

Aston Transitional Care Limited

Willow House

Inspection report

9 Ash Drive
Sparkhill
Birmingham
West Midlands
B11 4EQ

Tel: 01902672692

Date of inspection visit:
07 August 2018

Date of publication:
24 September 2018

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

We carried out this unannounced inspection on the 07 August 2018. At the last inspection carried out on the 19 January 2017 we found that the provider was not meeting all of the legal requirements. We identified that the provider did not have effective system in place to manage risks and drive up improvements. We found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the service as requires improvement. At this inspection we found that the provider had made the required improvements and were no longer in breach of this regulation.

Willow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Willow House provides care and support for a maximum of six people who are living with a learning disability, autism or mental health conditions. There were six people living at the home at the time of the inspection.

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.

There was a registered manager in post at the time of our inspection. 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 were supported for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were protected from risks associated with their health and care needs because risk assessments and associated care plans were developed, reviewed and monitored. This ensured that people received the support they required to remain safe. Staff were aware of the risks to people when supporting them in and outside of the home in order to promote people's safety in the community.

People were supported by sufficient numbers of staff who had the knowledge and skills they required to care for people safely and effectively. People's dignity was maintained and people were communicated with in their preferred way.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The provider was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS).

People were supported to enjoy a wide range of activities and were involved in their day to day care and chose how to spend their day. People were encouraged to maintain their independence and live active and fulfilling lives and were supported to meet religious and cultural needs.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them. It was evident that people had developed positive relationships with staff and there was a friendly and calm atmosphere within the home.

People received support from staff to take their prescribed medicines as and when required. Systems and processes were in place to ensure medicines were managed safely. Staff understood their responsibilities in relation to infection control and promoting a hygienic environment for people to live in.

People were supported to maintain a healthy diet that met people's cultural and dietary needs. People were supported to maintain all their health needs.

Systems and processes were in place to monitor the safety and quality of the service. Staff and relatives told us the home was well managed and the registered manager was supportive.

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

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow. Risks to people had been assessed, recorded and well managed.

People received their prescribed medicines as required and systems were in place to promote good hygiene standards.

Is the service effective?

Good ●

The service was effective

People received care and support with their consent.

People received care from staff who had the training and knowledge required to do their job safely and effectively.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

Is the service responsive?

Good 

The service was responsive

People received care and support that was tailored to their individual needs and preferences.

People had the opportunity to engage in activities that were based on their interests and meaningful to them.

People's diverse needs were recognised and care plans offered guidance to staff about how best to support people.

Systems were in place to listen and respond to concerns.

Is the service well-led?

Good 

The service was well led

There was a registered manager in post and conditions of the provider's registration were met.

People were happy with how the service was managed and staff felt supported in their roles.

The provider had systems and processes in place to monitor the safety and quality of the service and these were effective.

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 the 07 August 2018 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also contacted local authorities who provide funding for people to ask them for information about the service and Healthwatch. Healthwatch is an independent organisation that champions the needs of people that use health and social care services. This helped us to plan the inspection.

During our inspection we met and spoke with five people who lived at the home. One person was away from the service on the day of the inspection visiting relatives. We also made general observations around the home. Due to People's specific conditions very few people who used the service were able to speak with us, we therefore observed the interactions between people and support workers to contribute to our inspection findings. We also 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 spoke to two team leader, two support staff, the operations manager and the registered manager. We looked at records relating to the management of the service including care plans for two people, the incident and accident records, three staff recruitment records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records and compliments and

complaints.

Is the service safe?

Our findings

At our previous inspection on 19 January 2017 we rated this key question as 'requires improvement'. We found that staff didn't know about people's risks, care records did not give clear guidance for staff on the level of support people needed. Risk assessments were not detailed and protocols were not in place for staff to follow. At this inspection we found the required improvements had been made and the rating for this key question is now 'good'.

