

The Willows Learning Disability Care Home Ltd

The Willows Residential Care Home

Inspection report

30 Slinger Road
Thornton-Cleveleys
Lancashire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Willows 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. En-suite facilities are provided and in addition, bathrooms are available. At the time of the inspection there were 6 people who lived at the home.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The service supported people to have choices and promoted their independence. Recruitment systems were in place. However, systems for staff employment needed to be more robust to ensure all checks were completed and suitable staff were employed. We have made a recommendation about this. People were supported to pursue their interests and to achieve their aspirations and goals. People were encouraged to have maximum choice and control of their lives and their staff helped them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's medication was managed by staff who had received medication training to ensure safe processes were in place.

People's needs were assessed, and care plans were developed to promote positive risk taking. A recent fire at the home resulted in a refurbishment programme in which people were consulted on the new surroundings. One person said, "Its lovely now it's done up."

Right Care:

People received kind and compassionate care from staff. The registered manager and staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. They had training on how to recognise and report abuse which was regularly updated. There were sufficient skilled staff to meet people's needs and encourage them to develop their life skills and independence. Where appropriate, staff encouraged and enabled people to take positive risks and live an independent life as possible.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the registered manager and staff. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The management team and staff ensured risks

of a closed culture were minimised, so people received support based on transparency and respect.

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

Rating at last inspection

The service was rated good on 05/10/2018

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for, The Willows on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

The Willows Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

The Willows is a care home registered for 6 people who have a learning disability. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection. The inspection activity started 15 December 2022 and ended on the 17 December 2022. We visited the service on the 15 December 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service, 3 staff members and the registered manager. We looked at a range of records. This included 2 people's care records, 2 staff recruitment files, training records, and audits of the service.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems and training records for staff.

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 has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff recruitment processes were in place. However, checks such as those that required a full employment history were missing. There was no evidence this impacted on the care of people.

We recommend the service review their recruitment processes to ensure all checks were completed prior to employment. Since the inspection visit the registered manager had implemented the changes in line with the guidance.

- Staff at The Willows knew the people well they were supporting. A staff member said, "We have a small staff team with residents we all know well." The registered manager ensured they only agreed to new people moving into The Willows if they had appropriate staff available to care and support them.
- There were sufficient staff at the time of the visit to support people's social and care needs. People we spoke with told us they enjoyed going out to local events and cafes. Staffing levels enabled this to happen in group or one to one settings.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld. Safeguarding systems were in place and staff spoken with had a good understanding of what to do to ensure people were safe. We confirmed safeguarding training was in place.
- People we spoke with had no concerns about their safety. A recent fire incident at the home meant people had to stay elsewhere until the repairs had been completed. One person said, "It's great to be back home all safe and sound." Another said, "Although we had the fire, yes I feel very safe in here and comfortable."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider supported people in positive risk taking. People were supported to achieve their aims and develop life skills and build their confidence. This was so they could experience opportunities and choices and enhance their well-being. Supporting people to be more independent meant they did not always require constant staff support. One person said, "I like trying new things on my own."
- Since the recent fire people had a personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need assistance to evacuate a building or reach a place of safety in the event of an emergency.
- People were kept safe because staff and the registered manager assessed, monitored and managed safety well. A staff member said, "We feel comfortable people are protected and safe because we have the knowledge to help people with learning difficulties."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported

them appropriately. The registered manager investigated incidents and shared lessons learned with staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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 Mental Capacity Act (MCA).

- We found The Willows was working within the principles of the MCA and if needed, appropriate legal authorisations were in place for the provider to deprive a person of their liberty. When people lacked capacity to make specific decisions, we found the service was following the best interests principle. Best Interests is a statutory principle set out in section 4 of the Mental Capacity Act. It states that 'Any act done, or a decision made, under this Act or on behalf of a person who lacks capacity must be done, or made, in his best interests.'

Using medicines safely

- People were supported to manage their medicines independently and to work towards this where possible. However, an issue with unsafe storage of medicines was identified. An unlocked facility was storing blister packs containing medication of people which potentially would put people at risk. During the visit this was immediately rectified by the registered manager to ensure people were not at risk.
- Staff had received medicines training and had their competencies assessed. Staff spoken with confirmed this. Audit systems were in place to ensure any medication discrepancies were highlighted and acted upon.

Preventing and controlling infection

- We were assured that the provider had processes to admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the office premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was supporting visits for people living in the home in accordance with the current guidance. We spoke with one person who confirmed they were able to visit and felt safe doing so.

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

- There was a positive culture throughout the service which focussed on providing people with high standards of support to help them be as independent as possible. One person said, "I enjoy cooking and do a lot on my own."
- Staff told us they felt supported and valued by the registered manager. A staff member said, "We have a very good and supportive manager."
- The registered manager had the skills and knowledge to lead the service effectively. Staff spoken with confirmed this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 registered manager had auditing systems to maintain ongoing oversight and continued development of the service. Records looked at confirmed this.
- The registered manager understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest about what achievements had been accomplished. In addition, what had not worked so well and where improvements might be needed.
- Duty of candour was understood, and it was clear in the way if any complaints were made, they would be listened to and concerns and worries would be investigated.

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

- Systems and processes were developed to ensure people and relatives were fully engaged. The service sought feedback from people and those important to them. The feedback supported the registered manager to make improvements when identified so the service continued to evolve.
- The registered manager was available at any time. This was confirmed by staff and people we spoke with.

Working in partnership with others

- Records and discussions demonstrated the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's and community nurses.

