

Olivia Josephine Care Limited

The Willows Care Home

Inspection report

397 Midgeland Road
Marton Moss
Blackpool
Lancashire
FY4 5ED

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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?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Willows is situated on the outskirts of Blackpool in a rural setting. It is a detached single storey property, providing accommodation for 27 people who require nursing or personal care. Many of the rooms overlook the large garden and orchard and have direct access to the grounds. All rooms have en-suite facilities including a shower. There is a communal lounge, bistro, snug, dining area and a conservatory. Parking is available for visitors at the side the building. At the time of our inspection visit there were 22 people who lived at the home.

At the last inspection carried out on 22 March 2016 the service was rated Outstanding. At this inspection we found the evidence continued to support the rating of Outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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 who lived at the home continued to receive personalised care which was very responsive to their individual needs. Staff had an excellent understanding of the care and support people required and provided this with great care and patience.

The Willows had achieved the highest award possible for end of life care. A healthcare professional we spoke with told us this was exemplary as standards required to achieve this were extremely high. We saw relatives had praised end of life care provision for their loved ones at the home.

The owner and registered manager continued to support staff to provide extremely high standards of care for the benefit of people who lived at The Willows Care Home. This was demonstrated by the outstanding awards in caring for people the service had achieved.

Without exception everyone we spoke with including people who lived at the home, their visitors and healthcare professionals couldn't praise the home high enough. People who lived at the home told us how happy and well cared for they were.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered.

Links with health and social care professionals were excellent. Health professionals we spoke with repeatedly praised the high standards of care provided and described the service as exceptional. Health

care professionals told us staff were very responsive and acted quickly if people had healthcare issues.

The home had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. People we spoke with told us it was a pleasure to visit their relatives at the home.

People who lived at the home, their visitors, staff and healthcare professionals told us without exception the registered manager 'led by example'. This was underpinned by a clear set of values which included promoting each person's individuality, privacy, dignity, choice and rights. During our visit we observed staff acted according to these values when providing support to people in their care.

People who lived at the home and relatives repeatedly praised the quality and choices of food provided. Healthy eating was promoted. Meal times were relaxed and organised around people's individual daily routines. We saw the dining experience was enjoyed by people who were supported by caring, attentive and patient staff. Healthcare professionals told us nutritional support provided at the home was excellent.

The service continued to provide interesting and stimulating activities for people to participate in. People who lived at the home told us they felt engaged and spoke with great enthusiasm about the activities organised for them.

Systems, processes and practices were embedded to safeguard people from abuse and risk of harm. Good practice guidance had been followed to keep people safe. Staffing levels were continuously reviewed to ensure there were enough staff on duty to provide flexible care.

Recruitment procedures were safe with appropriate checks undertaken. Careful consideration had been given to ensure staff offered employment shared the same care values of the registered provider to deliver high quality care alongside the existing staff team.

Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people to keep them safe and meet their needs. There was a strong emphasis on promoting independence and empowering people wherever possible.

Staff retention was good and people told us they were supported by staff who knew and consistently met their needs.

The service used innovative and creative ways to train and develop their staff and ensured they put their learning into practice to provide an outstanding service.

People who lived at the home, their relatives and healthcare professionals praised the way in which safety and risk was managed. We were repeatedly told that people remained safe whilst living at the home.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

The service had safe infection control procedures in place and staff had received infection control training.

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patient staff. A healthcare professional told us nutritional support provided at the home was excellent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek people's views about the service provided.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service has improved to Outstanding.	Outstanding ☆
Is the service well-led? The service remains Outstanding.	Outstanding ☆

The Willows Care Home

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.

The Willows is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 04 December 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an expert-by-experience. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department at Blackpool Borough Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because people who lived at the home were able to speak with us and tell us about their experiences living at the

home.

Is the service safe?

Our findings

Throughout the inspection we observed safe care practices with staff being kind and patient with people in their care. People who lived at the home told us they continued to feel safe in the care of staff who supported them. Comments received included, "When they move me from my wheelchair into my arm chair they are always very careful. They know I am frightened of falling. Always feel safe as they take their time and are very good." And, "I feel very safe here the staff are very good." People visiting the home told us they felt their relatives were safe in the care of staff who supported them.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

People who lived at the home told us they were happy there were sufficient numbers of staff available to meet their needs. We saw the duty rota reflected the needs of people who lived at the home and care and support was provided in a relaxed and timely manner. We saw requests for assistance were responded to promptly. Staff were in attendance in communal areas providing supervision and support for people and greeted and welcomed their visitors.

