

Willow Health Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 22 May 2018 and was unannounced.

Willow Health is a bungalow which has been adapted and provides accommodation in single bedrooms. It is a 'care home' and is located in a residential area within the town of Colchester. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Willow Health is registered to support up to seven people who have a learning disability, an autistic spectrum disorder and /or a physical disability. There were six people living in the service on the day of our inspection.

Willow Health was last inspected in April 2017 and was rated Requires Improvement as they were not meeting the legal requirements. For example, we found that medicines were not being managed in a safe way and incidents between individuals identified as safeguarding issues. Following the last inspection, we met with the registered provider and discussed with them what they would do to improve the quality of care at the service.

At this inspection we found that some progress had been made but further work was needed to fully imbed the changes and ensure that people consistently received a good service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager was no longer working at the service and a new manager had been appointed. We saw that they had made an application to the CQC to be registered as manager.

Risks to individuals were identified and guidance provided to staff on the steps that they should take to mitigate the risks. Records however were not always well maintained and meant that oversight of the environment and safety was not fully effective.

The systems in place to safeguard people from abuse had improved. There was greater openness and staff were clearer about what was a safeguarding incident and the steps that they needed to take to protect individuals. Incidents were reviewed to identify learning and this meant that staff were able to see how effective their actions had been.

The processes in place for the oversight and management of medicines had improved since the last inspection. Medicines were securely stored and regular checks were undertaken, to ensure that staff were

following procedures and any errors quickly identified.

There were some staffing vacancies and the service was dependent on agency staff. Recruitment was underway. Staffing levels did not always promote individualised care and the manager told us that they were working with the local authority on reviewing people's needs to ensure that people had the support they needed.

Recruitment procedures for new staff had been strengthened and staff only commenced employment when the pre-employment checks were complete. We have recommended that when staff transfer between the providers different services there is a clear audit trail of decision making.

Newly appointed staff received an induction to ensure that they had the knowledge required to meet people's needs. Ongoing training was provided for existing staff to ensure that their skills were kept up to date.

Staff had a better understanding of the Mental Capacity Act 2005 (MCA) and their responsibilities. Routines were more flexible and staff were working with people on improving communication and choice. However, we have recommended that the use of new technology is expanded to support people's communication needs. Care records demonstrated that people had good access to health care support when needed. However, we have recommended where decisions are made that accessing health screening is not in people's best interests the rationale for this decision is clearly recorded.

People had sufficient amounts to eat and their nutritional needs were met.

The building was well maintained and people had access to outside space. We have recommended that the outside space and car parking area are assessed for risks. The environment presented some challenges to wheelchair users and we have recommended that they seek further specialist advice about how to improve accessibility.

People told us that they were happy and we observed that they had good relationships with staff. Staff were kind and respectful in their interactions.

There was a complaints procedure in place to address concerns and the management of the service had a number of ways of gathering people's views including the use of satisfaction surveys.

Care plans were in place but information was not easy to find and was not always reflective of people's needs. The manager had started the process of reviewing the care plans and updating the information included. We have recommended that people are supported to develop achievable aspirations and goals.

Since the last inspection there had been changes to the provision of activities and people had access to a greater variety of opportunities and led busier lives.

Quality assurance systems were in place but were not well developed. We have recommended that the provider supports the manager to develop an improvement plan with clear timescales and priorities.

The new manager was focusing on implementing change and working on creating a more person centred culture. Staff were positive about the changes that had been introduced and the impact on people's lives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Risks to people were assessed and reviewed as necessary to keep people safe. The organisation of records did not always support effective oversight of safety and this meant that there were gaps which placed people at risk.

Staff knew people well and were effectively deployed. However, people's access to the community continued to be limited. The manager was organising reviews with the local authority to ensure that people's one to one funded hours for staffing allocation met their needs.

Recruitment procedures were in place and offered protection to people

People's medicines were managed in a safer way.

Safeguarding procedures had been strengthened and staff clearer about the steps needed to protect people.

