Thera Trust

Willowdene

Inspection report

Market Street
Tunstead
Norfolk
NR12 8EL

Tel: 01603737896

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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

Willowdene provides residential accommodation, as a short break service, for people who have a learning disability, mental health needs, physical disability or sensory impairment. At the time of this inspection nine people were using the service on a regular basis, although only one person at a time could stay overnight.

The service had a registered manager 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 2008 and associated Regulations about how the service is run.

The service had processes in place to help ensure people using the service were safe. Staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. There were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the service.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively. Medicines were managed and administered safely and people received their medicines as prescribed.

People were supported effectively by staff who were well trained, skilled and knowledgeable in their work. All new members of staff completed an induction and staff were supported well by the manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood the requirements of the MCA.

People had enough to eat and drink and enjoyed their meals. When needed, people's intake of food and drinks were monitored and recorded. Relevant information was shared promptly with people's families or full time home carers if any healthcare needs or concerns were identified.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity. People were encouraged and supported to be as independent as possible and enjoyed activities and hobbies of their choice.

Before using the service, assessments were completed with people to ensure their needs could be met. People were involved in planning their care and received support that was individual to their needs. Risk assessments explained any action that was required to remove or minimise any identified risks.

People using the service and their families or full time home carers were supported to raise any concerns or make a complaint if needed. Any concerns were listened to with appropriate responses and action taken

where possible.

The service was well run and people's needs were being met appropriately. Communication between the manager, staff, people using the service and their families or full time home carers was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out by the manager in order to identify any areas that needed 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 knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Risks to people's safety were recorded on an individual basis. There was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the service.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the service.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed with people before they started using the service, to ensure their needs could be met. People were involved in planning their care.

People were able to choose what they wanted to do and decide where they wanted to spend their time.

People and their families or full time home carers were supported to raise concerns or make a complaint if needed.

Is the service well-led?

Good

The service was well led.

The service was well run and people's needs were being met appropriately. Communication between the manager, staff, people using the service and their relatives was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out to identify any areas that needed improving.

Willowdene

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 was 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 was carried out by one inspector on 4 August 2016. We gave 48 hours' notice, as the service is sometimes unoccupied and we wanted to be sure that someone would be available to speak with us.

Before our inspection, the manager completed a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make. Other information we looked at about the service included statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During this inspection we met with one person who used the service, the manager and three members of care staff. A fourth member of care staff emailed feedback to us after this inspection.

Because the person we met, who used the service, was not able to tell us in detail about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records and a selection of medical and health related records for four people who used the service. We also looked at the records for three members of staff in respect of training and support. In addition, we looked at a selection of records that related to the management and day to day running of the service.

Good

Is the service safe?

Our findings

One person we met was not able to tell us directly whether they felt safe but we saw that they were relaxed and comfortable in the presence of the staff and the manager. People's care records showed that people were supported and cared for safely. These records also described how risks to people's health, safety and wellbeing could be minimised.

The manager demonstrated that they understood what constituted abuse and explained how they would follow the correct reporting procedure if and when necessary. Staff also confirmed that they were equally as confident and would report anything they were concerned about straight away. The staff records we looked at showed that staff had received training in safeguarding and protecting vulnerable adults, which helped ensure they knew how to keep people safe.

We saw that safeguarding information was clearly displayed on the noticeboard in the kitchen. This provided contact details of the local authority's safeguarding team and information for people using the service, staff and visitors, should they need to report any concerns.

People using the service had individual risk assessments, regarding various aspects of their everyday lives. For example, we saw these covered areas such as daily living skills, going out in the community, socialising, mobilising, undertaking activities and nutrition. Risk assessments and protocols were also in place in respect of keeping people safe in the premises and staff safety. For example, when staff worked alone or on a one-to-one basis with people who used the service. We saw that accidents and incidents had been recorded appropriately and investigations were carried out where required. Any accidents or incidents were also audited to identify any trends and action was taken to help reduce recurrence.

