

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 care home that provides care and support for up to five people who may have mental health needs, a learning difficulty or physical support needs. We conducted our inspection on 16 and 17 October 2018. At the time of our inspection there were five people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 also 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.

Risks associated with the environment and equipment had been identified and managed.

Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

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 had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people could give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

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 chose how to spend their day and they took part in meaningful activities.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed.

People's individual needs were met by the adaptation of the premises.

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 was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The service was clean and infection control protocols were followed.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good ●

The service improved to good.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed. People's individual needs were met by the adaptation of the premises and equipment.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Good ●

The service improved to good.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Staff had a good understanding of equality, diversity and human rights. Forums were in place to gain feedback from staff and people.

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 and 17 October, was announced and was undertaken by one inspector.

We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adult with complex needs who are often out during the day. 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 about the safety provided at the service was positive. Comments included, "I liaise with the care staff to arrange personal money for these three individuals. Following my visit to Willow Brook on 24 August 2018, I was pleased with the service the carers provide and how they look after the clients we manage the finances for" and "The home have complex individuals but the staff work really well with them".

Detailed risk assessments had been completed for each person living at Willow Brook. 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. A healthcare professional told us, "They support people with challenging behaviour well. They seem to take some complex clients where other providers say no".

Medicines were managed and disposed of safely and stored securely within the home. They were kept locked away in a cabinet until drug rounds were undertaken by support staff. Medicines were mainly prompted or administered from blister packs, with some 'as required' (PRN) medicines given in accordance with the provider policy. A blister pack contains designated sealed compartments for medicines to be taken at particular times of the day. Staff who administered or prompted medicines were provided with initial training and then observed during competency assessments by a senior member of staff. We saw evidence that each member of staff involved with administering medicines had been trained in accordance with the provider's policy.

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.

Staff files contained all of 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. The registered manager told us, "We had a recruitment day on Saturday. We offer an observation shift so they get a taster".

During the inspection staff 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.

People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan (PEEP)

Is the service effective?

Our findings

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.

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. A member of staff told us, "I get on well with [registered manager]. She is honest, professional and will prompt me if I need it. I have issues I can go to her. Once a month we are meant to have supervision but I don't always need them once a month. It's an all-round great package, I have progressed and I am team leader now, there is progression here".

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 moving to Willow Brook.

Staff told us and records confirmed that they worked closely with a range of health and social care professionals to ensure people received effective care and support. For example, we saw that a referral had been made to a person's psychiatrist when they displayed behaviour that challenged the service. We saw that 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. We saw correspondence for another person that their consultant psychiatrist felt their mental health had improved considerably since living at Willow Brook.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally

authorised under the MCA. We found the service was complying within the principles of the MCA. 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

Feedback from healthcare professionals and relatives was positive. Comments included, "Staff promote independence well and they try to encourage choice" and "Yes, absolutely, staff do treat people with respect".

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. Staff had a good understanding of when people may need additional support from an advocate. 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.

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 ensures that people have access to the information they need in a way they can understand it and are 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, "[Person] has been in institutions most of their life. [Person] can hit and pull hair so we know when she is frustrated. We do give her choice. You hold things up for her, we have laminated pictures, with tea and coffee and activities so we hold up pictures and she decides".

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 Data Protection Act.

Is the service responsive?

Our findings

Healthcare professionals and people told us staff were responsive to their needs. Comments included, "The Provider has worked closely with the CCG and other external professionals to ensure individuals needs are met to a good quality", "Yes they do. They communicate as needed and in response to concerns or risks they have identified or wish to discuss further to ensure the safety and quality of life of the individuals we support" and "They take me to see the GP".

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 needs 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, 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 peoples 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.

Staff supported people to participate in various activities and encouraged people to engage with the local community. Pictures in the home showed people enjoying time at local pubs and restaurants, playing games in the home and going for walks. At the time of our inspection one person was being supported to go to the pub.

Whilst nobody using the service required end of life care, the provider had appropriate arrangements in place to ensure these needs could be met if required. Policies and procedures reflected best practice guidance. A member of staff said, "We would work with all the other professionals and make sure we had a good place in place ".

Is the service well-led?

Our findings

Healthcare professionals and staff spoke positively about the management of the service. Comments included, "I love working here, the manager is good and supportive so it's helpful", "We have to complete a lot of paperwork but I think it's because we need to make sure we are keeping on top of things so we can show we are improving". When asked what the service does particularly well, one healthcare professional commented, "Communication, supporting individuals with complex needs and care planning".

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 have never seen any abuse happen here and if it did I would go straight to 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.