We saw from our observations that people looked happy, relaxed and comfortable around staff. One person told us, "I am happy, good here". We reviewed care records and found information about how to manage risks to people was included within them and guidance and information was available for staff to follow. Staff we spoke with had a good understanding of people's risks and were able to tell us what action they would take to make a person or situation safe. For example, staff were aware of the risks to people when supporting them outside of the home and were able to tell us what steps they took to promote people's safety in the community. Staff told us they had received the appropriate training to support people.

Staff told us about a range of actions that were completed on a regular basis to help keep people safe. For example, records showed that fire checks took place on a weekly basis and staff knew how to support people safely in the case of a fire or a medical emergency. The registered manager had revised the fire safety procedure so in the event of people needing to leave the building the provider's sister's home would be accessed as a safe place for people. Staff had developed 'individual grab bags' for people to take with them in any emergency situation. This ensured that people would have items and objects that were familiar and of comfort to the person and would help to reduce any anxiety.

A number of people living at the home were unable to communicate verbally, so we observed their interactions with staff. We saw that people were relaxed and comfortable while in the company of staff and were happy to approach them when they required assistance. Staff told us they had received training in safeguarding and knew the different types of abuse. Staff we spoke with told us some of the signs they had been trained to look out for that would indicate that the person might be at risk of abuse and what action to take if they had any concerns about people's safety. A recent incident had occurred in the home involving two people who lived there. We saw that this had been appropriately reported to the local authority, police and CQC, as required by law. The incident was still under investigation at the time of our inspection. We saw that the registered manager had taken steps to minimise any further occurrence. The registered manager demonstrated a clear understanding of their responsibilities around safeguarding.

We saw that people were supported by sufficient numbers of staff. Most people required one to one support when leaving the home. The team leader and registered manager told us that there were flexible levels of staffing to make sure people could attend activities and appointments. We observed that staff had time to spend with people and were not rushed. At the time of our inspection one person was unwell and the registered manager told us that the staffing levels had been increased at night to ensure the person received the staff support they needed.

We saw that medication was given to people as prescribed and was stored safely and individually for each person. We looked at MAR (medication administration records) which showed that people had their medication on time and doses were not missed. Some people required medication to be given "as and when". Staff we spoke with were able to describe to us the circumstances that they may need to administer a person's PRN. On the day of our inspection we saw that staff administered PRN to a person and we saw that staff followed the protocols that were in place. Staff told us that they were trained in giving medication and their competency was assessed annually. We saw that people's care records contained guidance for staff about how people liked to take their medication.

We checked three staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited. The provider had introduced regular checks of staff DBS as an additional safety check that staff employed, remained suitable to work there.

We saw that people were protected from the risks of infection. We saw that staff were prompt to respond to any cleaning issues and the home was clean, tidy and well maintained. We saw that staff had access to appropriate cleaning materials and person protective equipment (PPE) and we saw that this was used appropriately during our inspection. The communal kitchen contained different coloured chopping boards and items in the fridge were labelled with dates on when they had been opened. Staff showed us the completed records of the safe system of food handling that was in place to ensure any risks of food contamination were minimised.

We saw that access to the laundry room was through the kitchen and not secured and we asked for assurance about any risks to people in this area. We saw that a cupboard containing cleaning materials was shut but not locked with the key that was in the lock. When we brought this to the attention of the staff member they immediately locked the cupboard and advised that staff had just removed items to carry out cleaning tasks. Immediately following our inspection the registered manager told us that they had taken action to improve this area. A key code lock was installed on the laundry door and additional laundry facilities had been provided on the top floor of the service to improve the homes infection control systems and procedures.

Records showed that incidents and accidents were recorded by staff. This enabled the registered manager to monitor trends and patterns and take action as appropriate. For example, we saw that there had been a number of incidents involving one person and this had resulted in a review of this person's risk assessment and support plan which had involved other professionals. We saw that the registered manager reviewed all incidents and accident records and had made recommendations for any required actions when needed.

Is the service effective?

Our findings

At our previous inspection on 19 January 2017 we rated this question; we rated this key question as 'good'. At this inspection this key question remains rated as 'good'.

