

## Willinbrook Healthcare Limited

# Willowbrook

### Inspection report

363 Aldridge Road  
Perry Bar  
Birmingham  
West Midlands  
B44 8BW

Tel: 01213444751

Website: [www.willinbrookhealthcare.co.uk](http://www.willinbrookhealthcare.co.uk)

Date of inspection visit:  
01 November 2018

Date of publication:  
07 December 2018

### Ratings

Overall rating for this service	Outstanding 
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?	Outstanding 

# Summary of findings

## Overall summary

Willowbrook provides accommodation and nursing care for up to 75 people. People living in the service may have dementia and or enduring mental health conditions.

The service comprises of two buildings; Aldridge House, which has accommodation for 45 people diagnosed as living with dementia, and Alexander House, which has a 15 bed wing for people with mental ill health and 15 beds for people living with dementia.

At the last rating inspection in June 2016, the service was rated Good. At this inspection we found the service had developed further and was now Outstanding.

There was a registered manager 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 were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised. The provider had introduced enhanced systems to ensure people remained safe within the home.

The provider and their staff had continued to show a high level of compassion and kindness when caring for people, demonstrating a dedicated person centred approach to supporting their care and well-being. Feedback from people, relatives and healthcare professionals were extremely positive and complimentary, all providing glowing endorsements of how caring and compassionate staff were towards their loved ones.

People's rights to privacy were respected by the staff and their dignity was maintained and upheld at all times. People were supported to express their views and be actively involved in making decisions about their care and support needs, by a provider who valued their input. Staff consistently sought people's consent before providing care and support.

The provider demonstrated a high level of responsiveness to people's individual care and support needs. They knew people well and understood how to help people live a happy and content life. We saw that activities and events were tailored specifically in response to people living with dementia. Staff demonstrated that they understood the importance and benefits of providing person centred care

The provider led by example and there was a strong ethos for quality care which ran throughout the location. All stakeholders had input into the running of the home, their feedback was valued and used to drive forward quality service provision. People, relatives and staff were proud of being part of the home and its positive and uplifting culture. Systems and processes were extremely robust and effective ensuring that quality standards were met and exceeded. The provider was proactive in working with external stakeholders, sharing information and examples of good practice, to develop the service and support

external service provision.

People using the service, their relatives and staff were confident about approaching the registered manager if they needed to. They were extremely complimentary about the provider, registered manager and the whole workforce. They recognised that their views were valued and respected by the provider who consistently used their feedback to support quality service development.

## 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 receiving their medicines as and when prescribed

People were supported by a staff team who understood how to protect them from abuse.

People were supported by staff who were recruited safely.

### Is the service effective?

Good ●

The service was effective

People were supported by a staff team who had the skills to support them effectively.

People's rights were upheld when staff were making decisions in their best interests.

People were supported appropriately to ensure their nutritional needs were met.

People's day to day health needs were met.

### Is the service caring?

Outstanding ☆

The service was extremely caring

People and their families were supported by a staff team who were exceptionally kind, compassionate and caring towards them at all times.

People were made to feel positive about their lives by staff who understood their individual needs and knew how to support them to enjoy life fully.

People's privacy and dignity was upheld at all times and they were actively encouraged to be as independent as practicable.

People were supported to maintain relationships that were important to them.

### Is the service responsive?

Good 

The service was responsive

People received care and support to meet their needs and preferences.

People's care needs were met by a provider who was proactive in finding innovative solutions to enhance their lives.

People could access activities and leisure opportunities that interested them and that supported their well-being.

People and their relatives knew how to raise complaints as and when required.

### Is the service well-led?

Outstanding 

The service was extremely well-led

The service was well-led by a provider who demonstrated a strong understanding of the responsibility they had to service provision.

There was a positive and proactive culture and ethos demonstrated throughout that actively and consistently promoted the health and wellbeing of people, relatives and staff.

People were supported by staff who understood their roles, were clear about their responsibilities and displayed actions that mirrored the ethos of the provider.

There were high quality systems and processes in place that were extremely effective in supporting the service and driving it forward.

