

Consensus Support Services Limited

Willowbeech

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Willowbeech is a residential care home providing personal care to people with learning disabilities and autistic people. The service can support up to 5 people. At the time of the inspection 4 people were living there.

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

Right Support:

Not all risks to people had been assessed or reviewed. However, relatives told us staff understood people's individual needs in practice as they often had familiar staff and those staff knew them well. We observed staff to be kind when providing support.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Right Care:

Support plans were not detailed, or person-centred. Support plans did not include current information to guide staff on how to provide care and support. A health and social care professional told us, "There is no effective use of care planning and care plans were outdated significantly. Additionally, strategies to promote effective care have been ignored."

Staff understood how to protect people from abuse. Relatives told us they had been invited to the home to provide training to new staff about their loved one, including their family history and likes and dislikes. However, records had not been updated to reflect this. People could communicate with staff and during observations, appeared to understand information given to them because staff supported them consistently and understood their individual routines.

Right Culture:

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support.

Staff told us they felt supported by the management of the service, and together with the registered

manager, the team had identified opportunities for improvement which had provided people with more choice and freedom. An example of this was the home's "Stay Up Late" campaign, with a focus on activities in the evening and the option of a house party. One staff member stated, "A lot of changes have already happened with the new registered manager. Things are fast paced and exciting at the moment. The registered manager also genuinely cares about staff welfare so we feel looked after too."

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

Rating at last inspection

This service was registered with us on 9 February 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 15 January 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and recommendations

We have identified breaches in relation to person-centred care and good governance at this inspection.

We made a recommendation about how the home meets the requirements of the Mental Capacity Act, a recommendation about complaints and a recommendation about people's risk assessments.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Willowbeech

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Willowbeech is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Willowbeech is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 3 relatives about their experience of the care provided. We received feedback from 12 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written responses from 5 health and social care professionals.

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 reviewed a range of records. This included 2 people's care and support records and 2 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were assessed to ensure they were safe from harm. However, these had not been reviewed in line with the provider's policy.
- Accident and incidents were recorded using an electronic monitoring system. Staff were able to tell the inspector what had happened and what action was taken to ensure the person's immediate safety. However, there were no records of lessons learnt being discussed or shared with staff to prevent reoccurrence.

We recommend the provider ensures all risk assessments are kept up to date and incident reviews are shared as necessary to help ensure people's wellbeing.

- Staff knew people well and they were able to describe the risks to people and the action they took to mitigate those risks.
- Risks associated with the property and environment were well managed. During our visit we observed corridors to be free of clutter and the communal areas to be tidy and free of hazards.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans which detailed what support and equipment would be needed to evacuate the building in an emergency.

Using medicines safely

- People received their medicines as prescribed. However, guidance was not always in place for medicines people took occasionally to ensure consistency. The registered manager immediately sought to rectify the omission and guidance was in place on second day of inspection.
- Medicines were managed safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- Medication records were complete and matched stock balances. Room and fridge temperature checks had been completed correctly.
- Medicines that required stricter controls by law were stored in a separate cupboard and a stock record book was in place.

Systems and processes to safeguard people from the risk of abuse

- Staff had received appropriate training and knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- Staff were confident any concerns raised would be actioned by the registered manager. A staff member

stated, "The registered manager is always accessible whether at work or not." Another told us, "We report concerns to the registered manager, area manager, helpline and CQC."

- Relatives told us Willowbeech was a safe place to be. A relative commented, "I'm not afraid to raise concerns. The registered manager has a listening ear, knowledge and has supported to empower the team to keep my [relative's name] safe." There was confidence in the registered manager that any concerns would be followed up.

Staffing and recruitment

- People were supported by staff that had been recruited safely. Safe recruitment requires staff to follow an application process including assessment of their history, character and qualifications to ensure they are suitable to work with people.
- All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs. The registered manager spoke of a period with high staff turnover, and how they supported the home by working in a care role. More recently, the home has filled vacancies. The registered manager told us staff levels were reviewed as necessary, for example for people to attend new activities and enjoy holidays.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the time of the inspection there were no restrictions for relatives and loved ones visiting people. The home operated in line with current government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People did not always have the necessary MCA assessments in place and support plans did not outline how most recent DoLS authorisations and their conditions were being met. This meant registered manager and staff could not be certain they were always acting in the person's best interests.

We recommend the registered person seeks guidance from a reputable source to ensure the MCA is adhered to and appropriate records are maintained.

