

Willinbrook Healthcare Limited

Willowbrook

Inspection report

363 Aldridge Road
Perry Bar
Birmingham
West Midlands
B44 8BW

Tel: 01213444751

Website: www.willinbrookhealthcare.co.uk

Date of inspection visit:

15 June 2016

16 June 2016

Date of publication:

05 August 2016

Ratings

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

Summary of findings

Overall summary

Our inspection took place over two days on 15 and 16 June 2016 was unannounced on the first day.

At our last inspection in February 2014 they met all the regulations we assessed.

The service is registered to provide specialist support for people with dementia and mental health problems who need personal or nursing care on a long term basis. The service is split into two areas; Keswick suite for people with mental health needs and Aldridge suite for people with dementia. It is registered to care for up to 45 people. At the time of our inspection 45 people lived at the service.

There was a registered manager in post and they were present during our inspection. 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.

The leadership culture and ethos of the service was to provide a high quality service to people. Staff were well trained and supported to provide the best possible care to people.

People and their relatives were consistently complimentary about the kindness of staff. Relatives told us that staff often went over and above their role to care for their relative and they felt fully involved in their family members care.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported by staff that were kind, caring and respectful and knew them well. People were treated with dignity and respect. Staff understood people's needs well. Staff received the training and support they needed to carry out their role and meet people's individualised needs. There were innovative systems in place to encourage communication and interaction with people.

Staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to have their healthcare needs met.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

There was a system in place which showed that when complaints were raised these were listened to.

There were robust and effective systems in place to ensure that the service was assessed and the quality of care provided to people was monitored.

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 harm staff were able to recognise abuse and take the appropriate actions to raise concerns.

Staff understood how to keep people safe so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed

Is the service effective?

Good 

The service was effective.

People received effective care and support by staff that recognised them as individuals and that worked together to meet people's needs and expectations.

Staff were provided with on-going and appropriate training, support and supervision to provide good care.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs and ensured that people maintained their health and wellbeing.

Is the service caring?

Outstanding 

The service was very caring.

People's privacy and dignity was respected by staff and people received a personalised service.

People had choices about their care. People were supported to

maintain relationships that were important to them.

Staff and Management had an excellent understanding of people's needs and communicated effectively to promote choice and independence.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was planned with them.

People's care was kept under review and the service was flexible and responsive to people's individual needs and preferences.

People and their relatives were listened to and arrangements were in place to respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted strong values and a person centred culture that was visible at all levels of the service.

Staff were highly motivated and proud to work for the service and were continually supported and developed to provide high quality personalised care.

Quality assurance systems were robust and ensured that people were at the heart of the service.

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 unannounced inspection took place on the 15 and 16 June 2016 and was carried out by one inspector, an expert by experience and a specialist advisor. An expert by experience is someone who has experience of caring for someone who uses this type of care service. A specialist advisor is a health care professional with training and experience related to the needs of the people using the service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. The provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authorities who commission services from the provider for their views of the service.

We spoke with five people and observed the care of 12 people who lived at the home and we spoke with seven relatives. Some people were unable to communicate verbally due to their health conditions. We spent time in communal areas observing how care was delivered and 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, provider and twelve staff. We looked at records including parts of three care plans and ten medication administration records. We looked at four staff files. We sampled health and safety, complaints and quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

One person told us, "Yes I feel safe. The staff keep an eye on you". A relative told us, "Yes [Person's name] is safe living here. They get wonderful care and I can go home and know that they will be well cared for". Many people we met were less able to verbally express their feelings and experiences. During our observations we saw that people were happy and relaxed and appeared to be comfortable in the home and with the staff supporting them.

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. Staff were able to describe the different types of abuse and their role in protecting people. A staff member told us, "I am clear about my responsibility to report any concerns. My first port of call is the team leader or nurse. They would let the manager know who would report it to safeguarding and CQC". Records showed that staff had received safeguarding training. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was aware of his role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

Staff we spoke with were aware of the risk for people and what was in place to help reduce these risks. Staff told us how they managed risks that people's behaviour presented to themselves and others. Staff told us how they managed other risks. A staff member explained how a person was supported using a specialist chair and how the risks in relation to this were minimised. Another staff member told us that a double bed had been provided for a person to reduce the risk of falls and this had been successful. We saw that risk assessments were in place in people's care records and these were monitored regularly. A relative told us that staff were very quick and alert to identify risks. The relative went on to tell us that staff knew how to support their family member safely with their mobility and this had reduced the amount of falls greatly since living there.