# 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 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.

This was a comprehensive inspection which took place on 01 November 2018 and was unannounced. The membership of the inspection team comprised of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We contacted the Local Authority commissioning service and the Clinical Commissioning Group [CCG] for any relevant information they may have to support our inspection. We also contacted Healthwatch Birmingham who provide information on care services.

During our visit we met with seven people who use the service and spoke to four relatives, eight members of care staff, three health care professionals, the quality assurance manager, the training manager, the registered manager and the provider.

Many of the people had limited verbal communication and were not always able to tell us how they found living at the home. People who could not communicate verbally used other methods of communication, for example; gestures. We also carried out a Short Observational Framework for Inspection (SOFI), which is an observational tool used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

We looked at the care records of four people and three staff files as well as the medicine management processes and records that were maintained by the provider about recruitment and staff training. We also

looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# Is the service safe?

## Our findings

The provider kept people safe from the risk of harm. A person we spoke with told us, "I feel safe because the doors are locked and no one can get in". A relative we spoke with told us, "I can't say that I've been upset with anything I've seen here [location]". We saw that the provider had processes in place to support staff with information if they had concerns about people's safety and how to report those concerns. Peoples personal safety and that of their personal possessions was promoted. The provider operates a secure key fob system which ensures that only the designated person and identified staff members have access to a person's room. The key fobs can also be programmed to allow known visitors access to agreed areas of the location. The system also records who enters a person's room and records time periods. This system ensures that people remain safe within their own environment.

Staff we spoke with told us that they had received training on keeping people safe from abuse and avoidable harm and were able to give us examples of the different types of abuse. One member of staff we spoke with said, "I report any concerns to the registered manager, to raise with the local authority for investigation". All staff we spoke with told us that they would raise any concerns they had to the registered manager if they suspected that someone was at risk of harm or abuse. Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. We found there had been no requirement for staff to raise any whistleblowing concerns in the twelve months prior to the inspection.

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. One member of care staff we spoke with told us that risk assessments were reviewed monthly and we saw this reflected in people's care records. Care staff also told us potential risks were being continually monitored. They gave us examples of assessing people's behaviour/mood, fluid intake, nutrition and pressure ulcers. This demonstrated that staff were aware of the risks that each person might be susceptible to.

There were sufficient numbers of staff to meet people's needs. A person we spoke with nodded when we asked if there were enough staff around to support them during the day. A member of staff we spoke with told us, "Staffing levels are based on the needs of the service user and bank staff are available if needed". We saw that the provider had processes in place to cover staff absences. They also had systems in place to ensure that there were enough members of staff on duty with the appropriate skills and knowledge to see that people were cared for safely.

The provider had a robust recruitment policy in place and staff told us that they had completed a range of checks before they started work. We reviewed the recruitment process that confirmed staff were suitably recruited to safely support people accessing the service. We saw these included references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. A member of staff we spoke with confirmed that the provider had completed all the necessary checks prior to them commencing work. Information gathered on the PIR showed us that the provider was adequately staffed for the needs of the service.

People received their medicines safely and as prescribed. A person we spoke with told us, "The staff give me my tablets. You don't have to wait long if you need pain killers". Another person we spoke with told us that staff always gave them their medicine on time, and if they needed eye drops staff gave them when requested. We saw that the provider had systems in place to ensure that medicines were managed appropriately. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they had received training on how to manage and administer medicines.

Staff we spoke with told they understood how to protect people by the prevention and control of infection. They told us that they had received training on infection control and cross contamination prevention. A member of care staff told us, "We wear aprons, gloves and wash our hands regularly". They also told us that no member of staff should be walking around the location with gloves on, as gloves should be dispensed with after use to protect against cross contamination. We saw that the provider had monitoring systems in place to ensure that the location and people using the service were protected from the risk of infection. The PIR showed that in a 2018 survey relating to the cleanliness and hygiene of the service, 98% of respondents had rated the service as outstanding or good.

