

Sharon and Glen Arnott Willow House

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 

Overall summary

This inspection took place on 24 October 2015 and was unannounced. The last inspection took place on 1 December 2013 and no breaches of legal requirements were found at this time.

The home provides care and accommodation for up to nine people with a learning disability. At the time of our inspection there were nine people living in the home. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being

Summary of findings

made about their care and support and best interest decisions were made when necessary. Staffing levels were flexible to accommodate the needs of people and the activities they chose to do in their local community.

Sufficient numbers of staff were available to support people's individual needs safely. This was observed throughout the inspection and included the lunchtime activity where we saw people were supported with their nutritional needs.

Support plans and risk assessments were representative of people's current needs and gave detailed guidance for staff to follow. Staff understood people's individual needs and preferences which meant that they received care in accordance with their wishes.

People were supported by staff who were kind and caring in their approach and were treated with dignity and respect. This was confirmed by the observations we made during our inspection.

People had choice about their daily activities. People were involved in their support planning and chose what activities they wanted to undertake.

Safe procedures and a policy was in place to guide staff to manage people's medicines safely. Following our inspection the provider made improvements to the stock audit system that ensured stock levels of medicines were accounted for at all times.

People, relatives and friends that we spoke with told us people received a good quality of care and support. They confirmed people's needs were managed safely and staff responded quickly to any changes in their health needs.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided and staff we spoke with were knowledgeable about people's needs.

The service was well led. Staff spoke highly of the management team and the vision of the service. There was a positive attitude amongst staff towards their work and staff responded well to the direction of the management team. A detailed system was in place to monitoring the quality of the service that people received. This included a system to manage people's complaints.

Summary of findings

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.

There were sufficient numbers of staff to ensure that people were cared for in a safe way that met their needs.

People's medicines were managed safely and staff received regular medicines training.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in and felt confident about safeguarding people from abuse.

Good



Is the service effective?

The service was effective.

People's rights were protected in line with Mental Capacity Act 2005 and

Deprivation of Liberty Safeguards. Staff received training in this area to remain up to date with the latest guidance.

People received effective care and support and staff worked with other healthcare professionals when necessary. Referrals were made for specialist support and guidance when required.

Staff received good training and support to fulfil their roles that ensured people's needs were met.

People's health and nutritional needs were met. People received the support they required in line with their care and support plan.

Good



Is the service caring?

The service was caring.

People were involved in planning their own care and support where able and were given information in a way they could understand.

Staff were kind and caring in their interactions with people and people were treated with dignity and respect.

Staff supported people to maintain relationships with people that were important to them.

Good



Is the service responsive?

The service was responsive.

Staff understood people's individual needs and preferences and clear guidance was in people's care files for staff to follow.

People were supported in activities they were interested in and activity plans were developed with people.

There was a system in place to respond to complaints. People we spoke with knew how and who they would make a complaint to.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns and felt listened to by the registered manager.

The registered manager communicated with staff about the service. Monthly staff meetings took place and a monthly newsletter was developed and distributed.

There were systems in place to monitor the quality and safety of the service provided. Action plans were devised and followed to improve the systems that were in place.

People's opinions were sought to improve the quality of the service.

Good



Willow House

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 24 October 2015 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about. We looked at the Provider Information Return (PIR). The PIR is a form that asks the

provider to give some key information about the service, what the service does well and the improvements they plan to make. We cross referenced this information with our findings during the inspection.

As part of our inspection we reviewed the care records for four people in the home and also looked at three staff member's personal files to see how they were trained and supported. We spoke with five people and made observations of the care other people received in the communal area. This was because not all people could tell us verbally of their experience of living in the home. We spoke with three members of staff, the registered manager and deputy manager who were on duty. We spoke with two visiting friends and relatives and two relatives on the telephone following the inspection. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

Is the service safe?

Our findings

People told us they felt safe. People's comments included "yes I do feel safe, it's my home" and "staff keep us safe they are nice and help us. They come with me when we go out". Relatives we spoke with also felt their family members were safely looked after and told us "[name] is safely looked after and couldn't wish for better. [Name] picks up when things aren't right and always takes immediate action".