Staff knew how to report incidents and accidents and procedures were in place to support staff to do this. We saw that a system was in place to monitor accidents and incidents across the service and we saw that patterns and trends were monitored by the registered manager and quality manager and if needed action taken to reduce risks.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. Fire safety equipment and other equipment used in the service were regularly checked to ensure it was maintained in good working order.

During the inspection we observed that people's needs were met promptly and calmly by adequate numbers of staff. A person told us that there was always staff available to help them if needed. The registered manager explained how they kept the staffing levels under regular review taking into account the changing needs of the people living in the home. People, their relatives and the staff told us there were enough staff to meet people's needs. Staff told us that good staffing levels were maintained. A relative told

us, "There is always staff around. They are always looking and checking that people are safe and really quick to respond if anything needs doing". As well as care staff there were staff members that supported people to maintain their interests and activities as well as domestic and catering staff. Our observations confirmed that staff were attentive and anticipated people's needs and we saw no occasions where people had to wait for their care and support to be provided.

Staff told us that they had completed a range of checks before they started work. We saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. We saw that staff were monitored by the registered manager during their probationary period and the registered manager told us if needed this period would be extended to ensure that staff were suitable before their employment was confirmed as permanent.

We saw that the provider had systems in place to ensure that medicines were safe and managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that medicine administration records (MAR) were completed by staff showing when people had received their medicines as prescribed. However, on one medicine round we saw the practice of one staff putting the medicines into pots and another staff giving them to people. Both staff were trained in how medicines should be given safely. We discussed with the provider and registered manager who agreed this practice would cease forthwith. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We spoke with four staff members who administered medicines and found that they were knowledgeable and competent.

Is the service effective?

Our findings

Relatives and professionals that we spoke with expressed confidence that staff had the knowledge and skills needed to meet people's needs appropriately. A relative told us, "The staff are well trained. They tell me about the different training sessions that they are doing. They understand [Person's name] needs so well".

Staff spoke highly about the support they received to carry out their role and they told us that they could approach the management team at any time if they had any concerns about their role. They told us the training provided by the service enabled them to feel confident in their role and equipped them to care for people effectively. A staff member told us, "We do all the training we need to do. I am due to do physical intervention training next. There is always someone willing to help or advise you if needed". We saw that a training and supervision plan was established to support staff in developing the skills and knowledge needed to deliver effective care. Training in key areas as well as more specialist training specific to meeting people's diverse needs was evident in the records and from our observations. Staff had also completed varying levels of recognised qualifications in health and social care. For example, the provider information return (PIR) told us that six staff had achieved level five management training.

Staff told us that they had completed an induction before they started working for the service. Staff told us they shadowed established staff and were supported to get to know people's needs. Staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of adult social care workers. Staff spoke highly about the new appraisal system that had been introduced. Staff attended their meeting off site with protected time to allow them to have their meeting without distractions. The human resource manager told us that job descriptions had been updated in line with the new appraisal system. The focus was on staff members' personal development and the overall development of the service to enable them to continuously improve the quality of the service.

We saw that staff used their skills and awareness whilst providing care. We observed that staff were alert to the needs of people who were living with dementia and how this affected their care delivery. For example providing clear communications to people, kind and caring reassurance and being able to interpret people's body language so that their needs were met.

It was evident when speaking to the registered manager and the staff that they had an understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 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. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. We saw and heard staff seeking people's consent before they assisted people with their care needs. We saw that staff took time to explain to people what they were doing and staff were aware of people who needed support to understand their choices and how to provide this

support.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the required applications had been made to the local supervisory body for DoLS in line with the legislation. The registered manager told us that he was waiting on confirmation of approvals from the local authority and we saw that he had systems in place for monitoring progress on applications. He told us that when they receive the required paper work then this information will be put into people's care records.

People's health needs were being monitored and actions taken to ensure they were met. A relative told us, "The staff keep me fully informed about what has been happening, if [Person's name] has been unwell or a bit under the weather. Their health care needs are well attended to". Another relative told us that the nurse will speak with them about any little thing and are very quick to pick up on any changes that may indicate an underlining health issue. Records we saw showed that people had access to a range of healthcare professionals this included dentist, chiropodists and GP's.