## Is the service effective?

### Our findings

Staff had received appropriate training and had the skills they required in order to meet people's needs. A healthcare professional we spoke with told us, "The staff are well trained at all [service] levels. The dementia training is very good". A member of staff we spoke with told us, "I can't think of any training that I haven't had". Another member of staff told us, "The company [provider] don't hold you back, they facilitate me attending courses and encourage my [professional] development". They went on to tell us that they could discuss any specialised training requirements with the registered manager and that they were open and responsive to suggestions. We saw that the provider responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who use the service. The registered manager told us how they encourage career development, for example; Senior staff have the option of completing nurse associate training, and each shift has a member of staff who is qualified to assess staff competency, thus promoting continuous service improvement. We saw that systems were in place to ensure that all staff training was monitored and reviewed regularly.

Staff told us they had regular supervision meetings with their line manager to support their development. A member of staff we spoke with told us, "We have supervision every three months". The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion. We saw that the provider, registered manager and senior staff were available always for staff to discuss any concerns or issues. We saw staff development plans showed how staff were supported with their training and supervision.

We saw that the provider had processes in place that involved people in how they received personalised care and support. Relatives we spoke with told us they felt that their family members care needs were supported and that they were involved in decisions about their care. A relative we spoke with told us, "The personal care is excellent". Staff were able to explain people's needs and how they supported them. Staff explained, and we observed, how they gained consent from people when supporting their care needs. A staff member told us that they asked people for consent when supporting them with their care needs. They told us that if people were unable to give consent verbally, they would gesture or use body language to inform care staff. We saw this form of communication being used by staff and people during the inspection.

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. Some of the people being supported by the provider have capacity to make informed decisions about their care and support needs. Staff told us they had completed mental capacity training and were able to explain their understanding of how to support someone who did not have capacity to make informed decisions about their care and support.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Members of staff we spoke with told us that they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty. From documents seen during the site visit and information seen within the PIR, we could see that the provider was submitting DoLS applications appropriately.

People and relatives we spoke with told us they were happy with the support they received from care staff with meals and drinks. One person we spoke with said, "The food's lovely. I had a salad today with juice as I'm trying to eat healthily at the moment". They continued, "You can ask for anything and they [staff] will give it you". A member of staff we spoke with told us how they aimed to provide fresh, healthy meals in line with guidelines as set out in people's care plans. They told us how they are aware of people who have specialist diets and how to support them. We saw that the provider had consulted dieticians and the Speech and Language Therapy [SALT] team to ensure that people using the service were supported to maintain a healthy and safe diet.

People we spoke with told us that the provider supported their health care needs. One person we spoke with told us, "They [staff] get the doctor when you need them. They come out if you've got aches and pains". Care staff we spoke with understood people's health needs and the importance of raising concerns if they noticed any significant changes. A healthcare professional we spoke with told us, "The team [staff members] are very well drilled. They are good at following instruction. Record keeping is good and of a high standard". Another healthcare professional said, "I don't have to worry about [people's medical] notes, or go hunting around after them, they are always available". We saw people's care plans included individual health action plans and showed the involvement of health care professionals, for example; psychiatrists, dentists and opticians.

We saw that people's individual needs were met by the adaptation, design and decoration of the premises. We saw that people and relatives were consulted on the layout and décor of individuals rooms.

## Is the service caring?

### Our findings

The service continued to provide an outstanding level of care that was person-centred. The service sustained its strong culture of supporting people as individuals and people continued to be provided with support that was kind and compassionate by a caring and dedicated team. The registered manager told us that the people living at Willowbrook were 'people, not clients'. People, relatives and healthcare professionals were consistently positive about the caring approach of the providers and staff.

A person we spoke with told us that staff had arranged a birthday party for them recently, they told us, "I felt special". One relative told us, "My [family member] was on palliative care. They [provider] brought him back from the brink and I can't thank them enough for what they've done, it's been remarkable. When [person] came back from hospital every member of staff came over to say hello, they all knew [person] by name. When [person] walked into the lounge everyone stood up and cheered. They genuinely care". Throughout our visit we saw a consistent empathetic, compassionate approach towards people from the provider, registered manager and care staff, which was echoed at every opportunity by relatives and healthcare professional that we spoke with.

