

# Assure HealthCare Group (South) Ltd

## Willow Brook

### 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 ●

# Summary of findings

## Overall summary

Willow Brook is a registered domiciliary service that provides care and support for people who may have mental health needs, a learning difficulty or physical support needs. This service provides care and support to people living in 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection eight people received care and support from Willow Brook.

We conducted our inspection on 16, 17 and 26 October 2018. At the time of our inspection there were eight people using the service.

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

We previously inspected Willow Brook on 23 August 2017 and found the provider had not ensured staff were always appropriately trained. We identified governance systems were not robust in recognising areas for improvement. We rated the service 'Requires Improvement'. At this inspection we found improvements had been made so we rated the provider as 'Good'.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including challenging behaviour and epilepsy.

Staff received supervision and annual appraisal to support development.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible.

People said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

## 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 remains safe.

People, staff and visitors were safe using and visiting the service because of good risk management, safeguarding systems, robust recruitment and deployment of staff and suitable numbers of staff on duty.

Staff managed medicines and the control and prevention of infection to keep people safe.

### Is the service effective?

Good ●

The service improved to good.

This was because staff were trained, skilled and competent to carry out their roles, people's nutrition and healthcare needs were met and their rights upheld through use of the Mental Capacity Act.

Staff received appropriate training, were provided with good learning opportunities and were supported positively by their manager.

People were supported to access healthcare support when required.

### Is the service caring?

Good ●

The service was caring.

This was because staff were thoughtful and caring. People, their relatives and professionals involved in people's care supported this view and felt staff were caring and compassionate.

Staff worked towards providing a person-centred culture and respected people's rights, privacy, dignity, diversity and independence.

### Is the service responsive?

Good ●

Care plans were accurate and provided staff with useful

information to engage with people.

Complaints were well managed so that outcomes for people were satisfactory.

People were appropriately assessed prior to receiving support from Willow Brook.

**Is the service well-led?**

**Good** ●

The service improved to good.

This was because the registered manager and provider was experienced, competent and knowledgeable and effectively used quality monitoring and assurance systems to improve the service.

The registered manager understood their legal and registration responsibilities, maintained supportive working relationships with other organisations and ensured the secure and consistent completion of records and documentation.

# Willow Brook

## **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, 17 and 26 October 2018, was announced and was undertaken by one inspector.

We gave the service 48 hours' notice of the inspection visit because the registered location supported a small number of people with complex needs. We needed to be sure that they would be in.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

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.

During the inspection we spoke with the registered manager, a care director, four support workers, a welfare officer, two team leaders, a senior support worker and two people. After the inspection we obtained feedback from six healthcare professionals and two relatives. We examined three people's care records. We also looked at personnel records of six care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

# Is the service safe?

## Our findings

Feedback from healthcare professionals about the safety of the service was positive. Comments included, "Risk assessments are detailed" and "There are enough staff".

Risks to people's safety and well-being were assessed and plans implemented to reduce the risk of likelihood of injury as a result of the risk. The assessments undertaken were tailor made to the individual and contained guidance to mitigate the risks identified and how to keep people and staff safe. For example, where a person might demonstrate behaviours that may challenge other, the risk assessment to manage this behaviour was clear for all staff to follow when supporting that person. It began with recognising signs that may highlight when a person may be becoming agitated, what to do when a person was in crisis and how to support the person in the best way after the incident had occurred. The guidance was clear and presented well with evidence of reviews having been recorded as a person's needs had changed.

People were supported to take their medicine safely. Medicine administration records (MAR) were all completed fully, with no gaps in signatures to confirm the right medicines had been given to people at the right time. It was the provider's policy that two signatures were required following the completion of the medicines round and this was evident on every entry on people's MAR charts. The MAR charts had been audited regularly to ensure no errors had been made and when an error had been identified, further training had been provided to the member of staff responsible. This was followed by further competency assessments undertaken prior to the member of staff being allowed to administer medicines again. When medicines were no longer required, the service arranged for the local pharmacy to collect the medicines for disposal.

People were supported by staff who had been recruited safely. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before staff commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

People could be confident that they were supported by staff who demonstrated a good understanding of how to protect people from abuse and avoidable harm. They knew what signs to look for if a person was being abused and how to report any concerns. Staff confirmed they would first report any issues to their immediate line managers and if they did not feel able to do this, they would speak to the deputy or registered manager. Members of staff had confidence that if they raised any concerns they would be listened to and action would be taken in a timely manner. The provider supported staff in maintaining their safeguarding responsibilities by providing annual mandatory training in this area, which had been undertaken by all staff. We saw evidence during inspection that the service had reported safeguarding matters appropriately to the relevant external agencies and had investigated any incidents within

appropriate timescales.

The service managed the control and prevention of infection well. Staff had received training in this area, understood their responsibilities and maintained good standards of cleanliness and hygiene. They told us that personal protective equipment was always available, that people were encouraged to maintain good hygiene standards while maintaining independence and that they felt the management were supportive with information and good practice guidelines. Procedures were followed and concerns about wellbeing in relation to hygiene were shared with the appropriate agencies.

