

Dalesview Partnership Limited

Willowdale

Inspection report

Back Lane
Clayton Le Woods
Chorley
Lancashire
PR6 7EU

Tel: 01772334182

Website: www.dalesviewpartnership.co.uk

Date of inspection visit:
18 February 2020
19 February 2020

Date of publication:
09 April 2020

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

About the service

Willowdale accommodates up to ten people with learning disabilities and complex needs. At the time of our visit ten people lived at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received exceptionally person-centred care which reflected their needs and preferences. The provider employed lifestyle and communication coordinators to develop and review people's ability to communicate and engage with a broad range of activities. People were achieving outcomes beyond the expectations of their family.

People were protected from the risk of abuse and avoidable harm. Relatives were confident people were safe in the home and staff understood the risks people needed support to manage. Staff understood how to support people to manage risks and avoid harm.

People's needs had been holistically assessed in detail, plans of care helped ensure people's needs were met effectively. Staff had received enough training to support people effectively and achieve good outcomes. Staff supported people to meet their health needs. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible and in their best interests.

Staff were kind and caring and were committed to supporting people they described as 'being like family'. Staff supported people respectfully in ways which upheld their dignity. People's communication was supported to an exceptional level which enhanced their involvement and achieved very positive outcomes. The service was well-led. The management team ensured the values of the organisation were understood by staff which helped support good practice. The manager followed good governance systems which helped ensure the quality of both care practice and record keeping was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update

The last rating for this service was good (published 23 August 2017). Since this rating was awarded the

original 20 bed home has been divided into two ten bed homes. The service has changed their name and re-registered. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our previous rating.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Willowdale

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Willowdale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, the registered manager had transferred and a new manager already working for the organisation was managing the home. They had applied to register with CQC.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Our planning considered the information we received from the registered manager since the last inspection which included; safeguarding incidents and serious incidents. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the manager, a senior member of staff, four care staff and two night staff. We spoke with a

visiting dietician. We reviewed the care records of three people, medicine records and medicine storage for all people. We toured the building and reviewed maintenance records. We spent time with people who lived at the home and observed their experience and staff interactions. We spoke with the relatives of three people. We reviewed additional information related to training and DoLS applications which we requested be sent to us.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse and avoidable harm by the provider's robust policies and procedures. A relative told us, "I am confident (name) is safe and when we visit the environment looks safe."
- Safeguarding records showed the provider had followed their policies fully which helped ensure people were protected.
- Staff had received training and were aware how to recognise any concerns and knew how to raise them with their manager and with the local authority. Staff said they were confident the management team would respond fully to their concerns.

Assessing risk, safety monitoring and management

- The provider continued to follow robust risk management procedures. Risks had been thoroughly assessed. Risk management plans helped to reduce the risks people faced.
- Staff had received training and understood the risk assessments provided.
- The management team regularly reviewed and updated risk management plans which helped ensure people's safety was maintained.

Staffing and recruitment

- The provider continued to recruit staff safely. All necessary pre-employment checks had been completed prior to staff starting work. This helped ensure they were suitable to work with vulnerable people.
- The provider continued to ensure enough staff were on duty. Staffing levels varied in response to people's activities and appointments. Staff we spoke with felt confident there were enough staff to support people safely.

Using medicines safely

- Medicines were managed safely. Records we viewed were complete and up to date.
- Homely remedies, including pain relief and cough medicine, had been agreed with the GP who had agreed protocols for their administration.
- One person's allergies had not been recorded accurately on their hospital passport. The manager immediately checked all allergies were recorded accurately during the inspection.

Preventing and controlling infection

- The provider had infection control policies which staff understood and followed. Hand cleaning facilities, gloves and aprons were available throughout the home.

- The home was cleaned to a good standard and was free of any malodours.

Learning lessons when things go wrong

- The provider continued to follow their systems when there were any incidents or accidents to enable them to learn lessons and avoid things happening again.
- The manager described a recent incident which involved a near miss choking incident, related to the use of a seat belt. The policy for supporting people using vehicles had been reviewed to minimise the risk of future incidents.

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this had remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The provider had completed detailed holistic assessments which identified people's needs and the support they needed to meet them.
- The manager oversaw assessments which included information and guidance from a range of other professionals. Care records we saw included advice from, learning disability nurses, physiotherapists, speech and language therapists, the communication coordinator and community-based health staff.
- The manager kept assessments under close review and updated them to reflect identified changes. Relatives confirmed they had been involved when care plans were completed and updated.
- The staff team worked effectively together and with other professionals. A visiting health professional said they were very good at contacting them in a timely way and followed their advice.

Supporting people to live healthier lives, access healthcare services and support

- The provider ensured people's health needs had been clearly identified. Care plans included information about the support people needed to maintain and manage their health needs.
- The manager ensured regular contact with community-based health professionals had been maintained which helped provide effective support to people.
- The provider had completed hospital passports which included essential health and communication information about a person which could be taken with them to health appointments or admissions to hospital.

Staff support: induction, training, skills and experience

- Relatives told us they found staff were knowledgeable about their relatives needs and knew how to support them.
- The provider ensured staff received up to date training. New staff received a detailed induction. Staff we spoke with felt they received good quality training which helped them support people effectively.
- The manager ensured staff received regular supervision, supervision is a meeting between staff and a senior member of staff to consider their development needs and provide feedback.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider ensured people were supported to eat and drink enough. Where people needed modified diets, including soft food, thickened drinks and the use of enteral feeding systems, these had been provided.
- The provider employed a speech and language therapist who assessed people's swallowing needs, this

helped ensure people were supported to manage the risks associated with choking.