- Staff received training in the principles of the MCA.
- Staff understood practical application of the MCA principles and why it was important to gain the people's consent of people when providing their care and support. On staff member told us, "Staff make sure if the individual lacks capacity, family members are contacted when appropriate."
- A staff member stated, "When someone says no, and they have not got capacity, we try in another way because our skills here are to not neglect people if they refuse eating, drinking, personal care or medicines. We let the individual be in charge, to plan their day and their meals around their activities."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were holistically assessed. However, their support plans did not always contain detailed information about people's communication, behaviour, pain management or information relevant to their health conditions.
- Specialist health and social care professionals had been involved in continuing assessments and planning of care. This included learning disability nurses, physiotherapists and social workers.
- However, instructions from health and social care professionals were not always recorded in people's support plans or communicated to staff by management. This meant people were not always receiving the most up to date support to meet their health needs.
- A health and social professional fed back, "The current situation is that the staff team are now all fully trained and are meeting the person's needs well, but we do remain cautious that the same cycle of staff turnover, increasing behaviours and inappropriate medication to the person we support may happen again in future." Another stated, "Communication is difficult. Emails to management are not always answered, when contact is made, whether via telephone or in person, management are always friendly, helpful and keen to work collaboratively to improve [person's name] home environment. It's just a shame it takes so long to achieve those moments."
- Staff knew when to escalate any concerns with people's health to a healthcare professional, for example, if a person was unwell and needed support from the GP. Staff contacted a health professional during the inspection, making adjustments and communicating with the person to prepare them for their appointment.

Adapting service, design, decoration to meet people's needs

- The layout of the home did not support people's needs and people were unable to have privacy in their own delegated spaces as people needed to walk through the space of others to reach the staff located in the office.
- The registered manager provided details of planned improvement works including a designated outbuilding for staff, replacement flooring, new kitchen and ongoing repairs.
- Staff comments included: "I think the building could be improved as it shows that visible maintenance is required now when viewed from the road", "The house is an old building and has lots of maintenance needs. When we had really strong wind, the trees fell out and hit the property" and, "I need to do a visual check every shift, all the furniture, make sure it is not in the way. For some individuals there are things they like to see and things they don't, and that can be a trigger [for behaviour of distress]."
- The home was in need of decoration throughout. However, it was odour free, clean and well lit.

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. The registered manager explained they had focussed on staff wellbeing since they started at Willowbeech. This was reflected in staff comments which included: "[Registered manager] she is a happy person, brings positivity to the workplace, the drama everywhere has stopped, I can step up and do more" and, "Even before I started, [registered manager's] communication was kind and encouraging."
- Care staff had the correct level of skills and training to undertake practical responsibilities of their role effectively. A member of staff completing their induction told us, "The team have been very welcoming. I also did an online induction so feel like I got to know the organisation before starting in the home."
- Relatives told us their loved ones received care from staff who understood people's needs. One relative stated, "Staff clearly understand the proactive need and the reactive need when using restraint. They are taking the positive risk of allowing [person's name] to walk and follow with the wheelchair rather restrict them to their wheelchair because they are worried about behaviours of distress."

- A staff member informed us "There is an open-door policy, good leadership and availability of learning and quality advice."

Supporting people to eat and drink enough to maintain a balanced diet

- There were systems in place to ensure people had enough to eat and drink and that they were supported safely.
- Staff encouraged people to participate actively in preparing and cooking their own snacks and meals. An example observed was when a person was asked to come to the kitchen to see shopping in the fridge. Further examples of inclusion were observed in photographs of people preparing meals and baking with staff support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Multiple health and social care professionals spoke of frustration following the removal of visual communication cards, and the challenge for people to express their views without these aids.
- Support plans did not set out what people could do for themselves. However, familiar staff understood people's abilities well. Staff provided practical examples of ways they increased people's choice, control and independence, such as developing a person's understanding around time keeping and planning a journey by supporting them to learn the time of the local trains and bus routes.
- Staff offered choices and gave people time to make decisions about their day to day lives. When supporting people get ready to go out, staff asked people what they wanted to bring and what music they would like played on the smart speaker attached to their wheelchair.
- A staff member explained how staff who did not have English as a first language supported people in communication. They said, "We are a multinational staff team. Communication can be a little bit of a challenge, so we used music like Bob Marley "No Woman No Cry" to communicate with people. It has helped those who do not have English as a solid base."

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives and health and social care professionals told us they observe staff to treat people in a kind and compassionate manner. One health and social care professional fed back, "Staff are caring, compassionate, flexible and adaptable."
- Staff knew people well, their life history, interests and hobbies and were focused on people's respecting personal preferences.
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it.
- Compliments to Willowbeech about the care and treatment provided included: "It was lovely to see [person's name] They were more relaxed and interactive than I've seen them for some time", "[Person's name] is now far more settled and relaxed since you came, and there is an activity programme which keeps them engaged and learning life skills which they love. Thank you for all the wonderful photos of activities and what you are doing." and, "[Registered manager's name] has brought so much to Willowbeech, our family and the team in such a short time. I am so pleased our paths have crossed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Support plans failed to consider people's wishes or preferences. This meant staff might not be aware of the way they wanted their care delivered, particularly if the person was not able to tell them.
- Assessments for people did not account for specific issues certain groups of people may face during the support planning process. For example, they did not consider how people with a learning disability or people with non-verbal communication may express their goals. For example, one person's support plan did not reflect their planned move to their own flat or contain details about support given to increase their independent living skills.
- Support plans were not always followed, preferred methods of communication were not used and support plans did not always include sufficient detail for staff to know how to provide the person's care correctly. A health and social care professional told us, "Staff have compromised safety on a few occasions by not implementing safe strategies outlined in care and support plans given to them by professionals."
- The provider's audit identified concerns with support plans in January 2023. It stated, "Support plans have been reviewed and it states still relevant, no change. However, after discussing it appears that there are changes but not being documented." No action was taken following this audit. A further audit in April 2023 noted, "The support plan is very detailed however in a bit of a pickle, overdue the 3 months review."