Our observations identified that staff understood people's complex needs. One person put their thumb up to us and smiled when we asked them about the staff supporting them. Another person told us, "Nice staff". We saw that staff observed people and were available to respond to people promptly to minimise any anxiety. Records we looked at included positive behaviour support plans that provided guidance on possible triggers and how staff should support the person to help reduce any incidents.

Staff told us they had received sufficient training to carry out their role effectively. New staff recruited to the home had been provided with the Care Certificate as part of their induction. The Care Certificate is a set of nationally recognised standards that provides staff with the skills and knowledge they need to support people safely. A staff member told us, "The induction here is the best I have ever had in a job. Other places I have worked they just threw you straight in to things. Not here it's all done properly". The staff we spoke with were able to tell us how they used the learning to improve the way they worked with people.

Staff told us that they felt supported and had formal supervisions for reflection and support. Staff we spoke with told us that communication systems in the home were good. They showed us the completed daily handover records that were completed at the start of the shift and explained to us how the shift was organised. We saw that there were effective systems in place to ensure information about people's needs were communicated.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff shared examples with us of how they ensured people were consenting to the care and support they provided. One staff member told us it was about getting to know the person and understanding how the person communicates if they are happy or not.

Staff knew people's preferences and choices and we saw during our inspection that staff made attempts to involve people in day to day decisions, such as what food to eat and how to spend their time. Staff could tell us how people preferred to communicate. We saw various tools to help with communication within the home such as pictures and symbols were available and used by staff. The registered manager told us that where needed best interest meetings had taken place. These meetings ensure that the person, and others important to them, are consulted about decisions relating to their care and support.

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 homes are called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager had a system in place for monitoring the progress of DoLS applications and was able to provide us with an update including where authorisations had been approved and those that they were waiting a response from the Local Authority on.

Staff told us that they had worked with the dietician service and had tools in place to support and advise them in providing people with a varied and nutritious diet. For example, they had advice information to refer to about healthy portion sizes. Staff were able to tell us what people liked to eat and their food preferences. For example, some people had halal meat and staff explained that the appropriate preparation and storage facilities were in place to support this. One person told us, "I am having lasagne" and we saw that a picture of that meal was displayed on a visual menu board that was in place. We saw that people had made different choices. For example, another person was having fish and chips. This showed that people were supported to make choices about what meals they wanted to eat. We saw that throughout our inspection people were offered drinks and this showed that staff were aware of the need to keep people hydrated.

People received support to manage their health needs and staff worked with other community professionals to ensure people's health needs were met. Records we looked at contained the outcome and any follow up needed following healthcare appointments. We saw that staff were supporting a person with a daily exercise routine that had been put in place to promote the person's mobility. This showed that staff were following professional guidance. Records we looked at contained detailed information following healthcare appointments. We saw that people had health action plans in place. This ensured people received the support they required to maintain good health and wellbeing.

The premises were suitable to meet the needs of the people living there. There was a range of shared areas for people to access and we saw that people were able to make a choice about spending time with other people or choosing to spend time on their own in their own bedroom. Staff told us that they had recently developed a quiet sitting area on the second floor for people to use as and when needed. There was an accessible garden area with seating, garden activities, plants and flowers. Staff told us people had been involved in planting and caring for the plants which had been specifically chosen with consideration of the needs of the people living there in mind. Some people were at risk of touching and eating items so with this in mind fruit plants had been chosen which minimised any risk of harm to people. We saw that there was easy read signs and information displayed around the home so information was accessible.

Is the service caring?

Our findings

At our last inspection on 19 January 2017 we rated this key question as 'Good'. At this inspection the rating remains unchanged.

During our last inspection we found that staff were not always able to tell us about how they supported people to be independent. We saw that progress had been made on this. Staff were able to tell us how they promoted people's independence and people had plans in place to support their life skills in relation to day to day tasks in the home. We saw that one person was supported to shop for food items and helped prepare the evening meal and setting the table. We saw that people were supported to become more independent with personal care tasks and plans and individual goals were in place for each person to support this development. A staff member told us about a person who after living at the service for a short while had already developed skills and was now able to access the kitchen, with staff support to get themselves a drink.

