accreditation schemes. We received this information in a timely manner.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe at the service and with the staff that looked after them. One person said, "I feel quite safe here. There's been a few new staff started and they're okay too." They went to explain that they managed their own money with the support of their keyworker and relative. Another said, "This is my home and of course I'm going to be safe here. Staff are around to help me if I need anything."

The provider had a safeguarding policy and procedure in place that advised staff of the action to take if they suspected abuse. Records showed that the service had identified three safeguarding incidents, which had been referred to the relevant authorities. The local authority concluded as unsubstantiated. The registered manager had liaised with relevant health care professionals; ensured that the protection plans in place were appropriate and were reviewed regularly to safeguard people from harm. This showed that the staff had put into practice the safeguarding procedures to protect people using the service for harm and risk of abuse.

Policies and procedures were in place where the provider had involvement with people's finances. Records showed people's finances were managed, receipts of expenses were kept and financial records were signed by the two members of staff involved. As part of the quality assurance the registered manager and the provider's internal inspections regularly checked the financial records, which helped to safeguard people from potential financial abuse.

Staff told us that they had received training in safeguarding procedures and their training records we viewed confirmed this. Staff gave examples of the range of support provided to people manage risks and promote their independence. These included supporting people with personal care, the management of their finances and accessing the community. These were consistent with their plans of care to manage risks safely. Staff said they felt confident to support people with behaviours that challenged because of the training they had received. Our observations and information we looked at in the care records reflected the support staff provided to people during these times had had a positive impact on their wellbeing.

Prior to the inspection visit we requested information from health and social care professionals whose names had been provided to us within the PIR submitted by the provider. They told us that the service had robust safeguarding procedures and that the registered manager had notified them of issues of concern in a timely manner. From their visits to the service they found that staff supported people safely and protected them from risk of harm and abuse. They found the service had a protective approach to respecting people's rights, diversity and to prevent discrimination.

People told us they were involved in discussions and decisions about how risks were managed. People's care records we looked at showed that potential risks to people had been identified and plans were in place of the action required by staff to manage those risks. They included moving and handling, use of equipment nutrition and management of pain relief. Records showed that advice was sought from health care professionals and risk management plans in place were reviewed regularly. For example, a health care professional worked with one person to develop daily living skills such as cooking as part of their rehabilitation to live independently. For another person with behaviours that may challenge, a daily management plan had been developed which provided guidance for staff in how to support the individual. This included strategies to make sure that risks were anticipated, identified and managed.

We observed staff supported people when using mobility equipment to move around the service. That was done consistently with the information contained within people's plans of care and risk assessments, which supported the person in keeping safe.

People could be assured that steps were taken to maintain people's safety. All the bedrooms were lockable and had secure storage to keep people's valuables safe.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this. This meant people were accommodated in a well maintained building with equipment that was checked for its safety. The PIR sent to us by the provider stated that the service planned to keep a record of the daily safety and cleanliness checks carried out. We found those were now in place and faults or repairs were reported to the maintenance staff to address.

Good

Is the service safe?

People's safety was supported by the provider's recruitment practices. We looked at staff recruitment records and found that the relevant checks had been completed before staff worked unsupervised at the service.

People told us there were enough numbers of staff available to support them at the service and out in the community. One person said, "There's always staff around but I only need them to drive me to college." This person explained that they had difficulty in remembering things but found staff were at hand to remind them, at the times they needed them.

We found there were sufficient numbers of staff on duty to meet people's needs and to keep them safe. The registered manager told us that staffing numbers were increased when people required additional support as part of their day to day lives and rehabilitation. The examples shared included supporting people with life skills, when people's behaviour became challenging and support required to access community resources, attend health care appointments and social events. The staff rota reflected the staff on duty. Staff told us that there were sufficient staff which kept people safe and were confident that staffing would be increased should people's needs change. Any unplanned staff absences were covered by the staff team or bank staff, so that staffing levels were maintained.

Medicines were managed safely, stored correctly including medicines that needed to be refrigerated at the required temperatures and disposed of safely. The staff training records confirmed that staff had undertaken training and their competency had been assessed in relation to the management and administration of medicines.