Records seen confirmed appropriate recruitment checks had been made to ensure staff were suitable and safe to work with vulnerable people.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines. A healthcare professional told us staff responsible for administering medicines were well trained and had a good understanding of pain relief.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. Staff had been provided with appropriate personal protective clothing such as disposable gloves, aprons and cleaning materials to undertake their duties effectively. Cleaning schedules were in place and regular infection control audits had been completed.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights. One person who lived at the home said, "I was unwell the other night and in pain. One of the night staff sat with me until I felt better. You can't get better than that can you. They were brilliant."

Care plan records confirmed a full assessment of people's needs had been completed before they moved into the home. Following the assessment the service, in consultation with the person had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate to meet the person's needs.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training including health and safety, diabetes awareness, moving and handling people, safeguarding adults and end of life care. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

The service provided equality and diversity training to all staff and this was refreshed annually. The training taught staff to respect people's individual beliefs including religion, culture and sexuality. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

We found people continued to be happy with the variety and choice of meals provided. We saw snacks and drinks were offered to people between meals including tea, coffee, juices, fruit, biscuits and cake. Lunch was organised and well managed and provided a relaxed and social occasion for people to enjoy their meal. A healthcare professional told us nutritional support provided at the home was excellent.

The kitchen was clean, organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

The service shared information with other professionals about people's needs on a need to know basis. For example, when people were visited by healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. We saw people had access to healthcare professionals and their healthcare needs

had been met. Healthcare professionals spoken with during the inspection told us staff were very responsive and acted quickly if people had health issues. We were also told staff always knew when follow up visits are required following blood tests and would ring to prompt the healthcare professionals.

We found the building and grounds were appropriate for the care and support provided. People who lived at the home had access to the grounds which were enclosed and safe for them to use. The design of the building provided sufficient space to enable people to walk about safely. All bedrooms were single occupancy with ensuite facilities and a nurse call system to enable people to request support if needed. The people we spoke with were delighted with the standard of accommodation provided.

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.

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. Also whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

Is the service caring?

Our findings

People who used the service, their relatives and healthcare professionals continued to be extremely complimentary and enthusiastic about the registered manager and her staff. They told us all staff were very kind, compassionate and respectful. We were told they continued to provide care which was outstanding and staff always went the extra mile to ensure people were happy and cared for. Staff were described as "Outstanding." And "Absolutely brilliant. Very caring and professional." Comments received included, "The staff are absolutely brilliant. They are very caring and look after me ever so well."

The service continued to have a strong person-centred culture. We observed staff interactions with people in their care and saw they were frequent and friendly. Staff were very focused on helping people to increase their wellbeing. We saw they were extremely caring and attentive and showed genuine affection to the people in their care. A visiting healthcare professional commented they observed staff really cared about people and had a lovely attitude. They said they witnessed staff consistently displayed an especially caring nature and provided person centred care which met people's individual needs. They said this made a difference to people to live meaningful lives.

Without exception we saw staff interactions towards people who lived at the home centred upon equal relationships, respect and dignity. When they talked with individuals, they encouraged them to lead conversations and the support provided. We saw staff knelt down to eye level, without fail, and engaged with people on their level in non-patronising discussion. A visiting healthcare professional told us staff focused on people's wellbeing and they did everything they could to give them the best possible life. They said they were extremely impressed with the very high standards of care they witnessed during their visits.

Dignity continued to be at the heart of the service. The service employed a dignity champion who circulated relevant best practice and held monthly meetings to explore related topics. This included nutrition, medication and care planning, which staff were required to reflect on. Staff had received in-depth training around dignity and respect. The registered manager told us the purpose of the training was to improve the delivery of respectful care and confront practices that contributed to indignity. We found throughout the inspection the registered manager and staff held in high esteem people's dignity and privacy and saw this as essential to a meaningful life. The excellent approach we saw to dignity confirmed staff were highly skilled to give personalised care that optimised people's privacy

We noted that privacy, dignity and independence were integral parts of the care planning process, particularly during the provision of intimate personal care and the promotion of people's abilities. People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they treated people with great respect and provided care in a dignified manner.

Throughout the inspection we witnessed staff constantly smiled and interacted with people in their care in a very caring, friendly and loving approach. We saw they consistently engaged with people and discussed

topics that were clearly of interest to the person. Staff constantly worked proactively to de-escalate situations before they deteriorated. When an individual started to express distress or anxiety, staff immediately comforted them with very soothing contact, whilst helping them to express their feelings. For example, we saw one person who had become distressed supported by a staff member who sat with them and held their hand. The staff member spoke calmly with the person and caressed their face. They were kind and patient and gave the person the time they needed to relax. We saw the person kissed the staff members hand and thanked them for being so caring.

One person who lived at the home told us they had been supported by staff with a recent bereavement. They said staff had supported them to discuss and deal with their grief and had enabled them to learn to deal with their grief in a positive manner. We saw the persons family had made the following comments, 'Really pleased with the excellent and compassionate support provided to [relative]. You have helped them to cope and for that we will be forever grateful.'

We spoke with one person who had recently moved into the home. The person told us they had gone to stay at the home for respite care and when they returned home realised they wanted to return permanently. The person said, "As soon as I got home I realised I missed the care and staff and wanted to get back as quick as possible. I made my daughter ring up and check if my room was available. And here I am and I am very happy."

Healthcare professionals we spoke with told us care at the home was excellent. They told us people were treated individually and provided with person centred care at the highest standard possible. One healthcare professional told us if they required a care home for a loved one they wouldn't hesitate to ask for a place at the The Willows.

Staff continued to have an excellent understanding of protecting and respecting people's human rights underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff talked with us about the importance of supporting and responding to people's diverse needs. People's personal relationships, beliefs, likes and wishes were recorded in their care records and this helped people to receive the right support around their individual beliefs and preferences. This confirmed the service could accommodate diversity in the workplace and create a positive and inclusive environment.

Relationships were fostered and developed with people's families. Relatives told us the home was welcoming and they always looked forward to visiting their family members. They commented on the way they were welcomed and made to feel at ease within the home. One person said, "I love visiting the home. The staff are so friendly and welcoming. It's such a relaxed and happy atmosphere it's a pleasure to visit."

We looked at feedback received from relatives of people who had stayed at the home. One family made the following comments, 'You might say you were just doing your job, but to thank you so very much for the really excellent care you gave to [relative] during their stay. You don't have a magic wand, just a hard working team that goes above and beyond. Your dedication deserves this pat on the back.'

People were well presented and looked comfortable in the presence of staff members. We saw interactions between staff members and those who lived at the home were all pleasant, polite, friendly and unhurried. Staff showed genuine affection to people in their care and we saw how much this was appreciated.

We spoke with the registered manager about access to advocacy services should people in her care require their guidance and support. The service had information details for people if this was needed. This ensured

people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home told us the service provided excellent personalised care which was responsive to their needs. The people we spoke with and their family members were all extremely positive regarding the support and engagement they experienced from staff team. Everyone we spoke with couldn't praise the service high enough. One person who lived at the home said, "I am so lucky to have found this fantastic place to live. Everything about it is of the highest standard. The staff are outstanding every one of them."

We found The Willows continued to be recognised by the NHS Gold Standards Framework (GSF) for End of Life Care and had received the highest possible award available, Platinum. During the accreditation process the owner, registered manager and staff had received training and quality assurance assessments to check they were meeting the required standards.

We spoke with two healthcare professionals about end of life care provided by the home. They told us end of life care provided at the home was excellent, very organised, planned and coordinated. They told us the home provided very high standards of care and they worked well with clinical staff who all comment on the exceptionally high standards of care they witnessed. They told us they had seen staff being truly dedicated to providing genuine person-centred, compassionate care right up until the end of people's life.

Care plans seen confirmed people and their families had been involved in their care planning for end of life. This included an assessment of their needs and preferences, and an agreed set of actions reflecting these choices.

Discussion with the registered manager and staff confirmed they were committed to the delivery of consistently excellent end of life care and people at end of life would be supported with compassion and care. They told us people's end of life care was personalised to their wishes and needs and included attending to their physical, social, emotional, spiritual and religious needs.

Since our last inspection the provider had built a new wing which provided a self-contained open plan family suite for those wishing to remain with family and friends moving towards end of life. The registered manager told us the suite will enable the service to support people at end of life and their family sensitively and ensure their needs and wishes are met. This enabled the service to ensure that people at end of life and their family received excellent care in accordance with their wishes. The registered manager told us the creation of the suite will enable people at end of life to remain at their preferred place of care in the presence of loved ones.

We looked at a sample of thank you cards received from family members of people who had been cared for at end of life at the home. One person commented, 'The end of life care provided to [relative] during the last two weeks of their life was particularly impressive. A hospital bed was provided and they were continually visited by staff who were very kind and caring and ensured they were comfortable. There was a good relationship between the Willows and the end of life nursing support team. Thank you so much for the care provided and support given to our family.'

During this inspection there was no-one being cared for at the end of their life. However, our observations and discussions with people confirmed the standards laid out in the framework benefitted all people who lived at the home.

People told us the activities provided by the service were without exception interesting, stimulating and great fun to participate in. They told us they felt engaged and spoke with great enthusiasm about the activities organised for them. The service employed a well-being activities co-ordinator who organised a wide range of activities to keep people entertained. The activities were structured, varied and thoughtful. We saw activities organised were advertised around the home and in addition each person was issued with a weekly list advertising the events organised for each day. The well-being activities co-ordinator held weekly meetings to discuss with people their interests and the activities they would like to undertake. During one meeting it had been identified one person had been a domestic science teacher and another person had a catering background. Both people had expressed an interest in baking and as result an afternoon of baking had been introduced to the activities plan for them. One person said, "I so look forward to the baking afternoons they bring back so many fond memories. We share the results of our efforts with the other residents at tea time which are always appreciated."

We looked at the activities being organised which included chairbics, parachute volleyball, quiz afternoons, card games, dominoes, art and craft class and regular entertainers. On the day of our inspection visit we saw 14 people playing parachute volleyball in the afternoon. We saw lots of laughter and enjoyment and it was clear from our observations people were having great fun. We saw the well-being activities co-ordinator was very passionate about the work she undertook and this was very clearly demonstrated in the activities we witnessed on the day. We also saw the well-being activities co-ordinator asking people to complete sayings and trying to remember old sweets which they may have been given at Christmas time. We observed she was very skilled at encouraging people who were a little shy to join in and enjoy the fun.

We saw the results of peoples efforts during the arts and craft classes which included paintings on canvas and Christmas decorations. Many of these had been put up for sale at a recent Christmas fayre. The well-being activities co-ordinator told us those sold were contributing towards the funding of the many activities she had planned for the Christmas festivities.

The service had good links with a local children's nursery and number of children visited the home for social interaction. People who lived at the home told us these visits were widely welcomed. One person who lived at the home said, "I so look forward to the children visiting. They make my day."

We spoke with the relative of one person who couldn't praise highly enough the activities provided by the home. They told us they were very impressed with the skills, knowledge and enthusiasm of the wellbeing activities coordinator who they described brilliant. The person said, "I couldn't believe it one day when I walked in and [relative] was playing dominoes. [Relative] has never played dominoes in their life and never shown any interest. But there they were laughing and joking and having the time of their life. I never thought I would see the day but the activities girl managed it. It was a such a pleasure to see them enjoying themselves. A truly magic moment for me."

The service had a complaints procedure which was on display in the hallway for people's attention. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. The people we spoke with told us they were happy and had no complaints. One person we spoke with said, "What is there to complain about. Everything about the place is excellent."

We looked at what arrangements the service had taken to identify record and meet communication and

support needs of people with a disability, impairment or sensory loss. We saw people's communication needs had been assessed and where support was required this had been met. For example, people with poor eyesight had been provided with large print books which allows the eyes to relax more as they read, reducing eye strain.

The service had Wi-Fi (wireless connectivity) in the building enabling people who lived at the home to have internet access through their hand held computers and mobile phones.

Is the service well-led?

Our findings

There was a registered manager in place. 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 who lived at the home, their family members and healthcare professionals told us the registered manager and her staff team were very supportive, caring and led the service extremely well. Without exception everyone we spoke with couldn't praise the service highly enough. Comments received included, "They are a fantastic team. The home is well managed." And, "The manager and staff are amazing. They work really hard to achieve these fantastically high standards. It's such a pleasure to visit."