We observed lunch and the evening meal and saw staff attending to people's needs appropriately. The atmosphere was calm and pleasant. We observed that people who needed staff support to eat and drink received this support from staff in an unhurried and discreet manner. People's nutritional needs were met because assessments had been completed and when needed people had been referred to the appropriate professionals for advice. We saw that where people had difficulties in swallowing food, soft and pureed meals were available. We saw equipment including plate guards were available to promote people's independence and safe eating practice. We saw that the service monitored peoples' weights which enabled them to identify any significant changes or potential risks to people's diet and/or physical health.

Is the service caring?

Our findings

During our inspection we observed compassionate and individual care for people. Staff provided people particularly those living with dementia with reassurance and comfort. We saw that this often brought people happiness and relief from people's confusion or distress. We saw a person who was upset being given attention to reassure them. We saw care being delivered with warmth and kindness. We saw a person walking in the garden in the rain. A staff member gently encouraged the person back into the building, taking time to allow them to enter of their own accord. They held hands and chatted together.

We saw a person who wished to have a drink was shown how to help themselves and they were encouraged to make their own choice of drink in a sensitive way that allowed them to maintain their independence, we observed that opportunity gave the person a sense of wellbeing. We observed a member of staff sitting with a person in their room; they were sitting together with their feet up having a drink and watching the football. The person looked to be really enjoying this companionship. We saw a person who was wandering be gently reassured and re-directed. These interventions were compassionate and effective, and ensured that people felt secure and confident within the home.

All the relatives that we spoke with made very positive comments about the care their family member received and the kindness of staff towards them and their family members. One relative told us, "They really care about us, the family members as well as the person they are caring for. I am so happy with [Person's name] care. I can go home and not worry. They have given me my life back". Another relative told us, "The staff really know and understand [Person's name] They have taken the time to really get to know and understand their needs. All the staff here are caring and kind".

A relative told us, "The staff knew how important it was for [Person's name] to wear their hearing aids. They took photographs of me at the different stages of putting the hearing aid in correctly. The staff put written descriptions by the side of the photographs for all the staff to follow. This shows how much the staff care and want to do the best they can".

A relative described to us that a staff had noticed them putting a handkerchief in their family members pocket and they asked them about this. They explained to the staff member that their family member had always liked to wear a shirt and have a handkerchief in their top pocket. The relative told us that the staff member made a note of this immediately and said they would share this with the staff team. The relative told us that since that day staff had ensured that their family member always had a handkerchief in their pocket. The relative said it was something small that meant so much and this summed up the care of their family member.

The registered manager and provider were passionate about providing a high quality service and it was clear that this enthusiasm and drive was effectively shared with all the staff employed by them. Staff were proud of working for the service. Our observations showed that staff were motivated, caring and compassionate towards people. A staff member told us "This is an excellent place to work". Staff had a genuine commitment to people's wellbeing. We saw staff recognised and responded to people's emotional

wellbeing. For example, we saw a person had become unsettled and staff responded quickly and calmly and stayed with the person talking to them and reassuring them. Staff we spoke with were aware of people's life history and issues in people's lives that may cause them anxiety, and described the ways they helped people express their concerns and process their feelings. Staff described how they supported people to maintain their independence. For example, staff told us people were encouraged to help with folding their laundry and help set the dining table.

We saw staff demonstrating their understanding of a person – centred approach to communicating and engaging with individuals living with dementia. We saw during our inspection that staff spent time with people in meaningful and enjoyable spontaneous activity with people. For example, we saw staff talking with people, laughing together, sharing an activity together.

The outdoor area had been developed so that it provided a calm and interesting area where family and staff could engage in conversation. A relative told us, "The garden is so lovely we love the pavilion and love to sit in there with the music on and the water feature is so calming and relaxing". There were different communal areas for people to use and some of these were decorated with wall art which was reflective of people's interest and the local area. The sensory room was excellent in design and included life walls to promote and encourage communication and also provided a calm environment for people to go to or be supported to access if they wished.

People told us that staff maintained their privacy and dignity. One person told us, "Yes they do knock my door and wait for me to say before they come in". A relative told us, "The staff go to all lengths to ensure [Person's name] dignity is promoted. Sometimes [Person's name] may leave their clothing undone and the staff are there quickly and without fuss to make sure they are okay". We saw that staff supported people to attend to their personal care on an individual basis and when people needed support.

The staff told us that the registered manager and provider were very caring and supportive of staff and encouraged them to develop their individual skills and knowledge. For example, one member of staff had a lead role for overseeing the staff induction programme. Other staff had been supported to take management training to develop themselves and the service. A relative told us, "The staff are so well trained. They just seem to know when something is going to happen. You look around and there they are calmly dealing with whatever they need to". We saw that new staff were supported to develop their skills and knowledge so that people's needs could be met by using the care certificate as the foundation of the induction programme but then elements were added to it so that it was tailored to meet the needs of people living at Willowbrook.