The PIR stated that further steps were taken to ensure people received their correct medicines at the right time and was also included in the daily staff handover meetings. In practice this meant a second staff member witnessed and signed to confirm that the medicines were checked and administered correctly. We saw two staff checked and gave people their medicines at medication at lunchtime which was consistent with the information in the PIR. The person was offered their medicines and explained the consequences to their health if they chose to decline. We looked at the medication and medication records of three people and found at their medication had been stored and administered safely.

People's plans of care included information about the medication they were prescribed, which included protocols for the use of PRN medication (medication, which is to be taken as and when required). Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol. This meant people's health was supported by the safe administration of medication.

Outstanding ☆

Is the service effective?

Our findings

People told us that staff knew how to support them whilst at home and when out in the community. People told us that staff had a good understanding of how to use equipment in order to meet their needs and helped them with their rehabilitation.

Staff told us about their induction, which they found to be comprehensive and had included learning about the provider's policies and procedures, reading the plans of care for people and working alongside experienced staff. Staff described access to training to meet people's specific needs to be 'excellent'. This included the administration of medication to be administered to a person during an epileptic seizure, an awareness of what an acquired brain injury and rehabilitation support was and their role in meeting people's needs. Staff were trained in non-violent crisis intervention to minimise the risk of challenging behaviours without the use of any form of restraint. Staff training records we looked at showed that the provider has invested in the staff to ensure staff's knowledge and skills in the delivery of care and treatment was kept up to date.

The provider had appointed their own health care professionals that worked with the staff to support people with their complex needs. When we visited the service we found that Willowbrook had retained the accreditation with the recognised organisation that specialises in supporting people with an acquired brain injury and rehabilitation. Staff gave examples of the positive impact made to people's lives and rehabilitation, which included one person who now lives independently in the community. Staff helped another person do their own shopping, food budgeting, meal planning and showed them how to prepare meals and use kitchen appliances as part of the rehabilitation. Staff told us they had access to the specialist support from health care professionals such as the occupational therapist and the cognitive behaviour therapist, to support people in their rehabilitation.

Staff spoke positively about the support they received from the registered manager in order to develop their skills and knowledge. One member of staff said, "[Registered manager] is very supportive and helps you to develop." Staff told us the daily handover meeting helped them to feel supported and informed about any changes to people needs. Staff supervisions were used effectively to support staff where they could discuss any issues about their role, and to develop their skills, knowledge and identify any training needs. Staff meetings took place regularly. The minutes of staff meetings showed staff were updated as to training, legal matters such as the high court ruling about best interest decisions made for people who lacked the mental capacity to make decisions about their care and suggestions made to improve the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff had a good understanding of MCA and DoLS and their role to protect the rights of people using the service. Staff knew the procedure to follow where they suspected a person's liberty could be deprived. The registered manager told us that people had access to an 'independent mental capacity advocate' to support people about their best interests. At the time of our visit no one was subject to an authorised DoLS although the registered manager had made two DoLS applications to the supervisory body.

Care records showed that the principles of the MCA Code of Practice had been used when assessing people's ability to make decisions. We saw that mental capacity assessments had been carried out in relation to specific decisions such as finance and accessing the community. The MCA (2005) is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. That showed that people's choices and independence was promoted.

We observed staff sought consent before assisting and supporting people with their needs. For example, staff member said to one person, "Would you like some help to clean your bathroom?" They showed empathy and had an enabling attitude that encouraged people to make decisions and used the tools to help them with their rehabilitation. We saw two people had an individual rehabilitation plan, which staff were aware of and supported people in their rehabilitation. For instance, one person was able to find their bedroom by following the national flag for their country of origin displayed around the service by staff, which they recognised. The flags had been removed gradually as the person managed to do this independently.

One person said, "I make my own packed lunch every day. Sometimes, I will help staff in the kitchen when they're making dinner." Another person said, "The meals are

Is the service effective?

alright. Once a week we have a take-away and that's tonight. We can have fish and chips, curry or a Chinese." One person told us that they liked to help staff prepare meals and clear up after meals.

The PIR stated that the information about people's cultural and dietary needs had been identified in order to meet a person's needs. We found from speaking with staff and viewing people's care records that staff had sufficient information about people's dietary needs, food tolerances and preferences. The menu showed that a variety of meals were offered, which were nutritionally balanced and included European and Asian meals to suit people's cultural and religious needs. Staff responsible for preparing meals had been trained in food safety and nutrition. Staff told us that food items were purchased, stored separately and prepared to meet people's cultural and dietary needs and we observed this to be the case.