Incidents were reviewed and learning identified

The service was clean and staff trained in infection control systems.

Is the service effective?

Good 

The service was effective.

Staff had received training in the Mental Capacity Act 2005 and were clearer as to their responsibilities

People were supported to maintain their health and wellbeing with good access to health professionals.

People were supported to maintain a balanced diet.

Staff received ongoing training and support.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity promoted.

Staff were knowledgeable about people's care and support needs.

People's independence was promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People had a care plan but information was not always up to date or reflective of people's needs.

People's access to the community had improved and they were provided with a greater variety of opportunities.

There were systems in place to respond to complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance systems were in place but were not well developed.

The new manager had introduced changes to the service and there was greater focus on the needs of individuals. Some changes still had to be imbedded into life at the service.

Incidents recorded and there was oversight by the provider.

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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 22 May 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 had personal experience of using a service or caring for someone. Our expert had experience of supporting an individual with a learning disability.

Prior to the inspection we reviewed the information we held about the service. The provider completed a provider information return (PIR.) This is a form that asks the provider to give key information about the service, what it does well and the improvements they plan to make. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

During the inspection we spoke with three people who lived at the service and three relatives. Not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly. We spoke with three care staff, the team leader and the manager.

We looked at two people's care records, people's medicines, staffing rotas, two staff files, training records and information on how the safety and quality of the service was being monitored.

Is the service safe?

Our findings

People have always spoken positively about the care they received at Willow health however previous inspections identified areas where practice could be improved.

At the last comprehensive inspection in April 2017 we found the provider was not meeting the requirements of the law in that people's medicines were not being managed safely. Medicines were not being stored securely and the amounts of medicines did not correspond with the records. This meant we were not assured people received their medicines as prescribed.

At this inspection we found that there had been improvements. Medicines were securely stored in locked cupboards. Administration instructions were outlined on the medication administration chart. Some medicines were prescribed to be taken when needed, for example for pain or distress. We saw plans to guide staff on what the medicines were for and when they should be given. We looked at a sample of medicines and in all but one example the records tallied with the amounts that were in stock. The manager subsequently identified the shortfall and was able to provide an explanation for the difference between the records and stock of medicines.

Staff who handled medicines confirmed that they had been provided with training and that their practice had been observed to check that they were competent. Audits were undertaken on a regular basis to check on the quantities of medicines and that they were accurate.

At the last comprehensive inspection in April 2017 we found the provider was not meeting the requirements of the law in that people were not adequately protected and incidents which had taken place between individuals living in the service were not always recognised as safeguarding incidents and reported to the local authority for investigation. At this inspection we found improvements had been made. The safeguarding policy had been updated and we saw that there was better recording of incidents with an increase in safeguarding referrals to the local authority. Staff told us that they had received training on safeguarding procedures and told us that they would not hesitate to report any concerns.□

At the last inspection we identified issues with the systems in place to safeguard people's finances for everyday expenses. At this inspection we found that improvements had been made and we saw that there was a clear system in place for booking amounts in and out. Records of expenditure were made, accompanying receipts were kept and regular checks undertaken.

Risk assessments were in place to guide staff in mitigating the risk of harm occurring. For example, we saw a risk assessment for one person around accessing the community and the steps that staff should take to keep them safe. Staff were advised to be proactive and ensure that the individual did not walk into the road. There was also a risk assessment for an individual's use of the swing. We saw that the side of the sling had been padded to prevent them hurting their arm against the side of the equipment. We saw that staff were clear about the contents of risk assessments and observed staff assisting people to get ready to go out into the community, ensuring that they had people's emergency medicines and that individuals were wearing sun

cream as it was a hot day.

There were some environmental risk assessments in place and evidence that the provider had taken steps to identify potential risks and reduce the likelihood of injury. However, information was poorly organised which could result in shortfalls or areas being missed. Prior to the inspection we had been informed about safety concerns about the services vehicle however at the inspection we were informed that this vehicle had been replaced. There was a fire risk assessment in place but there were no personal evacuation plans in place and the manager agreed to undertake these as a matter of urgency.