The service supported people living with advanced dementia who may demonstrate behaviours that challenge services. Many of the people living in the service were unable to access community resources. Staff worked innovatively and creatively to enable people to partake in new experiences or to continue to access meaningful activities that enhanced their quality of life. For example; the provider has developed an in-house cinema, barbers, pub and sensory room that recreated a beach experience for people. Staff were enabled to use their in-depth knowledge of people's life histories, hobbies and interests to create experiences in the home that would not otherwise have been possible. For example, the service had created a pavilion area that contained a bar and we observed that people were relaxed in this area and that it created a social and jovial atmosphere. This resulted in people feeling more settled in the home and enhanced their sense of well-being and quality of life. It also supported people to maintain the relationships that were important to them because it gave people an area to spend social and meaningful time with their friends and family. A relative we spoke with told us how staff are always looking for opportunities to enhance people's lives at Willowbrook, they told us, "On a nice day they [staff] will pack something like scampi and chips which they can take into the pavilion in the garden. It creates the impression that they [people] are going out for the day". A healthcare professional we spoke with told us, "Let's put it this way, if my dad had dementia, this is where I'd want him to be". Throughout our visit we saw interactions between staff and people that were compassionate, warm and showed that people were valued.

This absolute focus on people and improving their experience of living in the home resulted in people experiencing enhanced outcomes and an improved quality of life.

There was a strong, visible person-centred culture. Staff provided care and support that was exceptionally compassionate and kind. Care staff we spoke with told us that not all the people they supported were able to verbally communicate about how they preferred to receive their care and support. A member of staff we spoke with told us, and we observed, that every person has a designated key worker who worked extensively with an individual person to understand their preferred communication style. We saw one person who

communicated in a language other than English had a keyworker looking after them exclusively who spoke their preferred language. This enabled people to have maximum choice and control over their care and day to day lives.

The registered manager told us how people were consulted when being matched with care staff who lead on providing their care. The characteristics that people were matched on considered their personal interests/personalities, life histories, gender and first language so that people were supported to feel valued. This helped to facilitate meaningful and trusting relationships between people and staff. Staff were highly motivated to offer consistently exceptional compassionate care and support because they knew people well and understood what was important to them. This also helped ensure people were allocated staff who they were able to interact and communicate with most effectively to promote their well-being. Information provided in the PIR stated; 'We [provider] have diverse staff with different language skills', and we observed this during our inspection. This demonstrated that people felt included in their own care and treatment. The home has devised its own communication assessment to aid care staff in developing a more detailed understanding to support with decision making where the resident has severe cognitive impairment. This meant that all staff were particularly sensitive to times when people need caring and compassionate support. For example; we saw when a person became emotional and distressed we observed a member of staff empathetically put their arm around the persons shoulder and spoke in the persons preferred language to comfort them. Without exception all the staff we spoke with were highly motivated about working for this provider and ensuring people got personalised care that met their needs. The culture that the provider had created empowered staff to focus upon people as individuals and to provide genuinely caring and person centred care and support.

The service is exceptional at helping people to express their views so that staff and managers at all levels understand their preferences, wishes and choices. A person we spoke with told us, "I get up when I want and go to bed when I want". Staff used a variety of tools to communicate with people according to their needs, which included using pictures and objects providing reference for people in accessible formats. Staff find creative ways to communicate with each person using new technologies such as computers.

We saw that staff understood the importance of supporting people to be well dressed and groomed in a way that they preferred so they felt good about themselves. A relative we spoke with advised that staff always supported the person in ways that they knew the person liked. We saw that people were dressed in clothing that was individual in style and matched to other items they were wearing and personal attention was provided. We saw that for those people who wore glasses they had been supported to ensure that their glasses were cleaned each day and whenever necessary. We saw people moved freely around the location, moving between the communal areas and gardens. They were moving in and out of the communal catering areas making drinks whenever they wanted to.