The lunchtime meal was relaxed and a sociable experience. A member of staff prepared a choice of sandwiches with fresh salad and fruit for afters. One person told staff that they preferred to have soup instead of a sandwich and the member of staff made soup for them. The meals looked balanced and nutritious. We saw people were able to have refreshments and snacks in between meals.

People's care records showed that an assessment of people's nutritional needs and plan of care was completed which took account of their dietary needs. People's weight was measured in accordance with their assessed need and staff knew how to help those who needed extra support. For example, one person's assessment had identified a potential choking risk. Staff had liaised with the speech and language therapist and their plan of care detailed the person required thickened drinks. We saw the person was able to prepare their own thickened drink correctly under the supervision of staff, which promoted their rehabilitation and independence.

People told us they were supported to maintain their health and had access to health care as and when required. Care records also confirmed that they received health care support from a range of health care professionals, which included doctors, specialist nurses, an optician and outpatient appointments at the hospital.

Staff understood the importance of working with health and social care professionals to support people who had complex needs as a result of their acquired brain injury. They had good links with health and social care professionals to promote people's rehabilitation and achieve their individual goals to live independently as far as practicable. For example, identified the causes of behaviours that distresses a person and for another person teaching them how to prepare a meal and budgeting.

Willowbrook is a purpose built service. Whilst we viewed the premises we noted that the layout, design and adaptations have a positive impact because the needs of people with physical disabilities had been considered. For instance, two bedrooms had ceiling track hoists fitted for staff to be able to transfer people from their bed to the shower room safely. All the bedrooms had spacious en-suite shower rooms. The separate bathroom also provided people with a choice to have a bath as it was suitable to support people with a physical disability. There was a gym, used by health care professionals to promote people's rehabilitation. Staff told us that the room was being converted into an arts and crafts room by people's request.

Prior to our visit we sought the views of health and social care professionals. One professional told us that the staff were well supported by the provider's own psychologist and psychiatrists which benefited people using the service. People benefitted from timely support from the health care professionals, because they had time to build relations and provided them with the support that would help them to achieve their rehabilitation goals and aspirations. Another professional told us that staff sought advice promptly and referred people when their health was of concern. They had suggested to the registered manager about developing links with local support groups to benefit people using the service. The registered manager told us they had already made contact with a local personality disorder service in order to help improve the quality of people lives.

We spoke with a visiting health care professional during our visit and received information from another health care professional following our visit. They reported that the registered manager and staff at the service had been responsive to their feedback following meetings to review people's care needs. The found the staff referred people to other community services for support such as the outreach team and used the provider's own health care professionals such as the cognitive behaviour therapist to support them and provide tailor support to individuals.

Good

Is the service caring?

Our findings

People who used the service shared with us their views about the staff, including their attitude and approach to them. One person said, "I'm happy here. The staff are good to me." Another person told us staff were kind and patient with them and helped them to remember things such as how to make a drink.

Throughout our visit we observed people being supported by staff who were kind, compassionate and caring. Staff spoke to people in a friendly and respectful manner that was culturally appropriate. We saw that positive relationships had been developed between people and staff which included laughter and conversation as well as the provision of support for people whilst going out to attend appointments and accessing recreational services. People looked clean, well-cared for and were wearing clothing of their choosing. We noted a member of staff stayed late to ensure one person who had returned from their day out was settled before they left work.

We observed staff worked well together and that this created a calm and organised atmosphere. Staff communicated well with people using the service, spoke clearly and gave people time to reply. One person offered to make everyone a hot drink and a member of staff offered to support them to do this. That demonstrated a person centred approach to care and inclusive atmosphere for people who used the service.

Prior to our inspection we contacted health care professionals and they told us that staff were caring and knew the needs of each person using the service well. We also spoke with a visiting health care professional and asked for their views about the service. They told us staff understood how to support people in a safe and caring environment.

Staff were knowledgeable about the people they cared for. They told us that they encouraged people to make decisions for themselves and promoted their independence by offering people choices, which included asking people what they wanted to wear and what they wanted to eat. One member of staff told us that all staff respected that one person preferred to be supported to dress in clothing that was culturally appropriate for them and we observed this to be the case. Staff offered people everyday choices, respected their decisions and acted upon requests, which included offering people a choice as to what to eat and drink at lunchtime.