We saw that fire safety equipment had been tested recently but that there had been a period when this had not been undertaken. The manager assured us that they intended to reorganise and review health and safety documentation and checks to ensure that they were comprehensive and met requirements. The water temperature was regularly tested and the manager showed us a certificate to demonstrate the water had been tested for legionella. There was an electrical installation report and a gas safety certificate, however the hoist servicing record was unavailable but there was a sticker on the equipment indicating that it had been serviced.

The service had two staffing vacancies and was recruiting to these posts. In the interim they were dependent on agency staff to provide cover. The service operated with three staff throughout the day and two staff at night. We observed that the numbers of staff on duty enabled staff to respond to people's immediate needs but the levels did not always promote individualised care as most activities had to be undertaken as a group. The manager told us that they were in the process of organising reviews for people as they thought that they would benefit from a reassessment of their needs.

There were clear arrangements in place for shift leadership and decision making. There were on call arrangements in place to cover out of hours and emergencies.

At the last inspection we identified that the recruitment of staff was not sufficiently robust and references had not always been obtained from individual's last employer. This meant systems in place did not ensure people were protected from unsuitable staff. Disclosure and barring checks (DBS) were requested but were not always in place before individual's commenced employment. At this inspection we found some improvement. We examined two staff files and saw that an application form was completed and records were maintained of interviews. Disclosure and barring checks were in place when individuals started in post and we saw that for a newly appointed member of staff references had been obtained from their last employer. However, the majority of staff had transferred from one of the other providers services and there was not a clear audit trail of the decision making process. We have recommended that a record is maintained of recruitment decision making processes and checks undertaken when staff transfer.

Staff told us that they were encouraged to be open and raise concerns. The manager told us that following recent safeguarding incidents they had met as a team to look at what happened and what they could do differently.

The service was clean and staff had undertaken training in infection control and food hygiene. We observed staff appropriately using gloves and hand washing when assisting with food preparation. Food was safely stored and staff clear as to their responsibilities. An infection control audit had been undertaken.

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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 make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

At the last comprehensive inspection in April 2017 we found the provider was not meeting the requirements of the law as staff did not fully understand their legal responsibilities. There were restrictions on people's freedom of movement in place and we could not see that people's capacity had been considered and legal processes followed. At this inspection we found that improvements had been made and there were mental capacity assessments in place for areas such as medicines, community access and people's finance's. Decision making processes were clearer and the restrictions in place had been reviewed to ensure that they were the least restrictive. This process had resulted in some restrictions being removed for example, one person whose care we looked at no longer had their wardrobe door locked.

We saw that staff had undertaken training in the Mental Capacity Act and were able to tell us how they supported people to make decisions and have a say in how they were supported.

The manager told us that they had made applications as required to the local authority on behalf of people where their freedom of movement had been restricted, to ensure their best interests would be assessed by those qualified to do so.

New staff were provided with an induction which included periods working alongside colleagues on a supernumerary basis, observing how care was delivered. Training was provided on a range of areas including food safety, safeguarding, epilepsy and working with people with autism. The manager told us that that they had been working on providing staff with training updates as some of the training was out of date. Staff spoke positively about the training and what they had learnt. There was a matrix in place to enable senior staff to identify any gaps or the need for updates. Staff told us that the new management team were supportive and they had regular meetings to discuss their progress.

People's needs were assessed and staff received training which reflected the changes in legislation and standards. However, while there was some new technology in place it was limited and it was not being extensively used to support people's communication. We have recommended that the service obtain advice from a reputable source and the use of new technology is expanded to promote peoples communication.