People had individual care plans in place that had utilised information obtained through initial and ongoing assessments. We saw that they had been updated regularly and clear review dates were set after each care plan had been agreed. Changes in people's health and well-being that required different levels of support or assistance were recorded and shared with staff. Relatives were involved and their individual wishes were respected and listened to, for example; to attend hospital visits, participate in care reviews, family meetings or at social events in the home. Staff we spoke with referred to the value gleaned from life story books, verbal information from family and friends and information provided by the person themselves. A member of staff we spoke with told us, "We [care staff] are keyworkers for five service users [people] and we liaise with family members to find out what they [people] like". Another member of staff told us how the support people culturally and spiritually based on their individual needs. People were supported to attend religious services, attend cultural celebrations such as Diwali and eat food that reflected their cultural background.

Staff were matched with people of similar interests or hobbies, for example; a member of staff we spoke with told us how they were keen to be going with a person to music events and the theatre, as these were activities that they both enjoyed.

People living with dementia may at times express their feelings through behaviours that may be challenging to others. We saw, without exception, that staff were quick to recognise when people were becoming distressed and provided the reassurance the person needed to become more settled and relaxed.

Supporting people to maintain their privacy and dignity was embedded in to staff practice. Training was seen as important in this area and staff were attentive to ensuring that it was upheld and promoted. Staff we spoke with all knew the importance of respecting people's privacy and dignity. Without exception we saw that where people needed support with personal care, they received such support in private. One member of staff we spoke with told us, "We [staff] close curtains and doors when supporting with personal care". They also informed us of how they ensure a person's dignity is maintained by covering their body when supporting with washing. They told us that they were focused on not hurrying people and talking to them throughout, gaining consent and explaining what was happening always. A member of staff we spoke with told us that people were offered a choice of staff, dependent on their gender preference.

There was no restriction on visiting times so that people were supported to maintain relationships that were important to them. A person we spoke with said, "Visitors can come at any time, grandchildren as well". We saw visitors were present throughout the day. Some people were supported to keep in touch with relatives using electronic display equipment (Skype).

People were supported to maintain their independence whenever possible and personal preferences were respected. For example, we saw that some people liked to spend time in their own rooms to follow their own daily routines. Some people liked preparing drinks with support when needed. Some parts of the home were set up in small domestic styled rooms and these rooms were often used for small scale group activities such as the breakfast club – this was a popular activity with some people and gave them the opportunity to exercise skills that they did not regularly use. One person we spoke with told us, "I like to get myself dressed. They [staff] like you to help yourself with washing, so I do as much as I can". They also told us, "I do some cooking at breakfast club". Staff understood the importance of people maintaining their independence and the beneficial impact it had for their well-being. A member of staff told us, "We [staff] like to support their [people] independence, it reduces their agitation as they feel more comfortable doing things for themselves".

## Is the service responsive?

### Our findings

The provider was extremely proactive in ensuring that people received personalised care that was responsive to their individual needs. A person we spoke with told us, "I love watching films in the cinema room". A relative we spoke with told us, "I've always cut [persons] hair and he won't let the barber do it. So, they [provider] arranged for a lady to do it, who comes in on her day off". Another relative told us, "My [family member] can be quite aggressive, and when [person] is they [care staff] will guide him away. I have never seen any of them [people] being handled roughly". A member of staff we spoke with said, "The owner [provider] is always here. He knows people. He makes sure people get what they need". The registered manager explained how they had supported a person who was resistant to being touched by care staff during personal care and they would often move around and kick out at staff. The provider developed a support frame for the service user so that they felt less distressed, enabling staff to support the service user in a way that they felt relaxed and comfortable in. From our observations, we could see that staff responded to people's individual needs as and when required. We saw a member of care staff supporting a person to eat their breakfast in the cinema room. The member of staff told us that the person enjoyed eating there. This demonstrated that staff were flexible to people's needs and not confined by restrictive guidelines. The provider had developed a number of interactive areas aimed at enhancing the well-being of people, such as a sensory room, massage chairs, pavilion, garden furniture [post box and phone box] there was a barbers' shop/hairdressers and a bar area, which were all positive features of the home providing people with a variety of venues to engage in a range of activities. There was a cinema room and a library, where people could choose to read books or listen to audio books.