# Is the service effective?

## Our findings

Staff were complimentary about the support and training they received. Comments included, "It's given me time to grow, I started as a support worker and I have acquired so much knowledge" and "I have supervisions once a month. Team meetings are once month".

At our previous inspection we found two members of staff had not completed their challenging behaviour training which was essential due to the behaviours that staff may encounter while carrying out their roles. At this inspection we found improvements had been made and all relevant staff had received appropriate training to enable them to support people effectively.

Newly employed staff received an induction and were working to complete the Care Certificate. This is a set of nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. Staff confirmed the induction, training and supervision they received had supported them to carry out their roles. They showed a good understanding of equality and diversity issues and about people's rights. Staff talked about seeking consent and respecting difference and told us how they had experienced the difficulties for themselves in life regarding their own diverse needs. Supervision and appraisal of staff was effective at motivating them and enabling their professional development.

People's health and wellbeing was effectively monitored and any concerns were identified so that they could be given the right information in the format they required and be supported with their health. Records documented how one person was supported to engage with GP, nursing staff and mental health services. Staff gave many examples of how people's health and engagement had improved since receiving support from Willow Brook. We saw a referral had been made to a person's psychiatrist when they displayed behaviour that challenged. Advice had been sought and staff were aware of the advice that had been provided. Health and social care professionals told us that staff would always get in touch if they had any concerns and had confidence that the staff team would be able to meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 these decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People were involved in decisions about their care. Mental capacity assessments were comprehensively completed and involved people, their families and other professionals where necessary. 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. Where people were assessed as lacking capacity to make specific decisions any made on their behalf were done so using best interest processes. Staff were aware of these processes and requirements under the MCA.

# Is the service caring?

## Our findings

Staff were enthusiastic about their roles and expressed compassion when describing the care, they provided. Comments included, "I absolutely love my job. It doesn't feel like coming to work because it can be so rewarding and fun" and "We look after some people with challenging behaviour and it makes me feel good knowing I have made a difference".

We consistently observed caring and respectful engagement between staff and people. For example, one person required reassurance and emotional support due to their fear of a change in the weather. Staff were patient, understanding and provided a safe place for the person concerned. The staff member remained quiet, provided sensory stimulation and was calm at all times.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive. Staff had a good understanding of when people may need additional support from an advocate.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. We observed a non-judgemental approach from staff at all times during our inspection.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. A member of staff told us, "We have pictures to help people to make decisions".

We saw sensitive personal information was stored securely. People confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the General Data Protection Regulations (GDPR).

## Is the service responsive?

### Our findings

Healthcare professionals and people told us staff were responsive to their needs. Comments included, "During care reviews I have found staff to be responsive to peoples changing needs".

Each person's physical, medical and social needs had been assessed before they moved into the home. Assessment of needs included obtaining information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs.

Care plans detailed how people preferred to be supported in areas of personal care and how they liked to be communicated with. A member of staff told us, "[Person] came to us with glasses and hearing aids. We worked out he knows Makaton and he isn't deaf. He does need personal care and he can take time to get undressed. We give him a shave with a razor and use shaving foam. Doesn't wear any pads but staff help if he has an accident."

Documents contained guidance for staff to follow in respect of people having flashbacks and hallucinations, general mental well-being, weight management and general mental well-being. Daily recording documents detailed the care and support people received which was used as evidence to support care reviews with healthcare professionals and to remind people of their achievements . Any information staff shared with us was accurately recorded in people's care plans .

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time.

Whilst nobody using the service required end of life care, the provider had appropriate arrangements in place to care for people if it was needed. A member of staff said, "We would speak with the person to find out what they wanted. If they didn't have capacity then we would speak to their power of attorney if they had one and social services".

## Is the service well-led?

### Our findings

Healthcare professionals and staff spoke positively about the management of the service. Comments included, "I am happy with how the service is managed" and, "Management are very open with us and they keep us informed about any incidents. They have some complex people and it isn't easy but they do well". Healthcare professionals gave positive feedback about how the provider worked in partnership with other organisations. One healthcare professional said, "Willow Brook provide complex care to a number of people which can mean there are a high number of incidents. They keep us informed and they make contact with the police if it is needed".

Staff were complimentary about the registered manager and the provider. Comments included, "If I ever need any advise or there is a situation I cant deal with then the manager does help out" and "I have had a lot of training since joining and I feel very looked after".

At our previous inspection we found audits were in place to assess the overall safety of the service; however, they were not always effective. Governance systems did not identify and make improvements to staff training. At this inspection we found improvements had been made. Governance systems were effective in recognising training needs and supporting staff to develop their learning.

Team meetings took place regularly and staff were encouraged to share their views. Staff found their suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. For example, additional training had been put in place to support new staff to assist people effectively when their behaviour had become challenging.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also told us they would be comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. A member of staff said, "I would go straight to the manager and if they didn't do anything I would phone CQC".

The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Incidents including any safeguarding concerns were appropriately recorded and reported.

The registered manager could demonstrate their understanding of people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by

one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

We looked at policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated they were knowledgeable about aspects of this guidance by signing to say they had read and understood this. This ensured people continued to receive care, treatment and support safely.