The care records we looked at were particularly detailed in respect of people's individual characteristics, including any areas of specific vulnerability. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. For example, one person did not like crowded places and could become agitated if placed in that situation. The person's support guidance explained how to recognise when the person started becoming unsettled, such as by certain vocalisations and gestures. It also explained what action to take to reassure the person. Staff confirmed to us that they had easy access to this information and we saw that it was reviewed and updated on a regular basis.

We saw that there were always enough staff on duty to support people and safely meet their needs. The manager explained how each person had a personalised care package, which also specified the staffing levels required. In addition, we were told that each person always had a minimum of one-to-one staff support. For example, one person required two staff to support them when out in the community and one member of staff to remain awake, for support during the night. Another person only required support on a one-to-one basis both within the service and during community activities or outings. This person only required one member of sleep-in staff for support during the night. People's needs were regularly assessed, to ensure that the staffing levels remained sufficient and appropriate. This helped ensure that people could

safely carry out their daily routines and receive staff support, as and when they required.

The staff files we looked at and a discussion with the manager, confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who used the service. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the service.

Medicines were managed and administered safely in the service. The manager told us that people's families or full time home carers were responsible for supplying people's medicines when they used the short break service at Willowdene. We saw that all the staff at the service followed safe and appropriate protocols for storing, administering, recording and returning people's medicines. For example, all medicines were signed in and out of the service and staff knew the correct procedure for reporting any errors. In addition, the manager told us that staff received six monthly observations, to ensure they remained competent with managing people's medicines.

Good

Is the service effective?

Our findings

One person we met with was not able to speak with us directly but we saw that they were supported effectively by staff who were skilled and knowledgeable in their work.

The manager explained how all new members of staff completed a full induction process, which included completing essential training courses that were relevant to their roles. In addition, new staff completed the 'Care Certificate'. Some of the training we noted that staff had undertaken included first aid, person centred care, medicines administration, safeguarding and strategies for crisis intervention and prevention (SCIP). We also noted that staff had started learning braille, in order to further support one person who was blind, more effectively.

Staff told us that they were happy in their work and felt fully supported by the manager. One member of staff told us, "[Name] is a fair manager. I feel like I am trained to do my job well and I know where to go if I need support." The manager told us they had manager meetings every six weeks and that they also received good support from the senior management team.

We noted that formal staff meetings were held regularly and that communication between the staff team was frequent and effective. We also saw that information was handed over appropriately between staff and people's families or full time home carers at the end of each person's stay at Willowdene.

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 the 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 services and hospitals are 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 the liberty were being met.

The manager and staff demonstrated that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also assured us they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. For example, the manager told us how one person lacked capacity in certain areas such as safely accessing the local community. However, the manager explained how staff supported this person to make decisions for themselves as much as possible. For example, regarding what they wanted to do and where they wanted to go.

Some people experienced some restrictions to their freedom, such as having constant one-to-one staff

support or being taken to healthcare appointments. However, we noted that any instances of people being deprived of their liberty were applied in the least restrictive way possible. In addition, appropriate discussions had been held with people's families or full time home carers, to ensure that any decisions were made in people's best interests. We therefore concluded that the staff and management were working in accordance with the MCA and DoLS.

We saw one person having their lunch during this inspection and observed how they were supported to choose what they wanted to eat and drink. Our observations and the person's body language indicated that the person enjoyed their meal. We saw from people's support plans that each person had a personalised care package. This included full details of what the person liked and disliked, how, when and where they liked to eat and drink and how each person could be supported to make choices for themselves.

The manager told us that people were able to have good quality, wholesome and nutritious meals and that healthy options were encouraged. However, there was a strong emphasis on ensuring each person enjoyed the food and drink they had. Our observations assured us that the manager and staff had sound knowledge and understanding of people's individual dietary needs and preferences. The manager told us that people's intake of food and drink, during their stay at the service, was recorded and communicated back to people's families or full time home carers. This helped enable prompt action to be taken, if any concerns were identified, to help ensure people stayed healthy and well.