During our last inspection we found that staff responded well to people, but did not always proactively engage with people. At this inspection we spent time in the communal areas and saw that staff interacted with people in a friendly and caring manner and there was always staff around. There was a calm and relaxed atmosphere within the home. We saw staff sitting with people and providing comfort and support to people when they wanted that and at other times we saw that staff observed people and sat quietly with people.

We saw that staff had worked with people at producing information in a creative and person centred way showing the personal goals that people were working towards achieving. However, some of this information was of a personal nature and it was not appropriate for this to be displayed in communal areas of the home for anyone visiting the home to be able to read this. We fed this back to the registered manager at the time of our inspection and they took immediate steps to improve this. They told us that personal goals would be kept within people's key worker records and only group information of a non-personal nature would be displayed. We saw that there was a system in place for ensuring that care records and other confidential information was kept secured.

Throughout the inspection visit we saw people were supported to make decisions about their daily living. People were given focused choices, according to their individual diverse needs and staff involved them in making decisions such as where and how they wanted to spend their time. We saw that communication cards, pictures and photographs were used to help people make choices and decisions about their care and the things that they wanted to do. A staff member told us that some basic Makaton signs were also used by staff and staff had received training in this recently. We saw that people were treated as individuals and offered individual activities, outings and meals, as well as being invited to take part in group activities. We observed staff responded to people with compassion when they became agitated or anxious and used redirection or diversion techniques to try and de-escalate people's behaviours to reduce the risk of harm.

We saw that people were relaxed and comfortable with staff. Staff we spoke with were able to tell us about people's care and support needs and any associated risks. Care plans contained details of people's likes and dislikes and their preferences for care. Conversations with staff confirmed that people were valued and supported to express themselves in ways that reflected their individual and diverse preferences. Staff were knowledgeable about people's cultural and religious needs and supported people to meet these needs including people's dietary needs and suitable activities. A staff member explained how they had supported one person to listen to music and programmes in their own language on a hand held electronic device. They told us that the person responded very positively to this. They told us that the previous week they had celebrated Jamaican independence day and they ensured that all cultures were welcomed and celebrated. Staff spoke with told us that the home was an open and welcoming environment and people would be protected from any form of discrimination.

People's privacy and dignity was maintained. When staff talked with people about their support they did so away from others so they were not overheard. We saw that staff knocked people's doors before entering their bedroom. Staff were able to tell us how they would promote people's privacy and dignity when supporting people with their personal care. It was a hot day when we visited and one person requested that they had a shower and staff supported the person to do this. We saw that people who required support with choosing their clothing had been supported to dress in suitable clothing for the weather conditions and in a way that promoted their dignity.

Some people who received support had specific communication needs. We saw that these had been discussed as part of the person's initial assessment and that guidance was provided to staff on how they should support the person to communicate their needs. For example, we saw that for one person that short sentences should be used. The care records clearly recorded how staff should communicate with people in a way that they would be comfortable with and also made reference to non-verbal cues that would indicate the person's wishes. For example, one person would point to their lips when they wanted a drink. The staff we spoke with displayed a good understanding of people's specific communication needs.

Is the service responsive?

Our findings

At our previous inspection on 19 January 2017 we rated this key question as 'Requires improvement'. We found that the provider had not consistently responded to people's views. At this inspection we found improvements had been made and we rated this key question as 'good'.

At our previous inspection we found that the provider had not consistently responded to people's expressed views. At this inspection we found that improvements had been made. People were supported to make choices and make decisions about their daily life. Staff told us how they involved people in making choices and decisions about their care. We saw from people's care records that they were supported to maintain relationships with people who were important to them and where appropriate, other people including family members and care professionals were involved in discussions about their care.

We saw that people had been supported to visit the home prior to making a decision about moving in. The registered manager told us and records showed that initial assessments had taken place to identify people's individual support needs and their suitability for the home. We saw that a person who had recently moved into the service had been supported with the opportunity to visit Willow House on a number of occasions, have meals and take part in activities. Staff from the home were able to work alongside the staff team from the home the person was moving from to gain information and knowledge about the person's needs and how they liked to be supported with their care. Records showed that there was a clear transition plan in place that had been developed and adhered to ensure that the home knew they could provide the correct support. Staff told us that the person was settling really well into their new home and they were already being supported to do new activities that they hadn't done before. For example, using public transport to explore the community and go on day trips.

