

# The Willows Learning Disability Care Home Ltd

# The Willows Residential

# Care Home

## Inspection report

30 Slinger Road  
Thornton-Cleveleys  
Lancashire  
FY5 1 BN

Tel: 01253863059

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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

This was an announced inspection visit carried out on 02 March 2016. The reason the inspection visit was announced was to ensure people were available on the day of our visit. Therefore we gave the service 24 hours' notice.

This is a care home registered for 6 people who have a learning disability. The home is situated close to Cleveleys town centre. There are two floors of the home available for people and it comprises of four single and one double room. En-suite facilities are provided and in addition, bathrooms are available on both floors. At the time of the inspection visit six people lived at the home.

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.

This was the first inspection since the service changed their registration status with the Care Quality Commission (CQC).

During this inspection people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. No new staff had been recruited since the new registration of the location. However systems were in place to ensure suitable staff would be employed when required.

We observed people's medicines were dispensed in a safe manner and they received their medicines on time. Staff had received related training to ensure medicines were administered correctly by knowledgeable staff.

People were supported to eat their meals where they chose and were offered a variety of meal options. Comments about the food were all positive and included, "Love the meals, same as before you know I love curry."

Risk assessments and other documentation, such as weight charts, were in place to protect individuals from the risk of malnutrition.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The registered manager discussed the applications which had been authorised and the restrictions in place to make sure people were safe. We saw staff were working within the law to support people who may lack capacity to make their own decisions.

Care records for people who lived at the home were personalised to each person's needs and requirements.

Staff regularly completed assessments of people's needs. These were reviewed and updated.

People were encouraged to follow their ambitions and individual interests within the community. They included voluntary work, involvement in local adult youth clubs and trips to local areas that people wished to go to.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. At the time of our visit two relatives were visiting. One said, "We are always made welcome here."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included annual satisfaction surveys and regular auditing of the service to monitor the quality of care being provided.

## 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.

Procedures were in place to protect people from abuse and unsafe care.

Staffing levels of support met the needs of people who lived at The Willows. Systems in place for staff recruitment were safe to ensure suitable people were employed

People's medicines were managed safely

### Is the service effective?

Good ●

The service was effective.

People's choices were respected and the registered manager and staff understood the requirements of the Mental Capacity Act 2005.

The Registered manager and owner worked well with other services and health professionals to ensure people's care needs were met.

People's healthcare needs were monitored and continuity of care was maintained.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

The registered manager and staff demonstrated a good knowledge of people's needs.

### Is the service responsive?

Good ●

The service was responsive.

Care plans for people who lived at the home were informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities, education facilities and employment.

There was a system to receive and handle complaints or concerns.

**Is the service well-led?**

The service was well led.

There was an open and relaxed atmosphere at the service.

People who lived in the home and their relatives were regularly consulted about how the service was run.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

**Good** ●

# The Willows Residential 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.

This was an announced inspection visit carried out on the 02 March 2016. The inspection visit was carried out by an adult social care inspector.

Before our inspection on 02 March 2016 we 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 who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

During the inspection visit we spoke with four people who lived at the home, two relatives and two staff members. We also spoke with the registered manager. In addition we spoke with the community nursing team.

Part of the inspection was spent looking at records and documentation which contributed to the running of the service. They included two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

# Is the service safe?

## Our findings

We spoke with three people who lived at the home. They told us they felt safe and staff were always around supporting them. They told us they received safe and appropriate care which was meeting their needs. Comments included. "As before when we chatted I love it always feel safe."

We looked at two care records of people who lived at the home. They contained an assessment of people's needs, including reviews of any risks associated with receiving care. These related to potential risks of harm or injury and appropriate actions to manage risk. Risk assessments were developed for when people were out in the community in order to keep people as safe as possible. Other risk assessments covered the building area and medication administration.

We found systems were in place to protect people from potential harm or abuse. Staff were clear and confident about procedures related to safeguarding and whistleblowing. One staff member said, "Yes I would report anything to [registered manager] if I felt someone was being abused."

The service had developed an information booklet on identifying when abuse takes place for people who lived at the home. For example the information was in picture format and showed the different types of abuse. This demonstrated the service considered people's needs to understand abuse and how to safeguard people.

We checked how accidents and incidents were recorded and responded to. We found accidents had been documented along with a record of actions taken to reduce the risk of further incidents.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. The fire alarm had been regularly checked and a record of testing weekly was seen. Water temperatures checked were delivering water at a safe temperature in line with health and safety guidelines. Records of regular temperature checks had been undertaken to ensure people's safety.

We looked at how the registered manager staffed the service to keep people safe. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. This was confirmed by talking with staff members. Staff comments included, "No problems with staffing levels at all." Also, "We can provide one to one support when required."