People were supported to eat and drink according to their needs and preferences. People's food likes and dislikes were displayed with their photographs in the dining room. On the day of our inspection we observed people coming and going from the kitchen and choosing items to eat and drink. People's weight was monitored to enable any changes in their overall wellbeing to be promptly identified. We observed the lunch time meal which took place in the garden and people looked relaxed and ate well. The fridge and freezer

were well stocked with a wide range of items. Staff told us that with the management changes there had been improvements in the quality of the food and there was more home cooking. They told us that people now had a wider choice and discussions on the menu were due to take place at the next residents meeting.

People had good access to healthcare and were supported to lead healthier lives. Care and support plans included details of how to support people with their health care needs. For example people diagnosed with epilepsy had a clear support plan to help guide staff in how to respond to incidents and keep individuals safe. There were seizure monitoring charts in place and staff told us that they took these to health appointments to guide decision making. People did not have health passports but the manager told that they were looking at these and developing a grap sheet that they could use in an emergency that contained key information. People health needs were regularly reviewed by their GP but we could not see that they had access to health screening and the manager agreed to follow up and ensure that there was a clear decision making process in place.

People attended appointments such as those with the dentist on a regular basis. Care plans gave details of appointments and outcomes. There were details of regular reviews with other health professionals and where specialist advice had been obtained the outcome was clear and accessible to staff.

Willow health is a bungalow which was located in a cul-de-sac. There was parking at the front and a garden which was not enclosed. We have recommended to the manager that this is subject to a risk assessment. The property was well maintained.

Is the service caring?

Our findings

At the previous inspection we found that people were not always spoken to in a respectful way and some of the routines within the service were rigid and somewhat institutional. At this inspection we found that improvements had been made. Staff told us that there had been significant change in the service. A staff member told us, "it was now run for the people using the service." We saw that there was a focus on choice and it was less regimental, for example the practices of locking cupboards and having set times for drinks had changed.

We were able to ask some people who used the service about the care they received although others had limited ability to communicate with us. Those we spoke to told us it was a caring service and that they, "liked all the staff." Relatives we spoke with all stated that their relative was happy to return to the service if they had spent time away with them and that this was a positive sign that they felt safe at the service. One relative told us that, "My relative misses their friend and asks to go back." Another relative told us, "It's a lovely place and I've never been worried."

We observed that people looked relaxed in the company of staff and interactions were warm and friendly. Staff showed concern for people's wellbeing and engaged with people about their care rather than doing things for them. We observed a member of staff asking an individual if they were cold and the member of staff suggested "shall we go and get a jumper from your room?" We found people were well groomed, and dressed in appropriate clothing. People were addressed respectfully by name and staff were readily able to engage their interest by mentioning items of interest to that person.

Staff had a good knowledge of what people could do for themselves, how they communicated and where they needed help and encouragement. The service made use of visual aids to facilitate communication and understanding. One person had a chart in their room that showed which week they would be going to see their family.

People were supported to be independent. Staff told us that people were supported and encouraged to take part in independent living skills, for example, cleaning their room with staff support and doing their laundry. One person told us that he could do all his own personal care without staff support which staff confirmed. Care plans were written in a way that demonstrated that staff were aware of the importance of enablement for example 'Staff to put shower gel on the flannel and hand it to the person.' People's privacy was respected. One person told us that they had a private diary in which they recorded information which was important to them. They told us that staff could not look at it. We saw that people were supported with personal care in a discreet way.

People were supported to maintain links with their family. There were a range of arrangements in place for people to keep in contact with those who were important to them including phone calls and home visits. Relatives told us that staff facilitated these visits effectively and courteously. One person told us, "I feel I can visit any time". Pictures of key family members were on display in people's rooms and included in the care plans.

Each individual had a key worker who took the lead for their care and coordination with families and other agencies. The manager told us that they were looking to expand this role to enable better communication with families.

Questionnaires had been completed in the past about the quality of care. The manager told us that they were planning to send these out in the near future.

Is the service responsive?

Our findings

There had been no new admission to the service for a number of years but the manager told us that people's needs would be assessed before coming to live there to ensure that staff would be able to meet their needs and people compatible. People using the service would be involved in this process and their views ascertained.