People told us they knew about their care and support arrangements and were aware of their plans of care. People were supported to observe their faith and staff were aware of this.

Plans of care were person centred in that they were specific to the person's needs, which included their preferences, choice of lifestyle, religious and cultural needs and the role of staff in supporting them. Staff told us they were committed to meeting people's individual needs.

Willowbrook is a purpose built service and all the bedrooms were lockable and had ensuite facilities that contributed to maintaining people's privacy. Private facilities were available where people could meet with their relatives and receive medical treatment from health care professionals.

People told us that staff treated them with respect and their dignity was maintained. People told us their rooms were comfortable and personalised to reflect their individual tastes and interests. One person showed us their bedroom, which had an ensuite shower room and had fitted ceiling track hoist. They told us that staff respected their privacy and only entered their room with permission.

We observed staff promoted people's privacy and dignity. Staff were able to describe the steps they took to preserve people's privacy and dignity when providing personal care such as closing the door and curtains. Staff told us that they also looked for non-verbal cues, which helped them to understand whether people were happy with the staff supporting them.

Good

Is the service responsive?

Our findings

People told us that they received the support they needed. They were aware of the choices about their care, and told us that staff helped them to develop and maintain their daily living skills and welfare. One person said, [Staff] is my key worker and we sit together to review my care plan." We observed a staff member prompt one person to refer to their diary when we asked about what they did earlier that day. They used a diary to record what they had planned to do and what they had done to help them with their rehabilitation to remember things. We saw one person went to college and another went out with their relative. A third person said, "I love watching [television programme], either in the lounge or in here [bedroom]. The gym is being converted into a room where we can do arts and crafts." We saw staff offered one person support to clean their room, which was part of their plan of care to develop their daily living skills.

The PIR stated that the provider worked with the relevant health care professionals and used research to promote best practice in relation to rehabilitation. For example, the provider used 'goal attainment scales' (GAS) as a one way of measuring the effectiveness of intervention and meaningful outcomes for people with sensory impairment or personality disorder.

Staff were familiar with people's individual goals, which were incorporated into their plan of care for rehabilitation. Staff provided a person centred approach to supporting people to achieve their individual goals. These were reviewed regularly and the GAS was used to measure outcomes for people. People's records included their views about their strengths and the goals set. Records showed that people were involved in the reviewing and setting of new goals when positive outcomes had been achieved.

The service had its own transport, which meant staff were able to support people to access the community facilities and for outings. For example, one person was supported to go to the shops using a set of directions and another was able to go to their place of worship to observe their faith either with the support of staff or their relative.

Health care professionals developed the plans of care to ensure staff supported people safely as part of their rehabilitation plan to learn life skills in order to live independently. For instance because the service had a specially adapted domestic kitchen staff were able to support people to prepare their own meals as part of the rehabilitation. Staff monitored people's wellbeing and supported them with any planned appointment or social needs. They had access to care records and received daily updates about any changes to people needs at the start of each shift. The registered manager told us that positive outcomes had been achieved for the individual and plans were in place for them to leave Willowbrook and live independently with minimal support.

People were supported by staff to visit family and friends, and welcomed visitors to the service. Staff told us that people's relatives were encouraged to take part in their day to day lives and support them to make decisions about their future. One member of staff had provided one person with the prayer times so that they could observe [practice] their faith. We saw the person checked the prayer time before returning to their room to practice their faith. The registered manager told us that they worked closely with people and their family, and relevant health and social care professionals in order to achieve positive outcomes for them.

The assessment process also sought the views of people's relatives or their representatives. The plans of care were personalised and took account of how people liked to be supported, their preferences, and their goals and aspirations. There was clear guidance for staff in promoting and supporting people with to achieve their goals and aspirations which supported the information received in the PIR. Plans of care were centred on individual people, which included their goals and aspirations. Staff monitored and reviewed people's support and progress and acted quickly to report any concerns about changes to people's health and welfare. That meant people could be confident that staff were knowledgeable about people's needs and were responsive to their needs.

People told us they were confident to speak with the staff and the registered manager if they had a complaint or were unhappy with any aspect of their care. One person said, "If I have a complaint I tell [staff], my keyworker. Sometimes I will write my complaint and give it to the manager to deal with." This person said they were satisfied with how their complaints were dealt with.