People were protected against the risks associated with the administration and storage of medicines. A clear policy was in place for staff to follow that ensured the safe ordering, administration and returns of any unused medicines. Staff received medicines training coupled with regular refresher updates to ensure they kept up to date with the latest guidance. The administration of medicines was recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. The records demonstrated people received their medicines in line with their GP instructions. One person undertook some of their medicines independently. Their care plan reflected this and detailed any support that was required for this person to safely self-medicate. Everyone had a locked medicines cabinet in their room to store their weekly medicines and staff administered them from that point. We saw the medicine storage cupboard did not hold a clear 'stock level' list and therefore made it difficult to check easily what medicines stock remained in the cupboard at any one time. Following our inspection, the registered manager sent us information that showed they had developed a 'stock check sheet' for auditing and monitoring purposes. This made the system more robust.

There were sufficient numbers of staff to ensure that people's needs were met. Staff we spoke with told us that during the day there were sufficient numbers of staff to allow people to undertake their chosen community activities. Staff told us "We always work well together and cover any shifts as needed without using agency staff, as we know people and that's best for them". Staff told us the management team supported people if required. This was observed during our inspection and demonstrated they understood how to support people in a safe way with their moving and handling requirements. Staff told us the staffing levels worked well and rotas were flexible to meet people's individual needs. The provider had reviewed the

night time staffing arrangements and increased levels to two wake night staff on duty. The registered manager told us this was because some people's needs had changed and required higher support at night to safely meet their needs.

There were recruitment procedures in place to help ensure that staff were suitable for their role and to support the provider in making safe recruitment decisions. This included gathering information through references and a Disclosure and Barring Service check (DBS). The DBS provides information about any criminal convictions a person may have and whether they have been barred from working with vulnerable adults. This helps prospective employers ensure people are suitable for employment in their organisation.

We found the provider had systems in place that safeguarded people. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Pictorial policies were seen in people's files. This helped people understand what safeguarding meant and how they were protected. Staff we spoke with said "I would not hesitate to report anything that was wrong or unsafe".

Risks to people's safety were assessed before they came into the service. People's risk assessments were clear and detailed to guide staff. They ensured the least restrictive option for people and enabled people to be as independent as possible. For example, one risk assessment stated '[name] is unable to select own clothing but does like to be given a choice of things to wear'. The assessment guided staff to the additional support the person required. All risk assessments were regularly reviewed to ensure they remained reflective of the person's needs. During our inspection we observed a person who did not want to use their walking aid to go to the table for lunch. The member of staff explained to the person why the aid was needed and that it would not be safe to walk without it. The person responded and used the aid. This demonstrated staff understood the risk assessment in relation to moving the person and the observation was reflective of the person's care documentation.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered

Is the service safe?

manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Is the service effective?

Our findings

People received effective care. This was because staff ensured advice and guidance was sought from external health professionals when required. Relatives told us “[name] is very clear when they notice any changes in [name]. They immediately refer to the doctor and will email or phone us to update us. The manager picks up intuitively any behaviour changes for [name] that could mean they are unwell”. Another family member told us “[name] helped [name] to return here following a stay in hospital. They have things in place to support the nursing side of things. A district nurse will come every day to support [name]”. This was viewed taking place on the day of our inspection. They told us “they sent staff in to support them to ensure they ate and was looked after. I can’t praise the team enough. They are fantastic!”

Support was in place that ensured people’s health needs were met. Staff worked with healthcare professionals where necessary and followed their advice to ensure the risks to people’s health were minimised. For example, we saw evidence in a person’s file of how referrals were made when the person experienced a change in their nutritional needs. Specialist advice and guidance was included in their care plan and available for staff to follow.

People’s ongoing health needs were managed as people were supported to see a local GP or hospital, should they require it. One relative told us “[name] will also attend GP appointments with us as part of managing [name] long term health condition”. People had Health Action Plans (HAP’s) in place. This document contained detailed information that supported the person should they need to stay in hospital or visit health professionals. In addition, it helped health professionals understand the way in which people liked to be supported. Pictures were used to help the person to understand what it might be like and this was developed with the person to gain their preferences.

People’s rights were protected in line with Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed that they did not have the capacity to consent. Documentation contained details of who was consulted and involved in the decision making process. Pictures were used to aid people’s understanding and their

involvement. People’s care documentation evidenced when people’s consent was gained. For example a person had chosen not to have a particular health screen undertaken. The documentation showed this person’s decision was respected and was up held by their GP, demonstrating people rights and wishes were adhered to.