We found no evidence that people had been harmed. However, the care and treatment of people using the service did not always meet their needs or reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The registered manager had devised an action plan which included a review of each person's support plan.

- Staff knew people well and they were able to describe the risks to people and the action they took to mitigate those risks. People had support from relatives who were able to share their views and advocate for the person as appropriate.
- Relatives considered the service to be responsive. One relative told us, "I've observed the team grow in confidence. I value what they are doing, following CQC guidance and working with [other healthcare professionals]."
- People's support plans contained their life histories which included information about their family, school years and hobbies. This meant staff could get to know people and had conversation topics.
- At the time of the inspection the provider was not providing anyone with end-of-life care.

Improving care quality in response to complaints or concerns

- The registered manager informed us a record of each complaint investigation and outcome should be kept. However, the process had not always been followed or completed. This meant the provider could not assure themselves complaints were dealt with in line with their policy and to the complainant's satisfaction.
- Complaints, compliments and feedback were not recorded in a central location. Consequently, the provider did not have oversight of any themes or patterns to help identify areas of improvement or success.
- Relatives of people living at Willowbeech told us the registered manager would listen to their concerns and would act to make improvements, for example to a person's activity plan.

We recommend the provider follow their complaints policy and ensure information is accessible to people, relatives and visitors to Willowbeech care home .

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans did not contain current information outlining people's communication needs and preferences. The registered manager and provider had met with staff to make changes to support plans and daily recording logs in place.
- Recent activities, such as a holiday and local trips, had been recorded in a scrap book for each person to use a conversation prompt with staff and visitors.
- Each person had a one-page profile which outlined their preferences to support them during hospital admissions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in a range of cultural, educational or leisure activities.
- People participated in activities and were encouraged by the registered manager to explore new opportunities. There was a focus on positive risk taking to ensure people could participate in activities of their choosing.
- People were supported to keep in touch with family and friends. This included telephone calls, invites to social gatherings at the home and support to stay with family or meet for a day out with staff support.

Is the service well-led?

Our findings

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. The range of audits was limited and did not ensure oversight of the whole service. Audits carried out by the registered manager had not identified the shortfalls found within the inspection in regard to risk assessments, providing person-centred care and meeting the requirements of the Mental Capacity Act.
- The provider did not ensure they had oversight of the home. Shortfalls identified during this inspection were not picked up during the provider's audit or regular management spot checks.
- The service had sought formal feedback from people's relatives and other stakeholders. The nominated individual provided this information, but it had not been included in the home's service improvement plan to ensure continual learning and improvement of the service. The registered manager told us they would seek to rectify this immediately.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider responded during and after the inspection to address the shortfalls identified .

The provider responded immediately during and after the inspection. They confirmed improvements were being made to governance systems, including oversight at provider level and the registered manager attending a monthly quality assurance panel to help improve communication and promote joint working.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One staff member told us, "Our duty is to respect people as individual. I am proud to work here." Another member of staff commented, "I work with them people at their own pace so not to rush them and make them distressed."
- Staff told us they felt supported by the registered manager. One staff member said, "I am happy here. I have to describe us, we are like an aeroplane with new management, all the people that live here are with us in the new flight. I see the difference now we are ready for take-off."
- Health and social care professionals gave us positive feedback about the culture at Willowbeech. The comments included: "The new manager transformed from lacking confidence to completely owning the

situation and looking after the staff team within a few weeks" and, "I have no doubt that the staff providing care at Willowbeech are caring individuals who want the best for the residents there."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood CQC requirements, in particular to notify CQC, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.
- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Health and social care professionals reported the home's relationship with them had improved with support of the registered manager. However, they were concerned about the stability of this. Comments included: "Staff have improved in many areas – their communication between their managers and their support workers, and external teams has improved a lot from where they used to be", "The high turnover in staffing does cause issues for the quality and consistency of care received" and, "[Due to the person's condition] staff's job is very challenging, complex and skilled. I am not sure they receive the recognition from their organisation that they should for just how complex their job is."
- The registered manager told us it was important to them to be a visible presence within the home. A relative commented, "The registered manager has brought energy and receptiveness that was badly lacking. My biggest fear is if this team moves on, so I enjoy it while we've got it. Hopefully this time this gets embedded [relative's name] life."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people using the service did not always meet their needs or reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved.