Parkhaven Trust

Willow Centre

Inspection report

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Ratings

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

Overall summary

This inspection took place on 16 December 2015 and was unannounced.

The Willow Centre provides respite care for people with dementia and is located in Maghull, Sefton. The service is provided by Parkhaven Trust, a registered charity, which provides a wide range of services to support people with dementia, older people and people with learning and physical disabilities

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.

Everyone we spoke with told us that they felt safe at the service. All of the family members we spoke with told us they felt their family member was well looked after while they were at the service.

Summary of findings

Staff were able to clearly explain to us what course of action they would take if they felt someone was being abused. Staff were able to explain the organisation's whistleblowing policy and this was available for us to look at.

People received their medications safely.

Staff had been recruited appropriately to ensure they were suitable to work with vulnerable adults. People who used the service, families and staff told us there were sufficient numbers of staff on duty at all times.

Staff told us they were well supported through the induction process, and had regular supervision and appraisal. They said they were up-to-date with all of the training they were required by the organisation to undertake for the job. Staff told us management provided good quality training.

Various risk assessments had been completed depending on people's individual needs. Care plans were in place and complete and they reflected people's current needs, with particular reference to health needs where appropriate. The risk assessments and care plans were reviewed on a six monthly basis or more frequently if needed.

There were safeguards in place to ensure medicines were managed in a safe way. The premises were appropriate for their use and were well maintained. Sufficient living space, bedrooms, a sensory room and secure garden were available for people to use.

People's care was personalised and diverse, and it was evident during our inspection staff knew the people they were supporting very well, and we saw them interacting with them with kindness and compassion.

People told us they were satisfied with the meals. The food was well flavoured and nutritious. We observed people had plenty of encouragement and support at meal times.

People and their families described management and staff as caring, respectful and approachable. The families we spoke with had regular contact with the registered manager and the owner.

Families said the service was well managed and a family member told us they had recommended the service to other people.

A full and varied programme of recreational activities was available for people to participate in and this was displayed in pictorial format in the hallway. Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

There were quality assurance systems' and processes in place to monitor the delivery of care and quality of support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Relevant risk assessments had been undertaken which had taken into account each person's individual needs.

Staff understood what abuse meant. They were able to explain what action to take if they thought someone was being abused.

There were measures in place to ensure the safe management of medicines.

There were procedures in place to regularly check the safety of the equipment and the environment.

There were enough staff on duty. Recruitment checks had taken place to ensure staff were suitable to work with vulnerable adults.

Good

Is the service effective?
The service was effective

The service followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Staff said they had an induction before they started working in the home, received on-going training and were required to attend regular supervision and appraisal.

People told us they liked the food and got plenty to eat and drink.

Good

Is the service caring?
The service was caring

We observed positive engagement and interaction between people living at the home, their families and the staff

Staff had a good knowledge of people's personal preferences.

Staff treated people with respect and dignity.

Good

Is the service responsive?
The service was responsive

There was access to entertainment and activities throughout the day so people had lots of choice about how to spend their time.

There were no complaints on record; however, people told us they knew how to complain.

Support plans and risk assessments had been reviewed and amended to reflect people's changing needs.

Good

Is the service well-led?
Staff spoke positively about the culture within the service, referring to it as open and transparent.

Good

Summary of findings

People spoke positively about the manager and the organisation in general.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Quality Assurance processes were well established and used within the service.

Willow Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 16 December 2016 and was unannounced. The inspection team consisted of one adult social care inspector 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. The expert by experience had experience of providing care to older people with dementia.

Before our inspection we reviewed the information we held about the home. This usually includes a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had submitted a PIR. We looked at the notifications and other information the Care Quality Commission had received about the service.

During our inspection we spoke with two people who used the service, one family member, three care staff , the registered manager, deputy manager and the chef. We also completed observations around the service including, bathrooms, dining rooms, lounges, garden areas and some people's bedrooms.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while they were at the service. One person told us they felt safe because "There's always carers around." One family member told us "It is completely safe, I would never doubt her [family members] safety while they stayed here. It's amazing."

Staff were knowledgeable with regards to reporting abuse and how they would notice signs and symptoms of abuse. One member of staff told us "I always make sure they are not harmed or abused and I treated them as an individual." We could see there was a safeguarding policy in place which contained detailed information with regards to the service's procedures for safeguarding and the policy also contained the contact details for the local authority.

We looked at records relating to incidents and accidents and could see they were being analysed by the registered manager for any patterns or emerging trends. We saw an example of one incident and saw how new risk measures had been put in place by the registered manager to minimise the seriousness of the incident. This demonstrated to us that the provider was learning from past experiences and using them as part of their future planning.

All risk assessments relating to people's behavioural and medical conditions had been appropriately assessed. We could see people had been initially assessed in their own homes with family members present before being offered a place in the service. The deputy manager explained this was important to ensure the service was able to support the person once they were there. All of the risk assessments we looked at were regularly reviewed in date and we could see they were updated every time the person accessed the service in case there was any change. We could see each person also had a financial risk assessment in place when they entered the service, and there was paperwork in place to help support people to manage their finances. The staff were documenting how much cash people had, and double signing paperwork when any cash was spent during the person's stay in the home. This helped ensure that the person's money was kept safe.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the service. The staff that we spoke with told us they had to wait until their Disclosure and Barring Service (DBS) and reference checks were completed before they could start work. A DBS check is a process to ensure that staff are suitable to work with vulnerable adults. We also looked at staff recruitment files to confirm that these checks had been carried out to ensure staff were 'fit' to work with vulnerable people.

Systems were in place to make sure people received their medicines safely. Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked two MAR sheets at random for people using the service and counted their medications. We found the total number of tablets corresponded to what had been recorded. Staff had received the correct level of training to be able to assist people with their medications, we were able to see this on the training matrix and we viewed certificates in staff files. The medication records contained a detailed plan for each person, including what type of medication they take and what the medication is used for. The plan also contained any possible side effects which could occur from taking the medication. Each person's medication plan had their photograph on the front. The staff explained why this was important, so they knew which person had what medication. Some of the people in the service had PRN [give when required medicines] prescribed. We looked at PRN medicines and found these were supported by a care plan to explain to staff in what circumstances these were to be administered.

All of the safety checks required to keep the premises safe had been completed, such as the gas, electricity and fire alarm check. We spot checked the certificates for these, and could see they had all been recently issued. There was also a personal emergency evacuation plan (PEEPS) in place for each person who lived at the property and had been personalised to show the level of assistance that each person would require to be safely evacuated out of the home. There were appropriate facilities which included suitable living space for six people, bedrooms, bathrooms and a sensory room. There was a secure garden area where people could spend time.

We could see from looking at rotas and during our observations of the service that there were enough staff on shift to be able to support people to access activities and to encourage them to get involved.

Good

Is the service effective?

Our findings

All of the people we spoke with told us the staff had the correct skills and knowledge to be able to support them. One person said "They're lovely, you couldn't wish for better." A family member we spoke with was very complimentary about the skills of the staff. They said "I couldn't have asked for better for them [family member]."

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 decision's and are helped to do so when needed. When they lack mental capacity to make 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see 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. The registered manager showed us one application they had recently submitted to the 'Supervisory Body' to deprive someone of their liberty. This had yet to be authorised along with another application the registered manager had submitted. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS).

We could see the service had gained consent from people who used the service to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the Mental Capacity Act 2005 were followed and the least restrictive option was chosen.

We could see from looking at the training matrix staff were trained in all mandatory subjects. We saw a record which highlighted when training expired that staff were booked on to the next available course. A designated member of the administration team had taken on this role. All certificates for completed courses were stored in staff's files and we were able to view these.

We saw the service had good links with day services that people attended and shared information. Good working relationships with external health professionals were in place, for example speech and language therapists and mental health professionals. There was evidence their advice was used to populate care plans to help staff deliver effective care.

We observed people having their lunch. We could see that most people enjoyed their lunch. Some of the people using the service told us that they did not have much choice when it comes to the lunch, however, we were able to see people exercised full choice over their tea time meals. The registered manager explained as the lunch is provided with the people who use the day service it is difficult to cater for individual people. However, when we asked people what they do if they don't like the meal on offer, most told us they would be given something else to eat. Most of the food with the exception of fish, was prepared from fresh ingredients.

We observed people were given as much support as they needed to be able to eat their meal. We observed one person who did not seem to be eating, so one of the carers sat with them and encouraged them to eat. This person ate more food.

Good

Is the service caring?

Our findings

Everyone we spoke with told us the staff were caring. One person said "Yes they are caring." Another person said "They are very good." A family member said "They are amazing."

It was clearly evident from our observations around the service that the staff knew the people who were there very well. All of the staff we observed were constantly smiling at the people in the service and making sure they were okay and we could see people were responding to this.

Staff were engaging with people and getting involved in the activities which were happening around the service. We did not see anyone sitting on their own during our inspection unless they chose to have a rest, and everyone in the service appeared to be enjoying the input from the staff.

We observed a game which involved the staff asking questions about songs. When people could not recall how they melody of the song went, we heard the staff singing the song to the people involved in the activity, which they clearly enjoyed and most people joined in and sang along.

Staff we spoke with told us that they "loved" their jobs, and could clearly explain about peoples individual likes and preferences. For example one staff member described to us how they support someone who can sometimes be uncooperative when taking their medications. The staff member said. "I just leave it for five minutes or so, and then I will come back and try again. It's what [the person] prefers." We checked the person's support plan and could see this was clearly documented. This showed us that the staff were reading people's support plans and offering support accordingly.

We asked people if staff treat them with dignity and respect. Everyone we spoke with told us they did. The staff were able to give us examples of how they uphold people's dignity when delivering personal care. One carer told us "I close the door and talk to them in a low voice." Another carer explained how they always cover people up when providing personal care and take their time, talking to them all the time.

We could see that advocacy information was available for people if they required it. As well as other information about the service. All information was in the main reception area.

A family member told us how they always felt involved and listened to by the staff and the manager at the service. We could see from looking at people's plans that their families were heavily involved in the care and support their relative was receiving, and there was evidence that people's care plans were discussed with them.

Good

Is the service responsive?

Our findings

People's care plans were detailed, and we were able to gain a good understanding of what is important to that person by reading their care plan. We could see that information with regards to what people liked, disliked and the activities they enjoyed, also preferences in diet and religious practices had been included in the care plan. These were updated regularly or if there was a change to take into consideration. All people who used the respite service were assessed at home and then invited to stay at the service. We could see each of these assessments had been used to develop a person centred support plan for each person who stayed at the service.

One family member we spoke with told us the service was "Completely person centred". They were able to give us an example of how their family member was supported throughout the organisation, using each type of service as and when needed. We asked the family member if they knew how to complain, and if they felt their complaint had been resolved. We were told they were "Very satisfied". We could see there were no complaints on record for the last twelve months, however, people we spoke with told us that they knew how to complain. We could also see this was provided for people in their handbooks when they came to the service.

Activities were provided by staff in the evening. This was a flexible arrangement but included activities on a games console also drawing and beauty therapies. A sensory room was available for people to use. We saw periodic outings and celebratory events had been held. Staffing levels allowed staff to spend prolonged time with people and develop good relationships to help meet their social needs. We spoke to the activities coordinator who told us they use people's individual preferences to help plan activities, for example some of the men liked to play darts or have a 'men's group'. All of the staff we spoke with told us they are involved in the activities and enjoy planning outings for people. One staff member said "We take them to Crosby Marina, Southport and the garden centre.

During our inspection, none of the people who used the service told us they were ever bored, and we did not see people being left out. There were four choices of activities available for people to engage in, such as baking, games, drawing and singing.

Good

Is the service well-led?

Our findings

There was a registered in post who had been there a number of years.

All of the people and the staff we spoke with were complimentary about the registered manager and the deputy manager and felt they led the service very well. All of the staff we spoke with told us that they enjoyed working at the service and would recommend the organisation to friends and family.

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised the registered manager for their openness. Staff we spoke with were motivated and fully understood what was required of them.

We were able to see that team meetings were taking place.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and 'best practice'

Mechanisms were in place to collect and assess people's feedback on the service. An annual survey was completed and was collated centrally by the provider. We reviewed the responses from the most recent survey which were positive overall and provided assurance that people were happy with the service.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Action plans were formulated and followed. We also looked at records which confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication and people's risk assessments.

We observed a pleasant atmosphere in the service with all staff groups involved in routine care tasks and taking time to have conversations with people. It was clear the registered manager was involved in care as they understood the individual needs of the people they were caring for.

We found the provider had submitted and understood their role with regards to reporting all required statutory notifications to the Commission such as allegations of abuse or anything else reportable.