We observed there were sufficient staff around during the day to meet the needs of people. For example people who lived at the home were dependent on staff to go shopping and the service was able to provide one to one support. One person who lived at the home said, "I like going out on my own with [staff member] which I always do."

We looked at recruitment processes the service had in place. Checks were in place that were required. They had not employed any new personnel since the change of registration. The registered manager told us they

were up to date with recruitment procedures should they need new staff.

We observed medicines being administered at breakfast time. Medicines were given safely and recorded accurately from records we looked at. The registered manager informed us only people who had received formal medication training administered medicines. Staff we spoke with confirmed this.

The registered manager had audits in place to monitor medication procedures. This meant systems were in place to check people had received their medication as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

The registered manager had documented a brief medication history of the person and attached it to their medication record. This gave staff in-depth knowledge about the person's illnesses, allergies and background of any medical information. This supported staff to ensure they had knowledge of each person when administering medication.

# Is the service effective?

## Our findings

People who lived at the home told us they felt staff and the registered manager were effective in their care, guidance and support provided. The registered manager and staff provided a good insight into individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and their backgrounds in terms of social and health care. A staff member said, "We find out as much as we can about the person from themselves, families or social workers. It helps build up a picture and get to know the person well."

People were supported by staff who had the knowledge and skills required to meet their needs. For example we found staff training records identified courses they had attended that were relevant to their role. The service had their own programme of mandatory training that included, safeguarding vulnerable adults and food and hygiene. Staff we spoke with told us they were supported to develop their skills by attending training events. One staff member said, "Training here is good and [registered manager] encourages us to attend them."

Staff told us they received training to support them to carry out their responsibilities effectively. Staff were encouraged to further their development and undertake national qualifications that were relevant to their role. For example staff told us they had completed a 'National Vocational Qualification' (NVQ). Training records showed all staff had completed NVQ qualifications.

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 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).

The registered manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated (DoLS). Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. The registered manager had completed applications to request the local authority to undertake DoLS assessments. This was for people who lived at the home. The registered manager had followed the correct process to submit applications to the local authority. We did not see any restrictive practices during our inspection visit.

Staff received supervision on a regular basis and annual appraisals. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Two staff members told us they said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

Staff catered for a selection of food preferences and dietary requirements for people who lived at the home. The staff were responsible for the preparation of food. Staff told us they had completed their 'food and hygiene' training. This was confirmed by talking with staff and looking at training records. One person we spoke with about the quality of meals said, "Love the meals, same as before you know I love curry."

The kitchen area was clean and tidy with cleaning schedules available for staff to follow to ensure the kitchen area was cleaned daily. We observed people were offered drinks throughout the day and mealtimes were unhurried and relaxed. People were able to choose where they wished to have their meals. Fresh fruit was readily available with a fruit bowl on the dining table. People's preferences in respect of food were recorded in care plans.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. Care records were updated following visits to health care professionals. This confirmed systems were in place for people to receive continuity with their healthcare needs.

## Is the service caring?

### Our findings

People told us they were happy living at the home. Comments from people who lived at the home included, "Yes love it. [Registered manager] is like my mum." Also, "They are all (staff) lovely."

We arrived at breakfast time and sat in the lounge with staff and people who lived at the home. We observed staff members were caring, patient and respectful towards people. For example one person wanted support with fastening their cardigan. The staff spoke gently to the person and throughout the process explained what they were doing and ensured they were away from other people. This demonstrated the staff were aware of being sensitive to the needs of the person and maintaining their privacy.

We spoke with three people who lived at the home and they made it clear they felt all staff and the registered manager were caring and treated people as a family. One person who lived at the home said, "We are a family. [Registered manager] is the boss and we all get on."

We observed staff interacted with people in a friendly, respectful and caring manner. Staff demonstrated a good level of awareness and understanding of people's needs. For example one person liked to wander in and out of the rooms. Staff told us they liked to wander around the home so they did not restrict the person's movement as they enjoyed to do that.

We were shown around the building and we observed staff knocked on people's doors and addressed individuals by their preferred names. Staff told us they treated people with respect and respected their privacy. The registered manager told us they felt it was important people were supported to retain their dignity and independence.

We observed the routines within the service to be relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining area. The Willows had a homely environment and people wandered in and out of rooms as they pleased. One relative of a person who was visiting said, "It's what we liked when we first came the homely atmosphere."

Care records contained information about people's personal histories and detailed background information. This helped the registered manager and staff understand what had made people who they were and how events in their past history had impacted on them. One staff member said, "It gives us a better picture of the person the more we know."

We saw evidence in care records people had been involved with and were at the centre of developing their care plans. People we spoke with told us they were encouraged to express their views about how their care, aspirations and wishes would be supported. Care records contained information about people's needs as well as their wishes and preferences. Daily records completed by staff members were up to date and maintained. These described daily support people received and their routines both in and out of the home. The records were informative and enabled us to identify how staff supported people with their daily

routines.