People were supported to take part in a range of activities in the home, local and wider communities. Staff explained that some people attended college courses and were currently on the summer break and one person had just left school and would be starting college in September, so there were changes to people's regular plans. On the day of our inspection two people had gone to a park and out for lunch and one person had gone on the bus and tram to Wolverhampton and staff confirmed to us that this is what the person had chosen to do. A staff member told us that the following day some people were going to a waterpark. We saw an activity board and pictures and photographs were used to show what had been planned. Staff told us that both individual and shared activities take place. A staff member told us, "We may travel to the park together and then go separately around the park". Staff confirmed that the service had two cars for people to use. People were also supported to use public transport as we saw on the day of our inspection. We saw numerous photographs displayed in the home of people taking part in activities and events in the local community. These included picnics, parks, holidays and barbecues.

People could be confident their concerns and complaints would be recognised, investigated and responded to. We looked at the records of complaints and saw that two concerns in the past year had been recorded and our inspection identified these had been investigated and any necessary actions had been taken.

Is the service well-led?

Our findings

At our previous inspection on 19 January 2017 we rated this key question as 'requires improvement' in this key question. This was because the provider had processes and systems in place to assess monitor and manage the home but these were not always effective and had failed on occasions to identify issues that needed to be addressed. We identified that this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made and the breach had been met.

At our previous inspection on 19 January 2017 the service had a registered manager in place who was also the manager for a nearby sister home. The provider had advised us that they were considering having a registered manager for each service. The current registered manager was appointed in February 2018 and was recently registered with CQC for Willow House only and the provider had a separate manager for the sister home.

Providers are required by law to inform us of certain events that happen in the home (such as serious, safeguarding concerns or police incidents) by way of submitting a form called a statutory notification. We found that the notifications we received from the provider were detailed and enabled us to have an understanding of events proceeding and actions taken following an event or incident within the home.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating for Willow House was on display in both of these places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.

All the people we spoke with were very positive about the registered manager and the positive impact that they had on the home. A relative told us how much things had improved since the registered manager was employed. They told us, "(Registered manager's name) is a very honest manager. You see them everywhere in the home. They direct the staff and guide them. Safety is their priority". A staff member told us, "I feel we have really improved since our last inspection. We are more inclusive. We are now able to evidence what and why we do things. It's all about the people who live here". Another staff member told us, "Our manager now is very experienced. They have brought a wealth of knowledge with them and they have helped the staff develop". A third staff member said, "We are now making progress. We are on the bus and it is moving".

We saw that the registered manager had sought feedback from relatives, professionals and staff to drive improvement within the home. The registered manager told us that relatives had expressed that they preferred to meet on a one to one basis rather than a group meeting and the registered manager had responded to this request. A relative we spoke with confirmed this.

We saw that the provider had a range of audits and checks to monitor the quality and safety of the service. Regular checks were in place to ensure people lived in a safe, comfortable and homely environment. The audit's addressed all of the key areas of the operation of the home and the focus was on continuous

improvement. We saw evidence that when issues were raised action was taken to make improvements. For example, we saw that audits had identified that people's bedrooms could be more personalised and this was something that we discussed during our inspection. We saw that work was in progress and the registered manager confirmed to us that in conjunction with each person plans were underway to make people's room more comfortable and personal. The registered manager also told us that they would be developing their current systems for the analysis of incidents and accidents. They told us that the aim of this was to improve the quality of information available to staff about how to support people with consistent care and support and minimise reoccurrence.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR in part reflected what we saw on the day of inspection. However, because we received this in February 2018 it was positive that we had seen evidence of further development in the service since the completion of the PIR.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively. We discussed issues in relation to the laundry access and immediate action was taken to by the provider to review the current arrangements and make the improvements.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at the home. For example, health and social care professionals to ensure that the care they provided to people was in keeping with legislation and best practice guidelines.