Staff confirmed they had received training in the Mental Capacity Act 2005 and records we viewed confirmed this. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. One person told us “staff always ask me what I want and if I’m happy with it”. Staff were heard routinely asking people for their consent throughout the inspection and had a good understanding of people’s non-verbal communication needs that ensured their rights were respected. Staff gave examples of how they understood from people’s facial expressions and vocalisation if they were happy to proceed with their routines. One staff said “I would not proceed with anything if [name] didn’t appear happy with what was being asked”.

The registered manager told us where it was felt that a person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, applications were made to relevant authority for DoLS authorisation. This is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. DoLS provides a legal framework to deprive a person of their liberty if it is in their best interests to do so and there is no other less restrictive option.

Staff were positive about the support and training they received. We viewed the overall training records which showed when all mandatory training topics had been completed. These included first aid, moving and handling, safeguarding, epilepsy and dementia awareness. The registered manager told us there were four levels of care worker that was determined by the training and qualifications they achieved. Staff would be given delegated responsibilities aligned to their care worker level. The registered manager told us “staff are keen to do this. This gives a clear progression route for staff to follow and develop”. This was confirmed when we spoke with staff. Staff comments included “lots of training and support is available”, “training is very good and thorough” and “I am well supported in my role. I have worked in a few places but it’s really really good here”.

Is the service effective?

The 'Care Certificate' induction program is used for new staff that come into post. This is an identified set of standards to which health and social care workers must adhere in their daily working life. The registered manager confirmed all new staff would be following this route as well as the standard local induction into the home.

Staff received appraisals and supervision that guided them in their role and highlighted any development and training needs. Staff said "we get plenty supervision and support and I can always just say to [name] if I needed a word". Records we viewed confirmed all staff received regular individual one to one supervision and training plans were developed. Training plans included all mandatory training in relation to their role, specific training relevant to the

health needs of people living in the home and personal aspirations they wished to achieve. Records demonstrated staff were given the opportunity to develop their skills and remain up to date with the latest practice guidance.

People's nutrition and hydration needs were met. People's independence was promoted and some people were involved in preparing of some of their meals and in the devising of menus. We observed people making cups of tea during the inspection and we heard staff encouraging people do this this, where they were able. People told us they received a good standard of nutrition and choice, as well as having access to snacks at any given time. People's care plans reflected when advice and support was required from dietary specialists and clear information was available for staff to follow. This was confirmed when we spoke with staff as they had a good knowledge of people's nutritional needs and the specialist advice that had been sought.

Is the service caring?

Our findings

People told us staff were caring and supported them in positive ways. People's comments included: "they are nice I like [name]", "I like going out with [name] I'm happy", "what we would do without them" and "I like it here the staff are nice and the clients". Relatives and friends we spoke with told us "they are such a caring team", "nothing's too much trouble", "I would have my family live here, they really care" and "[name] is so happy and relaxed here".

People were supported to maintain relationships with the important people in their lives. Relatives and friends were able to visit when they wished. People's files showed the people that were important to them and memorable dates for them to remember. People told us staff supported them and arranged birthday celebrations with them in line with their individual interests. During our inspection we observed the registered manager supporting a person to email a family member to advise them of their chosen birthday plans. Staff told us they would support people to see their relatives if needed. They understood how important it was for people to maintain these relationships. One relative confirmed this and told us how the registered manager supported a person to attend family social events. The relative said "the manager gave up their afternoon to support [name] to come. We ensure [name] remains integrated into our family life". During our inspection we saw visitors were made welcome and exchanged jovial banter with people and staff that showed they were comfortable visiting.

People were supported by staff who were kind and caring in their approach. Staff spoke with people in a considerate and respectful manner. We observed pleasant interaction throughout our inspection. Staff asked people if they were comfortable and asked if their food was nice when they were supporting them.

People's independence was promoted. Upon arrival the door was opened by a person living in the home who greeted us and summoned a member of staff. This person then proceeded to show us into the home and made us a beverage. Staff told us "this is their home so we try to encourage them to maintain their independence and be involved as much as possible". One person told us "I am helped to make my own drinks and food. I like that". It was

clear in people's support plans the aspects of their care routine they were able to manage for themselves. The plans demonstrated how the person's independence was recognised and promoted.