People's families or full time home carers had the overall responsibility for monitoring people's health and wellbeing. However, staff constantly observed and monitored people's health and wellbeing during the periods people stayed at the service. The manager told us that if a person displayed signs of being unwell whilst in their care, they would ensure that the person obtained the required medical attention. The manager also explained that, although people's families or full time home carers mostly arranged medical and health appointments, staff from the service supported people to attend these when needed. We saw that people's care records were kept up to date and regularly reviewed regarding their individual healthcare needs.

Good

Is the service caring?

Our findings

One person we met with was not able to tell us directly whether the service was caring but we saw that staff treated them kindly and in a caring and friendly manner. Staff interacted with this person to a level that was individual to the person's wishes. We also saw that the person was comfortable in the presence of the staff they were being supported by.

Our observations of staff interactions, and a discussion with the manager, demonstrated that staff had a good knowledge and understanding of each person they supported. It was evident from the information we looked at in people's care records that people using the service and their families or full time home carers had been fully involved in planning each person's individual care package.

For example, the care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles, as well as their goals and ambitions. We saw that the level of support each person received was regularly reviewed and that staff had meetings with people's families and other relevant people to discuss this. We noted that people who used the service had different reasons for using the service and different support needs. However, our observations of one person and information in people's records showed that people were supported in the way they wanted.

Our observations of staff interactions showed that people were treated with respect and that staff preserved people's dignity. For example, where prompting or assistance was required regarding a person's personal care, we noted this was done discreetly.

People were encouraged and supported to be as independent as possible. For example, we noted that people were supported with aspects of daily living such as choosing and preparing their meals. This included setting the table and clearing up afterwards. Each step in the preparation process was clearly detailed for staff to be able to provide consistent support for each person. Where people required specialist or adapted equipment to help promote their independence, we saw that this was provided. For example, we saw that one person used a plate guard and adapted cutlery, which enabled them to eat their meal without staff support.

Information the manager told us in the provider information return (PIR) explained how the service used a 'driving up quality' framework to help ensure the care provided maintained a very high standard. For example, the manager explained that self-assessments were regularly completed by the service. These included people's families or full time home carers being invited to provide feedback on what they felt the service did well and what areas could be improved upon. We noted from the most recent self-assessment that positive comments had included how staff had respect for people, treated them with dignity and provided them with 'total care'.

Other positive comments referred to how staff took the time and effort to get to know people and their likes and dislikes. In addition, staff made every effort to communicate effectively when people had complex communication methods and communication with people's families was also good.

We noted that where some suggestions for improvements had been made in respect of people's activities, the service had taken positive action to organise things that were more bespoke to each individual.

Good

Is the service responsive?

Our findings

The care records we looked at showed that people were involved in planning their care as much as possible and received care and support that was individual to their needs. We observed staff making sure that one person we met with was doing what they wanted and were where they wanted to be. When this person needed assistance, we saw that staff were quick to respond.

A discussion with the manager and information in people's care records showed that each person completed an assessment, prior to using the service. We saw that these assessments were used to form the basis of people's support plans and risk assessments. The contents of people's support plans were very personalised and gave a full description of each person's need, as well as details of how each person communicated. How to interpret people's responses was also clearly explained, such as facial expressions, together with vocalisation and physical gestures.

For example, we noted for one person that if they were happy they would express this by laughing and smiling and if the person was frustrated, they would bite their finger. If the person was hungry they would go to the kitchen and, if they were thirsty, they would point to what drink they wanted. We observed staff interacting and communicating with one person by using pictures, as well as objects of reference. Objects of reference are real objects used to help people communicate. Such as a mug for a hot drink, a glass for a cold drink, car keys for going out in the car and a sponge to indicate a bath.

We saw information on how to support one person with their daily life. For example, we noted that the morning routine for this person included that they liked to wake up between 6am and 7am. Upon waking the person required assistance with personal care and for staff to run them a bath. We noted that this person liked to spend quite a while getting dressed and guidance explained to staff that the person should not be rushed. We saw how this person was also supported to set the table and staff were working with the person to enable them to make their own toast.