We found care plans were reviewed with people and updated on a regular basis or when care needs changed. This ensured staff had up to date information about people's needs.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

As part of the inspection process we received information from external agencies about the service. They included the commissioning department at the local authority and the community nursing team. We received positive comments about the care and support people received living at The Willows.

## Is the service responsive?

### Our findings

People who lived at the home told us they felt staff were helpful and responsive to their needs, requirements and ongoing support. For example on the day of our visit one person told us they changed their mind and wished to go out. We observed a member of staff responded and talked with the person and both arranged to go out to the local shops. We spoke with the person who lived at the home who said, "Changed my mind I want to go out now. [Member of staff] is taking me." A member of staff we spoke with said, "It is not a problem whatever they want to do."

The pre-admission process was good. For example people were encouraged to visit the home over long periods to ensure they liked the home and the service suited their needs. Also people who lived at the home and their families were consulted to make sure the placement was suitable to all people concerned. One person who recently came to live at the home went through the process. This was confirmed by talking with his relatives who were visiting at the time of the inspection visit.

Care plans were person centred which meant they contained input from the person or family who lived at the home. For example documents were written in the person's voice and staff had recorded their preferences, likes and dislikes. This gave staff information to ensure the quality of support provided met the needs of the individual.

People who lived at the home were involved in various activities within the community. For example one person worked voluntary at a local charity shop three days a week. Other activities people were involved within the community were, the local 'adults youth club'. The staff and registered manager tried to accommodate people to follow their chosen interest.

People who lived at the home attended a 'bears club' every Saturday. This is a facility in the local community that provides activities for people with learning difficulties. For example, assisted trampolining, bowling and badminton. The registered manager told us they had recently accessed this resource and people enjoyed the activity.

We spoke with people who lived at the home and staff about social events. People told us trips out were arranged on a regular basis. Trips included to the local cafes and Blackpool. One person who lived at the home said, "I enjoy trips out on the bus or car."

We found each person who lived at the home had a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant if an individual was admitted to hospital, staff had information to assist them in caring for the person.

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. Contact details for external organisations

including social services and CQC had been provided should people wish to refer their concerns to those organisations. The service had not received any complaints.

The registered manager told us constant engagement with people developed relationships and encouraged people to discuss any issue they may have. A relative we spoke with said, "Any issues and we would speak with [registered manager] she keeps us informed about everything."

The registered manager had developed a document explaining the complaints process to people who lived at the home. This was in picture form to inform people of the way to make a complaint. This demonstrated the service ensured people who had a learning disability would have a better understanding of the complaints process.

## Is the service well-led?

### Our findings

We observed people were comfortable and relaxed at The Willows. A relative we spoke with said, "It is just like a family home. People seem happy here." Comments received from staff and people who lived at the home were positive about the way the registered manager led the service. One person who lived at the home said, "I keep telling you [registered manager] is like mum to me]." A staff member said, "We get on well and [registered manager] is always there for people."

There was a focus on what the registered manager and staff aimed to do for people. The emphasis was the importance of supporting people to maintain their independence as much as possible. For example a staff member said, "We try and let people do as much as they can for themselves." It was important to the registered manager that people who lived at the home were supported to be as independent as possible. This was evident in the care planning documentation.

Staff members spoken with said they were happy with the leadership arrangements in place and had no issues. One staff member said, "No same as before we get on great and [registered manager] is a good manager and so supportive."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. The staff told us they felt the service was well led and they got along well as a staff team and supported each other.

People who lived at the home and their relatives were consulted regularly both formally and informally. People talked together often to discuss any changes that might improve the service. Decisions were made individually and as a group about activities, trip out and food. This showed people who lived at the home were provided with as much choice and control as possible, about how support was delivered to them. One staff member said, "Things always change and we change together to improve things."

The views of people who lived at the home were regularly surveyed. Relatives told us they were actively encouraged to approach the registered manager with any concerns, or ideas they might have to improve the service. A relative we spoke with said, "[Relative] has recently moved in and we are in constant touch with staff and [registered manager]. They always ask our opinion about things."

Views of people who lived at the home were sought by informal methods and resident meetings. For example staff told us daily they spoke with people about the service and what they felt could improve. One person who lived at the home said, "I like to choose where to go we are always chatting about that."

Staff meetings were held every two months approximately and staff we spoke with confirmed this. One staff member told us it gives them an opportunity to discuss any issues and make improvements where necessary.

There was a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits undertaken by the registered manager included the environment, care plans of people who lived at the home and medication. These were completed on a regular basis by the registered manager. Any issues found on audits were acted