Healthcare professionals spoken with during the inspection provided very positive feedback the about the registered manager and service. They told us The Willows went above and beyond normal expectations for a care home. They said the registered manager was by far the best care home manager they had contact with. We were told the registered manager had a good background in care, was very professional and led by example. They said the registered manager was the perfect example of what other care home managers should try to achieve. They told us she ran a lovely well run home and the standard of care and documentation maintained was exceptional.

The Willows Care Home had a statement of purpose which outlined the service provided. It also set out the service's mission statement to constantly strive to ensure that The Willows Care Home should always be a happy place in which everyone could enjoy their life, whether that be to live or to work. Throughout our visit we observed that the registered manager and staff continued to act according to these values when providing support to the people in their care.

We spoke with the registered manager about the culture at the home. They told us the Willows follows all current and relevant legislation along with best practice guidelines, to ensure the diverse needs of everyone who enters the home are met. The registered manager said by treating everyone with dignity and respect regardless of age, gender, race and sexual orientation a positive culture of openness could be achieved. The registered manager said, "The registered provider is a positive role model who leads by example and empowers staff. As a result, we have a committed workforce delivering the highest possible standard of care. We are very proud of our achievements."

Exceptional leadership at The Willows Care Home was underpinned by a variety of communication systems to entrench innovative models into care practices. For example, the service continued to have very long handovers, part of which was about looking at how the service could improve. We saw multiple examples of how communication and highly effective procedures were successful in enriching people's lives, whilst mitigating risk. The management team underpinned outstanding training with checks of staff skills and implementation of learning in practice. This included supervision, team meetings, extensive handovers and real-time care provision as a basis for learning and guidance sharing.

Staff spoken with were extremely positive in their comments about the management team and the way the service was run. They told us they liked and respected the registered manager and it was a pleasure to work for her. Comments received included, "I love working here it's such a pleasure coming into work." And, "I love it here. Best home I have worked at."

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with members of the management team confirmed they were clear about their role and between them provided a well run and consistent service.

We saw the registered provider and registered manager involved families and those who lived at The Willows Care Home in all aspects of quality assurance. The registered manager told us her belief centred on obtaining feedback from people to constantly improve their comfort and welfare. For example, during the construction of an extension (new wing) to the building people who lived at the home and family members were invited to site meetings. The registered manager told us this was to ensure the design of the building met with their expectations. Furthermore, a site plan of the current design was placed in the home for people to view. People spoken with during the inspection told us they had felt fully consulted and engaged in planning of the new wing and were delighted with results.

The registered manager continued to actively seek and act upon the views of others. There was a strong emphasis on continually striving to improve, in order to deliver the best possible support for people who lived at the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service. Regular audits had been completed and any identified issues following an audit had been addressed. This was confirmed by documentation we looked at and talking with the registered manager. Audits included monitoring the environment and equipment, maintenance of the building, medication and care records of people. This was to ensure they continued to develop and provide quality care for people.

We found people who lived at the home and family members were encouraged to comment about the quality of the service through online surveys. We saw surveys completed by family and friends of people who lived at the home confirmed they were very happy with the standard of care, accommodation, meals and activities organised. Comments received included, 'The owner and his staff give your relative their full undivided attention not only are the surroundings pleasant but the staff are outstanding. They have made life for relative as pleasant as can be. They give relative and family all the support you could possibly need.' And, 'If there is a place available at this home for your relative don't look any further.' Also, 'The Willows is well led and well deserves it's outstanding rating.' The comprehensive programme of quality assuring service delivery was strengthened by an analysis of outcomes and actions taken to improve. The registered manager worked transparently by displaying the results of surveys in a prominent position around the home for people to view.

The registered manager continued to uphold the principles of the services mission, vision, values and aims and objectives of the home. They had continued to uphold the key principles of Investors in People and Gold Standards Framework for End of Life Care. This enabled them to improve their service for people in their care and staff team. We found The Willows had been recognised by the NHS Gold Standards Framework for End of Life Care with the highest possible award available, Platinum. In addition, the home had been accredited GOLD Award by Investors in People for commitment to staff development and best practice. This confirmed The Willows continued to strive to provide the best service possible for the people in their care and the staff who support them.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team and occupational therapists. The community matron attended the home on a weekly basis to ensure continuity of care was maintained. In addition, the service worked closely with the NHS End of Life Care Lead. The registered manager and her management team regularly attended regional and national end of life meetings to keep updated with policy. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.