We also noted that this person liked staff to take them out for a drive in the car. When the person was ready to do this in the mornings it was recorded that they would take staff by the hand and lead them to the car. The afternoon drives explained how the person would often take their wallet out and put it on the dashboard. This would tell staff that the person wanted to buy something from the shop on the next trip. Daily records, observations and discussions with the manager and staff confirmed that staff were vigilant in following people's support plans properly.

Regular activities were organised for people on a completely individual basis and were adapted according to the person's preference at any given time. For example, one person was noted to enjoy picnics and spending time in the garden with a ball or playing with water. Other people enjoyed activities such as swimming, boat trips and train rides. We saw that people also benefitted from bespoke facilities at the service. These included a walk in shower, a spacious and safe garden with raised beds and a water feature, a purpose built swing and a well-equipped sensory room.

Staff's understanding of people's individual methods of communication enabled any immediate concerns or complaints to be interpreted appropriately and action taken to resolve the issue. In most cases, families or full time home carers raised concerns or made complaints on behalf of the people using the service. The service had a complaints procedure in place and we noted that concerns were listened to fully, with appropriate responses and action taken in a timely fashion.

Good

Is the service well-led?

Our findings

The records we looked at showed that people using the service, their relatives and staff were all considered to be an important factor in the way the service was run. Suggestions for improvements were welcomed and listened to and action was taken where appropriate or necessary.

The manager explained that the entire staff team constantly sought feedback from people regarding the quality of the service provided. The methods used included observations, interactions, discussions with people's families and full time home carers and via communication books. Quality assurance surveys were also carried out regularly. Where action for improvement was identified, we noted that this was taken appropriately and with the involvement and inclusion of all the relevant people.

For example, one area for improvement that had been commented on during the most recent feedback survey included that people sometimes did not always return home with all of their personal belongings. In response to this, we noted that inventories of personal items had been implemented for each occasion a person stayed at the service. These lists enabled staff to be sure that people returned home with all the belongings they came to the service with.

We noted from the minutes of the staff meetings that the service had a very inclusive, team culture. Staff at all levels were able to share ideas and make suggestions for improving the service as a whole. The manager told us, in the provider information return, that management worked alongside support staff with regard to providing care and support for people using the service. This meant that everyone worked towards the same goals and that the management were not seen as a separate team.

We also noted that discussions during the staff meetings covered aspects such as training, health and safety and housekeeping. Each meeting also included a team discussion and review of the support needs and wellbeing of each person who used the service. Any concerns, issues or requirements could be highlighted at this point, to ensure people had continuity and consistency regarding their care.

There was a registered manager in post at the time of our inspection. They were experienced and knowledgeable and had managed the service since it opened in 2014. The manager confirmed that they understood the types of events they needed to report, although there had not been any reportable incidents during the previous two years.

Staff made positive comments about the service and the support they received from each other as well as the manager. One person also told us, they had worked at the service since it opened and found it to be, "A good place to work". The manager also confirmed that they were supported well by the provider and senior management team.

We saw there were a number of systems in place to ensure the quality of the service was regularly monitored at both service level and by the provider's senior management team. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that

the staff team as a whole regularly took note of people's demeanour comments and behaviours. This helped ensure people were consistently satisfied with the service they were receiving.

Other audits were also carried out regularly, covering areas such as health and safety, medicines, housekeeping, nutrition, complaints, accidents, incidents, staff supervisions and training. These audits helped the relevant staff to identify any negative trends and we noted that appropriate action was taken to make the necessary improvements.

We saw that the service maintained strong links with the local and wider community. For example, we noted regular involvement with the speech and language team for advice on improving communication methods. In addition we noted involvement with providers of therapeutic and accessible activities for people with complex needs and disabilities, such as swimming and sailing.

The manager told us how they and the staff carried out fundraising events, to further improve facilities at the service. For example, we saw that a specially built swing had been bought for the garden, which a number of people enjoyed using.

Overall we concluded that the service was being well run and that people's needs were being met appropriately.