- People were offered a variety of tempting and appetising home-made foods. The cook consulted with people each day showing them photographs to help them choose what they wanted to eat.

Adapting service, design, decoration to meet people's needs

- The home had been adapted to meet people's mobility needs, there were adapted bathrooms and spacious communal areas.
- People's bedrooms were furnished and decorated to reflect their individual tastes and were highly personalised and no two rooms looked the same.
- Some parts of the home had been used to provide people with individual space which staff respected. For example, one person used a space opposite their room to use their computer, staff would go outside and re-enter through another door to preserve the persons' privacy.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The provider had applied for DoLS authorisations from the local authority. Three people had DoLS in place, the others were waiting for the local authority to respond. There was a system in place to check on progress which the manager followed.
- The provider ensured people's ability to make decisions had been assessed in line with the principles of the MCA. Where best interest decisions had been made these had been fully recorded and reflected the least restrictive option.
- Staff understood the importance of people giving consent to care and support. We observed staff always asked people before providing support.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and respectful staff. We observed caring interactions between staff and people living in the home. Relatives praised the staff's approach, one said; "Staff are kind and I get the impression they are there for the people."
- The provider had assessed people's equality and diversity needs. Staff understood who had protected characteristics and the support they needed in relation to them.

Supporting people to express their views and be involved in making decisions about their care

- People had been supported by staff to express their views and participate in decisions about their care and preferences. The provider went above and beyond to ensure people were as involved as possible. We have discussed this further in the responsive domain.
- The communication co-ordinator had developed communication guides which described in detail the level of understanding a person had, how they expressed themselves and what aids they needed, such as pictures or symbols.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways which promoted their privacy and dignity.
- Staff encouraged people to complete tasks for themselves which promoted their independence.
- The provider ensured people were supported when they experienced distress. Staff understood how to respond to people to minimise any distress.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider went to exceptional lengths to ensure people received personalised care which encouraged them to have choice and control to meet their needs and preferences.
- The provider employed a communication and a lifestyle coordinator, who worked alongside the staff team to develop exceptionally person centred activities and experiences. People's responses to activities and every day interactions had been recorded and reviewed in detail. For some people the outcomes had exceeded the expectations of their families and the staff.
- One person's communication had progressed to the extent their relative said, "(name) has started trying to speak, they didn't do that in 40 years. You can tell now that (name) is really trying to communicate, they said 'Hi Dad' I am over the moon."
- A person who moved in recently had been supported to develop their communication and was now participating in the service user council. Records and reviews showed a steady improvement in the person's confidence, participation and wellbeing over the last few months.
- The staff followed social stories with people to support them to understand events and activities. Social stories provide a narrative guide and use pictures to show people what they might expect and how they might respond. For one person a social story was used to promote improved hydration which helped avoid the need for repeated hospitalisation.
- The provider ensured people had access to a very broad range of activities and experiences which promoted social inclusion and reflected their preferences. People were supported to keep in touch with friends and family through shared activities and visits.
- The lifestyle and communication coordinators kept up to date with developments in best practice through regular consultation with specialist colleges.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had met this standard. Information had been provided in a variety of formats, which included easy read versions and pictures.
- Staff supported people to understand relevant information by following their communication guides.

Improving care quality in response to complaints or concerns

- The provider had a complaints process. Relatives we spoke with said they were able to raise their concerns and were confident they would be responded to.

End of life care and support

- People could be supported at the end of their lives to remain at home. Staff had experience of supporting people, and working alongside community-based health-professionals, to remain as comfortable as possible.
- People had been supported to consider their end of life wishes, where people did not wish to consider this the provider ensured this was recorded.
- At the time of inspection no one was identified as having end of life support needs.

Is the service well-led?

Our findings

Well-led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team promoted a positive culture within the home. The manager sought to embed this by leading through example and supported new staff with effective mentors to provide dedicated support and ensure they felt part of the team. Staff were committed to working together to achieve good outcomes for people.
- Staff were motivated in their roles and felt confident in the management of the service. Staff told us the manager was approachable and supportive. Relatives were happy with the manager and felt they could raise anything at any time.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had robust governance systems in place which helped the management team ensure the quality of care and support was maintained. The manager followed these. Records showed where issues had been identified these had been addressed fully. The manager observed care practice daily and checked all records had been completed.
- The manager reported feeling well supported by the provider and attended regular management meetings.
- Staff felt clear about what was expected of them and felt supported by the manager who they described as approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had developed a service user council which met regularly. People were supported to represent their peers. People were supported to contribute as far as possible.
- Staff meetings were held regularly, and minutes showed the staff contributed to these.
- Relatives felt they had enough opportunity to feedback to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities in relation to the duty of candour. The manager reported incidents to CQC or the local safeguarding team when required.
- Relatives told us the management team informed them when anything happened. We saw evidence in the

care records of communication with families about incidents.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to continuous learning and improving care. Managers had attended conferences and training with other managers within the wider service. Opportunities to share skills and experience created opportunities for development.
- The manager and staff team worked effectively in partnership with other professionals including; local authority commissioners, health practitioners, learning disability services and their own lifestyle and communication coordinators.