We observed people making use of the communal areas and which ensured people had a choice of time with others or on their own. Each person had their own bedroom, and there were communal spaces available on each floor of the home. This enabled people to have privacy and space when they needed it. People were encouraged to maintain relationships that were important to them. We saw that visitors were welcomed into the service. Relatives told us that there was a good choice of communal areas throughout the home and they could always find somewhere quietly to sit with their family member if they wanted to.

A healthcare professional told us that the service was person centred and relatives that they supported were positive about their family members care at the service.

A quarterly newsletter was produced to keep people informed about Willowbrook. This asked people for comments about the service as well as telling them about upcoming celebrations such as charity fundraising events and events taking place in the service. It also celebrated the lives of people who had lived

at the home and updates about new staff joining the team and staff training achievements. It included an article asking staff to share their experience of working with people with dementia and mental health issues.

Is the service responsive?

Our findings

We saw staff delivering personalised and individual care. The staff we spoke with were aware of people's individual needs and preferences. Assessments were undertaken to identify people's support needs and the information obtained was then used to develop a plan of care that outlined how those needs were to be met. Care plans provided detailed information to guide staff and ensured consistent delivery of care. A relative told us that staff asked lots of questions about the support their family member needed before they moved into the home. Relatives told us that they had been involved in meetings and reviews to ensure that their family member continued to receive the care that they needed.

We were told and records showed that there was a multi-cultural staff team available from a variety of cultures and with a variety of linguistic skills to reflect the needs of the community. Both male and female staff were available to meet any requests for support from staff of a particular gender to meet people's needs.

We saw that staff were attentive to the changing needs of people. We saw that a person was unsettled and staff spent time talking to the person. Daily records were maintained and described the care and support people had been offered and received which enabled staff to monitor people's health and wellbeing and make any changes. Staff described to us the systems in place for staff to share important information about the people they were supporting. This included handovers between staff teams that occurred at key points during the day. A staff member told us how handovers were used to communicate to staff the day to day needs of people as these could change regularly. They told us that as a team leader they were updated by the nurses regularly throughout the day and this ensured that information about GP visits and telephone calls were passed on effectively and that the service was able to respond in a timely manner to the changing needs of people.

The provider had made great effort to make the environment conducive to people living with dementia or mental health issues. The safe and secure garden area was well thought out and an extension of the indoor area. We saw that people enjoyed freely accessing the garden sitting in the shade or walking in the garden. There was also a garden pavilion for people to sit and relax in. Relatives told us that they loved this room for spending time with their relatives, relaxing in and listening to music.

We saw that some people watched a film and some people took part in one to one activities. Some people enjoyed one to one time with staff reading the daily newspaper. The service had a full time activities co-ordinator who told us that group and one to one activities were planned daily and many activities were spontaneous depending on how people were at a particular time in the day. A full time holistic complementary therapist was employed and we saw that people were offered a range of reflexology massage and aromatherapy. Staff told us and we saw from records that a programme of entertainment was provided and included a range of external entertainment including musical variety shows, singing and animal therapy.

Relatives told us that family support meetings took place on a monthly basis and that they were able to

discuss their relative's care and the development of the service. A relative told us, " I go to the meetings and I feel consulted with. They [Staff] tells us everything that is going on in the home".

All the relatives we spoke with confirmed they had been provided with information about the complaints procedures and told us they knew how to complain. All of the relatives told us that the registered manager and provider were visible in the home and approachable. A few relatives told us that they had raised some issues with the registered manager and these had been dealt with to their satisfaction. The registered provider had a formal procedure for receiving and handling concerns. A copy of the complaints procedure was displayed in the home. The registered manager told us about the learning that they had taken from complaints that had been made. This showed people benefitted from a service that was listening and developing in response to feedback about where improvements could be made.

Is the service well-led?

Our findings

People, relatives and professionals that we spoke with told us that they were very happy with the way the service was run. We saw that people were well cared for. A relative told us, "The care [Person's name] receives is amazing. They always know what to do. There is always staff around and they respond straight away to what [Person's name] needs". A healthcare professional told us, "They [The service] are open and transparent and open to new directions for individual care needs". Another professional told us, "The service delivers a high quality of care to people with complex challenging behaviour".