People were treated with dignity and respect. A member of staff sensitively asked a person if they would like an apron when having their lunch. This was provided and we found the provider had researched and purchased aprons that resembled people's own type of clothing. People told us they liked them as they were like shirts and blouses.

People were involved in decisions about their care and support and information was given in ways they could understand. This was clearly demonstrated within people's care records and support planning documents that were signed by people if they were able. For example a service user contract was in place that set out what people could expect to receive from the service. This was pictorial to aid the person's involvement and the person signed the contract if they were able to. Two people we spoke with told us they met with their keyworker and discussed the care and support that was offered to see if they were happy. This was confirmed from the records that we viewed.

People had the opportunity to attend resident meetings on a monthly basis. These meetings were an opportunity for people to give their views on the service they received and any ideas for improvements. Records of the meetings demonstrated each person was asked in turn for anything they wanted to share. People were involved in decisions about the forthcoming Christmas festivities and holiday planning.

Compliments and feedback we received from relatives, friends and staff clearly identified staff's caring approach. Comments included: "I have been blessed to have had a boss that really cares about everyone" and "thank you so much for a lovely day and all you do". Relative and friends told us staff genuinely cared about their work and always saw caring interactions.

As part of the provider's quality monitoring, people's opinions were sought through surveys on a yearly basis and through person centred planning reviews. A pictorial survey was used to help people understand what was being asked of them and comments were positive.

Is the service caring?

Comments included: "I feel very grateful that [name] is so well cared for at Willow House" and "since [name] has been under your care, she has been so much happier and well cared for".

People's cultural and spiritual needs were taken into consideration and accommodated. Staff told us this would always be considered and discussed at the pre admission assessment and would be provided for according to their individual needs.

Is the service responsive?

Our findings

The service was responsive. People were supported by staff who understood their individual needs and preferences. People told us “staff know what I like and help me”.

Relatives and friends we spoke with confirmed the registered manager and all the staff, responded to people’s changing needs and understood what they required. One relative told us “staff are very aware what [name] needs are and any concerns, they always respond immediately”.

People gave examples of the individual ways in which their preferences were met. This included getting up and going to bed at a time of their choosing. Documentation that we viewed confirmed this. During our inspection we observed that people were able to get up when they wished. Some people came into the communal area for breakfast later in the morning. One person told us “I like to have a lie in on the weekend. I like a late breakfast, as I am up early in the week for club”.

People’s support needs were assessed before they came into the service. Assessments were undertaken by people’s social workers and wider professionals. This evidenced joint assessments and reviews took place. Support plans were clearly written and gave a good picture of people’s individual needs. This ensured there was consistent guidance in place for staff to follow. Support plans were evaluated on a monthly basis to ensure they were current and reflected any changes in the type of support that people required.

Personalised care and choice was offered to people that used the service. Personalised care plans were put in place. Many aspects were written in the first person. The registered manager told us “we do try to write it from the person’s perspective, but some people due to their individual needs are unable to be as involved, but we do everything possible to personalise their wishes”. Each person’s individual file held comprehensive information around their care and support needs. The information included; support plans for all aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. Some of the documentation viewed was in a pictorial format to aid the person’s involvement. This meant different communication formats were used to involve people in the development of their care and support planning. Daily records were kept that gave an overview of what people did with their day.

People’s bedrooms were well furnished and they were encouraged to personalise their rooms with photographs and memorabilia from home. This helped ensure that people’s rooms were arranged in accordance with the person’s wishes and preferences.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these behaviours and how staff could support the person at these times. During our inspection we observed one person becoming anxious by another person’s behaviour. Staff responded in a way that demonstrated they knew how to reduce the person’s anxiety that was in line with their care and support plan.

People were given information that supported their safety and welfare. Easy to read information had been developed to help people understand their support and healthcare needs. Policies were developed in a pictorial format. This included safeguarding and complaints information. Records showed no complaints had been received since our last inspection. Three people we spoke with were able to tell us how they would make a complaint. Staff confirmed people were asked and supported, as part of the key working process if they had any complaint to make. Not all of the people in the home were able to explain verbally if they were upset or wanted to raise concerns. However staff told us about the ways in which they would be able to identify if a person was upset, through their behaviours and vocalisations. This was confirmed by our observations during the inspection.