Staff we spoke with told us how they got to know people they supported by talking to them, reading their care plans and by taking an interest in their lives. We found that staff knew people well and were focussed on providing personalised care. We saw that staff were responsive to people's individual care and support needs. A member of staff gave us an example; "I'm taking [person] to the theatre soon. [Person] gets quite depressed around this time of the year and planning events takes [persons] mind off things and gives them something to look forward to". We saw that care plans included information about people's individual care and support needs. Activities and interests of people were recorded and known to staff. A person we spoke with told us that besides the regular care staff, the provider was also supportive of people's interests and hobbies and regularly takes them out for meals; "[Providers name] is lovely, he looks after everyone and is so kind". We saw that there was a programme of activities on display in the home that was accurate and up to date. Activities that were ongoing during the inspection had been discussed with people and organised in advance by the activity coordinator. We saw that some people participated and most seemed to genuinely enjoy opportunities presented. The provider also employed a full time aromatherapist to support people with hand, foot and head massage as and when they required it.

Staff we spoke with told us they had received training on equality and diversity and understood the importance of relating this to people they supported. A member of staff we spoke with told us how they offered people the same opportunities and didn't discriminate on the grounds of gender, culture, race or ability. Another member of staff we spoke with told us how they had recently celebrated Hallowe'en at the home, however they were also aware that not everyone wanted to participate due cultural or religious beliefs, and these beliefs were respected. We saw that care plans reflected people's diversity and individual needs were considered and supported. A member of staff told us how some people preferred meals that

were reflective of their cultural heritage and these were provided.

People and relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. One person we spoke with told us, "The laundry doesn't always come back very quick. I had a word with [staff members name] this morning and they said they would sort it out. I think they will" A relative we spoke with told us that it was easy to raise a complaint and that the manager or owner were always accessible and willing to listen and address whatever they raised. They were satisfied that issues were resolved and not left unanswered. We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised, and that these were used to improve and develop the service. At the time of the inspection there were no formal complaints in progress.

## Is the service well-led?

### Our findings

The provider and registered manager are committed to providing a service that is consistently high quality and continues to develop in a way that evolves and includes people. We saw that the provider had considered how people, relatives and staff were meaningfully involved in making decisions about how the service was designed and run. Relatives were consulted regarding not only how their relatives care is to be developed, but also how to drive continuous improvement in the service. Opportunities were provided to meet in the home and such meetings were used as opportunities to consult with them on a variety of topics. For example; events and activities, layout of the location and feedback on service provision. A relative we spoke with appreciated being involved and commented positively on the value of these meetings.

We saw records of minutes from meetings and questionnaires which were audited and actioned. This showed us that the provider valued the opinions and views of all stakeholders and was proactive in ensuring that they were acted upon appropriately. Staff could give us many examples of how they had been listened to. A member of staff we spoke with us told us how they had suggested the key fob security system to the provider and this was now in operation throughout the location. This showed us that the provider genuinely listened to, and valued input from all stakeholders about continually developing the service. Views from people, staff and relatives were also sought via questionnaires. Information gathered from the PIR showed that in a recent service user survey, 88% of people living at Willowbrook had rated it as outstanding or good.

The provider provided monthly newsletters for stakeholders on service developments. This had been expanded to include a newsletter on food and menus. This development was in response to feedback from people, staff and relatives about the quality of the food and developing menus that responded to people's request and feedback.

The provider was extremely proactive in supporting innovation and developing a service framework to support people living with dementia. In response to feedback from people and their relatives about people living with dementia entering other people's bedrooms, the provider had invested in a key fob system. This system enabled people to have freedom in the home and to access communal areas and their own bedroom, however, would not allow people to enter other people's bedrooms. This had resulted in less instances of people's personal possessions being moved or lost, and ensured that other people living with dementia were unable to enter their rooms by mistake. This had resulted in people feeling safer and more relaxed, it gave them a genuine sense of ownership of their own personal space and promoted their right to privacy. The provider emphasised how they were continually looking for new ideas to improve the lives of the people living at the home in line with best practice. The provider told us that they were taking delivery of two 'Activity Carts' at the end of November 2018. Activity carts are an interactive resource aimed at encouraging and stimulating people living with dementia. The registered manager told us, "There's a good rapport with the owner [provider], he invests well. If I need anything, he gets it for me. We can't cure dementia but we can be involved in the fight". Throughout our visit we recognised that the service was developed with people and their needs at the heart of it.