The registered manager provided continuity and leadership for the service. When we spoke with the registered manager and provider they showed a clear understanding of the focus of the service, based on providing people with the best care possible. The culture of the service was to provide a high quality service to people. The service had a clear leadership structure which staff understood. The structure had recently been strengthened and a Human Resources and Quality Assurance and audit manager had joined the management team. The registered manager was supported by a deputy manager and a team of nurses, team leaders and care staff. There was also a catering and housekeeping team.

The registered manager demonstrated that they were aware of the legal requirements of their position and knew their responsibility to inform the Commission of specific events that had occurred and was aware of what new regulations meant for service delivery. Records we hold about the service showed that we were kept informed about occurrences in the home so that we could monitor and follow up any issues that required to be followed up. The provider information return (PIR) contained information that showed the registered manager had undertaken training relevant to the position of home manager, and they kept up to date with developments in health and social care and how they used this knowledge to improve service delivery. This showed us that people who received care and support benefited from a management team that had a positive sense of direction, strong leadership and a sustained track record of delivering good performance and managing improvement.

Staff spoke highly about the support and training they received to carry out their role. They told us that meetings took place to enable staff to share suggestions for improvement, raise concerns and develop their knowledge in developments in the care sector. All staff that we spoke with told us that they were confident that any concerns they had would be dealt with by the registered manager and or the provider. Records showed that a range of meetings took place across the service. The PIR told us that continuous improvement teams had been developed and we were able to explore this in more detail during our inspection. This involved staff from across the service having the opportunity to participate in these teams with the aim of improving service delivery and policy in core areas of the service for example, person centred care and safeguarding.

Staff described an open culture within the service. All the staff that we spoke with felt very supported in their role and were happy with how the service was managed. A staff member told us, "Management are very involved, I have never known such support, they are very fair to all staff which gives us trust in them I can't praise them enough, they always 'go the extra mile' and strive for excellence". Another staff member told us,

"Willowbrook is a family, we pride ourselves on that. Most positive thing about working here is our person centred approach which applies from the top (provider and registered manager) downwards, we all work to the same values and it is a joy to work here". Staff told us that team building days had taken place and this involved social and activity days in the local community including theatre and barge trips.

Earlier in the year the provider and registered manager had organised development day meetings. These were held at a local hotel over two separate days allowing staff of all roles to attend. The focus of the days were to share with staff the key changes in the care industry including the Care Act 2014, Care Certificate and also understanding the CQC requirements and fundamental standards. The development day also included celebrating the achievements of the service during its five years of operating, awards to team members completing five years of employment and for the provider to share their future plans for the service.

There were effective systems in place for the continuous quality monitoring of the service. Quality audits were undertaken by the quality assurance and audit manager, registered manager, heads of departments and the provider. These included audits of health and safety, accidents, complaints, infection control and prevention and medication management. We saw records of unannounced night visit checks had been carried out to ensure that care at all times of the day and night were monitored. Where any actions for improvement were identified these were planned, and evidence was available to show how any actions needed had been completed. The service had been also been assessed by external teams to check the standards of food hygiene and scored the service very highly. We saw that the quality monitoring systems were robust and effective and ensured the safety and good quality of the service were monitored continuously.

An annual family, staff and professional survey was completed to seek the opinions about how well the service was delivered and to identify areas for improvement. Records of these were seen to be comprehensive documents that were published and shared with people. The survey questionnaire was designed to judge the service against CQC's key lines of enquires. The outcome showed that people and staff rated the service as stable and consistent across all areas. It identified that people's care and the environment ranked highly and recreation and residents meals were identified as areas for improvement. The registered manager told us that the findings were incorporated into the Willowbrook action plan. He told us that in response to the outcome of the survey they had made many changes to the kitchen including upgrading the catering facilities, increasing the catering staff's hours and a reduction in frozen food and an increase in the purchase of fresh locally produced food. This shows that the provider acts upon the views of people.

The registered manager told us that they had maintained links with external organisations. He had also been asked to speak at conferences about his work at the service with people with complex mental and physical health needs. The registered manager told us that they were involved in a new initiative pioneered by the service looking at the safer management of people who present challenging behaviour and would be working with external training providers to explore best practice in this area. Staff had been involved in attending national conferences and care shows to ensure that the service continued to provide a service based on current best practices. The registered manager told us that it was their long term aim to be a learning environment linked to the local universities and they were currently offering placement for student nurses. In addition, Willowbrook was a member organisation of the West Midland Care Association where they received advice and support to improve their services.

The statement of purpose had been recently updated and the staff team had been involved in this process. This set out the aims, objectives and philosophy of the service.