Care plans were in place and documented the support people needed and how they wished it to be provided. However, the folders were large, there was a lot of duplication which meant that information was not easy to find nor always specific enough. For example one plan stated 'Staff need to understand the difference between being vocal in a happy way and when [the person] are upset and angry' but guidance on what to look out for was not included. We found that some of the plans were out of date and referred to how people communicated and stated that all staff had knowledge of signing but when we spoke to staff they had not received training in this area.

There was little information about people's aspirations and we have recommended that further work is undertaken with individuals identifying their aspirations and the setting of achievable goals for people. The manager told us that they had already identified the shortfalls in care planning and were in the process of reviewing the care plans to ensure that they were relevant and easy for staff to use.

No one living at the service was receiving end of life care. The manager told us that they were considering how best to include end of life care planning as part of the reviews of care plans to ensure that people would be supported in their way that they and their relatives wanted.

At previous inspections we found that the activities on offer were limited. At this inspection we found that people's lives were busier and their access to activities had significantly improved. We saw from people's care records that people were accessing a greater variety of activities such as going to the seaside, swimming and shopping. On the day of our visit we saw that one person went to an activity session at a local group, others went out for a coffee and later went to the pub.

There continued to be an emphasis on group activities, which does not reflect best practice. We spoke with the manager about this and they told us that they were working on this but that group activities were undertaken because people had not been assessed as requiring one to one staffing. They told us that some reviews had taken place and others were planned and they were looking further at this area.

There was a complaints procedure in place which was displayed and had been adapted to assist people with communication needs express any concerns. The manager told us that they were not currently dealing with any concerns.

Is the service well-led?

Our findings

At the last comprehensive inspection in April 2017 we found the provider was not meeting the requirements of the law in that audits had not identified some of the shortfalls we found and people's life experience had not significantly improved over time. Shortfalls in practice were identified as individual failings by staff rather than a lack of robust governance.

At this inspection we found that some improvements had been made and there was a greater focus on the needs of people using the service. However, further work was still needed to ensure that people receive a consistently good service and the changes made fully embedded into life at the service.

Staff and relatives were positive about the changes that had taken place at the service. A relative told us, "I've no concerns at the moment, there were lots of staff changes at one time but things seem to have settled down." One member of staff told us, "It was difficult. ... but it is getting better.before we just plodded along ...we are now going out a lot more. Another told us that, "I feel very supported, the manager is approachable ...people are happier." Staff described a more open culture where they were supported to contribute their ideas to improve the service

The new manager told us that they had been through a difficult period and people living in the service had experienced significant change with some staff leaving or transferring to one of the providers other services. They told us that that they were passionate about getting it right and giving the people using the service a good standard of life. They told us about some of the changes that they had introduced such as increasing people's choice and creating a culture which focused on people using the service. To this end they had stopped the provider's other services using the activity room for training to enable people to have full access of this area within their home. A deputy manager supported the manager and the manager told us that in the short term they were both planning to work shifts to work alongside support staff to drive change at the service.

The new manager had started the process of auditing areas such as the environment and areas of practice within the service. A small number had been completed but they were at an early stage and did not form the basis of an overall improvement plan. We identified some issues with the environment for example which they had not identified. We observed that one person who used a wheelchair struggled to negotiate turns through doorways and had to rely on staff help. Some access points were problematic for wheelchairs as they had steps or cavities that meant the people's front wheels could be easily caught up. We have recommended that the manager seek specialist advice.

The provider visited the service regularly and completed reports. However, we have recommended that the provider provides assistance to the manager in auditing and developing an overall improvement plan with clear timescales.

Incidents were recorded and monthly reports prepared to enable managers to have oversight and identify patterns or areas of learning. The manager told us that they were supported by the provider and attended

regular manager meetings with managers from the provider's other services. These meeting assisted managers across the organisation to update each other on any developments and share areas of learning.

Services which provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed CQC of events in a timely way which meant that we could check that appropriate action had been taken.