The provider's complaints procedure was provided to people when they first started to use the service and a copy was available at the service. The procedure included the

Good

Is the service responsive?

contact details for an independent advocacy service, should people need support to make a complaint. It also included the contact details for the local authority social services department and the Care Quality Commission.

We looked at the complaints records and found the service had received two complaints, of which one had been concluded to the satisfaction of the complainant. One complaint was still being investigated by the provider. The registered manager told us that they had analysed practices within the service to ensure any areas for improvement were addressed but none were found.

Good

Is the service well-led?

Our findings

People had praise for the registered manager and staff. One person said, "[Registered manager] is very good, she listens and makes time for you." People told us that they were involved with the running of the service and their views were listened to and acted on. People told us that meetings were held whereby they could make comments, suggestions and share their views about the service. Minutes of meetings recorded people's views about the environment, safety and ideas about holidays and recreational activities. The subsequent meetings recorded how people's views had been acted upon. For example records showed that people told the registered manager they would prefer to have an arts and crafts room rather than the gym. In response to this we saw the room used for the gym was being converted.

The registered manager told us they had sent out questionnaires to people and we looked at the outcome of the most recent audit. People's views had been collated and shared with people who had been involved, the information included the actions the provider would take in response to people's comments, which had been addressed on an individual basis.

The service had a registered manager who told us that they felt supported by the provider. They displayed a good understanding of their responsibilities in providing a quality service, which was in line with the provider's objectives about the quality of care people should expect to receive and the provider's values. We saw that they had enthusiasm and commitment to those who used the service and had an 'open door' policy that encouraged staff and people using the service to share their views or to make suggestions. They worked closely with external agencies and the service had retained their accreditation with Headway (specialist Organisation in supporting people with an acquired brain injury and rehabilitation). This helped them to meet people's needs, whilst promoting their rights and independence.

Staff had high praise for the registered manager; felt valued and were encouraged to develop the service and themselves. One member of staff said, "[Registered manager] is good. It's the best management and staff team since I've been here." Another said, "I find [registered manager] is very good, supportive and is hands-on [knows about people and their needs]". We all focus on the residents to make sure they're safe and feel valued."

Staff told us they liked working at the service as they enjoyed looking after the people they cared for. Staff told us they worked well as a team and we observed this to be the case. The registered manager ensured staff were well supported and their knowledge, skills and practice was kept up to date, in order to support people safely. Staff told us that they were confident that any additional training needs they identified would be provided. Staff had regular supervision and appraisal meetings with the registered manager which provided them with an opportunity to discuss any issues of concern and to discuss their personal development.

Staff told us they had regular staff meeting and were actively encouraged to share their views about the service. A member of staff told us that any ideas and suggestions made to improve the service and people's quality of life were discussed fully and a collective decision was made before the registered manager could share the plan with the provider. Minutes of staff meetings showed staff had discussed the day to day running of the service, the importance of team work, health and safety issues and ongoing training along with the needs of people who used the service. We noted that the minutes also acknowledged the effectiveness of team working and thanks were expressed to the staff team by the registered manger and the provider representative.

The registered manager monitored the systems in place for the maintenance of the building and equipment. Staff were aware of the reporting procedure for faults and repairs. Records we looked at showed that regular fire safety and health and safety checks were carried out. The registered manager had access to external contractors for maintenance and to manage any emergency repairs so that people's health, welfare and safety was protected.

We spoke with the provider representative who visited the service regularly to check it was well managed and to support the registered manager and staff, if required. They showed us the performance report that the registered manager had to submit which covered number of people using the service and their needs, staff training, incident

Good

Is the service well-led?

and accidents and complaints amongst others. Any improvement plans were monitored by the provider to ensure the service continued to provide care that promoted people's wellbeing.

The quality assurance systems and processes in place showed that the provider was monitoring the quality and safety of the service. The provider has notified us of accidents, incidents and significant events that affected people's health and safety as required. We saw that appropriate action had been taken by the registered manager following an incident to minimise further risks, and lessons learnt from incidents were shared to prevent similar occurrences.

Health and social care professionals told us that they found the service was well managed and the registered manager was professional, approachable, organised and promoted person centred care. One professional told us they found the registered manager to be 'open and honest' and had a 'problem solving attitude', which they found to be positive. We also spoke with the visiting health care professional and asked for their views about the service. They both had high praise about the registered manager and staff's knowledge and understanding of MCA and needs of people using the service.