Staff we spoke with told us that the provider, registered manager and other senior members of staff were supportive and responded to their personal or professional requests so that they felt valued and supported. Staff spoken to were motivated by and proud of the service. Staff could give us numerous examples of how the registered manager and provider made them feel supported. A member of staff we spoke with told us how the provider supported care staff during difficult winter conditions; they told us, "In the snow, the owner [provider] came and picked us up [from home] and got us a taxi back for every member of staff. He booked a 'Travel Lodge' for some staff to stay over". Staff told us that they felt confident about raising any issues or concerns with the registered manager at staff meetings or during supervision. Another member of staff told us about an occasion where they had responded to an emergency with a person living at the home. The incident was quite traumatic, but the management team were extremely supportive and reassuring during and after the event. They continued, "I felt really supported and valued". We were told by staff and the registered manager that every year the provider puts on an awards ceremony for all the staff, to show their appreciation for their work throughout the year. In addition, the provider and registered manager continually support the personal and professional development of staff by enabling them to take part in training and development to enhance and promote their career, for example; nurse training. One member of staff told us, "I have worked in many care homes, but now that I have worked here I don't want to work anywhere else". Another member of staff said, "Never mind 'good enough for my Mom', I would live here myself".

At the time of our inspection there was a registered manager 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. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it. The registered manager had been at the location for many years, and the provider was a continual visible presence, all of which ensured a feeling of stability throughout the home. From our observations it was clear that people, relatives, and staff were fond of them both.

People consistently spoke highly of Willowbrook, its staff and the service it provided. A person we spoke with said, "It's lovely here, very posh. If it was a hotel you'd pay a lot". A relative we spoke with told us, "They [provider] are outstanding, there is no [other] place to touch them. ....the care is second to none". Another relative told us, "They are absolutely superb, the staff are amazing, I can't fault it [service]".

The service was regarded locally as an exemplar of innovative practice in supporting people living with dementia. The provider and registered manager were proud of the quality of care provided to people and were happy to share their best practice openly with other professionals and services. A healthcare professional we contacted confirmed that they would often take managers from other health and social care providers along to Willowbrook to show them an example of how to care for people with very advanced challenging behaviour. Another healthcare professional told us, "It's a joy to come here, the staff are very 'switched on'".

We saw that quality assurance and audit systems were given a high profile and were in place for monitoring service provision. The provider had systems in place for reviewing care plans, risk assessments and medicine recording sheets. We saw that the provider used feedback from people, relatives, staff and other stakeholders to develop the service. The auditing system was robust, clear and flexible, and we saw good examples of how data was used to support the short, medium and long-term goals of the location. If information was received about changes which needed to be made to the service at short notice, there was

a clear and easily monitored process to ensure that actions were completed in a timely manner, for example; if there had been a spate of falls, we saw that information was shared efficiently with staff via clearly identified routes of communication. It was clear that the provider and registered manager were proactive in their responsibilities to ensure that performance and risk criteria were monitored, evaluated and actioned, thus leading to the delivery of demonstrable quality improvements for the service. Performance management processes are effective, reviewed regularly and reflect best practice. All data was used to develop action plans for the development of the service. This demonstrated that governance is effective and embedded into the running and continual development of the service.

The provider informed us of how they worked closely with partner organisations to develop the service they provide. They told us how they attend meetings with the local authority, other service providers, healthcare professionals and universities to identify areas for improvement and drive forward social care provision in the future. Examples of this are; Working on a dementia research/training project with Aston University; 'Improving outcomes without medical intervention'. When we spoke to staff it was clear that this was an ethos the whole team adhered to. We saw endorsements from lecturers and students from Wolverhampton University, who the provider worked in partnership with by providing student placements. The university had awarded Willowbrook a Gold Achievement Award. The Celebrating Construction programme had awarded the home a Dementia Friendly Award in January 2018. The PIR also identified a wide range of other partnership organisations that the provider was actively involved with.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.