There were arrangements in place to respond to complaints. A complaints policy and procedure was in place and this identified other organisations and agencies that concerns could be reported to if necessary, this included the contact details of the Care Quality Commission. Records of compliments and complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement.

People were able to choose what activities they undertook. We observed activities taking place during the day on a one to one basis and as a group. Some people watched a film while others played a game of bingo. People had a timetable of activities and were able to tell us of the activities they undertook. People had individual activity

Is the service responsive?

timetables drawn up with them. Activities included; attending community groups, shopping, bingo, going to the cinema and theatre. Musical activities were also held in

the home and staff told us “some people find it difficult now to get out and about to music activities, so we make sure we have a range of activities to come into the home that everyone can enjoy”.

Is the service well-led?

Our findings

People we spoke with told us the service was well led and they knew who the senior management team was. Comments included: “[name] is very knowledgeable and has helped [name] and us through a difficult time”; “[name] is always available to discuss anything. Communication is good”. Staff told us “Everyone is open here, we provide an excellent service”, “it’s an excellent place to work, I would be happy to have my [name] live here” and “we are able to voice our opinions to the provider. They listen to us”. All staff were positive about the management arrangements and told us they were very well supported. Staff felt very confident about raising concerns with the registered manager and anyone in the team. This created an open and transparent culture within the staff team. Staff told us they worked together well as a team and felt a ‘family’ type relationship was present.

Observations that we made during our inspection showed the registered manager and deputy manager spent time talking and supporting people. It was clear from people’s responses they were used to this visibility of the management team. People and visiting relatives were observed chatting and laughing in a relaxed manner with the team throughout the day.

The registered manager told us they had recently evaluated all three of their services and decided to recruit another registered manager from their staff team, to support them in the daily running of their services. They told us about their vision for the service and aim to always provide the highest possible quality care across all services. They told us by having another registered manager this ensured high quality care provision could be provided, that enabled effective monitoring for future service development.

The registered manager communicated with staff about the service. Monthly staff meetings took place and also a monthly newsletter was developed and distributed. This gave staff any service updates and also highlighted ‘good practice’ that had been identified across all the services. Staff meeting minutes confirmed detailed discussions took place as way of communicating important information to the team and as an opportunity for staff to highlight any issues or concerns. Staff we spoke with confirmed their

opinions were sought and acted on. One member of staff told us “staff meetings are a way of gaining our opinions. I couldn’t think of working anywhere else [name] always listens”.

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends, patterns or lessons to be learnt in the types of incidents occurring. The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation in the form of a notification. Notifications help ensure that the service can be monitored effectively by the commission.

There were systems in place to monitor the quality and safety of the service provided. There was a regular programme of audits in place. These audits included the environment, staffing and care delivery. Checks included: medication, staffing, care planning and concerns/compliments. These checks were undertaken by both the registered managers and their staff. There were also checks in place to ensure the safety of the environment. These included regular testing of fire alarms and safety lighting to check these were in good working order. This ensured the care delivery and facilities were safe and fit for purpose. Following our inspection the registered manager supplied documentation that confirmed they had made improvements to the auditing of the medicines. The documentation evidenced how staff were briefed on the changes and a clear action plan was devised. This demonstrated the registered manager took action to develop and improve the systems that were already in place.

Regular feedback from people who used the service, their relatives and professionals was gathered to help develop and improve the service. This was gathered during care reviews, resident meetings and yearly questionnaires. The registered manager told us they valued people’s feedback and would respond individually to any comments from people to ensure they felt listened to by the management team.

The registered manager kept up to date with changes in the law and various pieces of legislation. They were fully aware of CQC’s fundamental standards and changes in the way inspections now took place. The Provider Information Return (PIR) that we viewed prior to the inspection confirmed this. The information supplied clearly identified

Is the service well-led?

how the service was meeting the requirements of the five key questions and also identified the commitment to continual monitoring and service improvement. We cross referenced this information during our inspection and found it was a good reflection of the service.

When we spoke with the registered manager they understood the intention of the 'duty of candour'. This

regulation ensures that providers are open and transparent with people who use services if things go wrong with care and treatment. The registered manager confirmed this was embedded within the service and demonstrated they took responsibility to ensure policies and staff were kept up to date with the changes.