

Kings Residential Care Homes Limited

Willow House

Inspection report

22 Tredington Road
Glenfield
Leicester
Leicestershire
LE3 8EP

Tel: 01162321971
Website: www.kingscarehomes.co.uk

Date of inspection visit:
26 October 2017

Date of publication:
08 January 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 26 October 2017.

Willow House provides accommodation, care and support for up to five people with learning disabilities. At the time of our inspection five people were using the service. At the last inspection on 23 August 2016 the service was rated as requires improvement. At this inspection we found most of the required improvements had been made and the service was rated as good overall.

The service had a manager who was in the process of registering with the Care Quality Commission. Their application had been submitted. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's environment had been assessed to make sure it was safe. However one person had damaged property and measures had not been taken to reduce the likelihood of this happening again. Checks on the building and equipment in use had been completed including fire safety checks and drills.

People were protected from the risk of harm at the service because staff knew their responsibilities to keep people safe from harm and abuse. Staff knew how to report any concerns they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified measures to reduce these were in place.

There were enough staff to meet people's needs. The provider had safe recruitment practices. Staff had been checked for their suitability before they started their employment.

There were plans to keep people safe during significant events such as a fire. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given to them in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this.

Staff received appropriate support through an induction, support and guidance. There was an on-going training programme to ensure staff had the skills and up to date knowledge to meet people's needs.

People were supported to maintain good health and have enough to eat and drink. People had access to healthcare services.

People were supported to make their own decisions. Staff and managers had an understanding of the

Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Assessments of mental capacity had been completed. Staff sought people's consent before delivering their support.

People developed positive relationships with staff who were caring and treated them with respect, kindness and compassion.

People received care and support that was responsive to their needs and preferences. Support plans provided information about people so staff knew what they liked and enjoyed.

People were encouraged to maintain and develop their independence and they took part in activities they enjoyed.

People and their relatives knew how to make a complaint. The provider had implemented effective systems to manage any complaints they may receive.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement. Policies and procedures were in place and gave staff guidance on their role.

People and staff felt the service was well managed. The service was led by a manager who understood the responsibilities of a registered manager. Staff felt supported by the manager.

People had been asked for feedback on the quality of the service that they received to drive continuous improvement.

We have made three recommendations about ensuring hot surfaces are covered, checking references are verified and seeking medical advice if there are medicines errors.

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 always safe.

People's environment had been assessed to make sure it was safe. However one person had damaged property and measures had not been taken to reduce the likelihood of this happening again.

People were protected from potential harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The provider followed safe recruitment practices when employing new staff.

People's medicines were handled safely and given to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good 

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were involved in making their own decisions where they could. Staff asked people for consent before supporting them.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion.

People were supported to be as independent as they wanted to

be.

People were involved in making decisions about their support.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed with them. Support plans provided detailed information for staff about people's needs, their likes, dislikes and preferences.

There was a range of activities that people participated in and enjoyed.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

Good ●

The service was well-led.

There was an audit system in place to measure the quality and care delivered and so that improvements could be made.

People had been asked for their feedback on the service they received to drive continuous improvement.

Staff were supported by the manager. The service had a manager who was aware of their responsibilities.

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 checked 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 was a comprehensive inspection that was completed by one inspector on 26 October and was unannounced.

Before our inspection we reviewed the Provider information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service such as notifications, which are events which happened in the service the provider is required to tell us about and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care).

During our inspection we spoke with two people who used the service and two relatives of people who used the service. Some people had limited verbal communication but were able to tell us what they thought. We observed interaction between staff and people who used the service during our visit. We also spoke with three members of staff and the manager.

We looked at records and charts relating to two people who used the service and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People's environment had been assessed to make sure it was safe for people who lived at Willow House. Environmental risks were assessed and monitored to make sure people were protected as much as possible. However, one person told us they had burnt themselves on a pipe in their shower when there had been a problem with the boiler which had caused the water temperature to rise. The manager told us this problem had been resolved very quickly and the pipes had not reached that temperature previously. The person was involved in health and safety checks in the building including checking the water temperature and confirmed the temperatures were normally within agreed limits. Records confirmed this.

Checks on the building and equipment in use had been completed including fire safety checks and fire drills. However, a relative explained their family member would damage equipment including the television and their bedroom. They told us the person had recently broken the television set. A new television had been purchased but this did not have any protective covering to reduce the likelihood of further damage. The relative told us how the person had also damaged their radiator. Previously a radiator cover had been in place and this had been damaged by the person. This had not been replaced and the person damaged the radiator. The relative told us, "[Person] needs a decent radiator cover. Especially with winter coming." The manager told us they had asked the provider to ensure the television did have a protective cover and also to ensure the radiator was covered to reduce damage and any risk of scalds from a hot surface. They told us this was being considered.

We recommend that all pipes and radiators have protective covering to reduce the risk of a person touching these while hot.

People received safe care from a dedicated and caring team of staff. All people who we spoke with agreed they felt safe while receiving support from staff. One person commented, "Yes, I feel safe." A relative told us, "I am confident [person] is safe."

People were protected from avoidable harm and discrimination because they were supported by staff who knew their responsibilities to keep people safe from harm and abuse. The provider had guidance available to staff to advise them on how to report any concerns about people's safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. They told us they would report any suspected abuse immediately to the manager or external professionals if necessary. One staff member said, "I would report it if I was worried about anything." Staff told us they had received training around safeguarding adults. Records we saw confirmed this.

Risks to people had been assessed and staff were vigilant and worked successfully to provide care and support in a way that kept people safe. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of choking. There were guidelines in place for staff to follow. These included making sure all food for the person was prepared to the correct consistency advised by health professionals and supporting the person to slow down while eating.

Support plans had been developed where people displayed behaviour which could be challenging to others. These provided guidance to staff so they managed the behaviour in a consistent and positive way. Staff were aware of the guidance and told us they followed this. The manager said they were working with a health professional to ensure the guidance was as detailed as it could be to support the person in the best way to meet their needs.

The provider had systems in place to report and record any incidents or accidents at the service. Staff we spoke with knew how to apply these. Details of any incidents or accidents were reviewed including actions that had been taken. The manager notified other organisations to investigate incidents further such as the local authority where this was required.

People were cared for by suitable staff because the provider followed safe recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. References did not all have a company stamp or letterhead to show they were genuinely from the company.

We recommend the provider verifies all references to ensure they are from a person who is authorised to provide references for a company.

People told us there were enough staff to meet their needs safely. One person said, "There is enough staff so I can do what I want to do." A relative commented, "There are enough staff. They have had some staff changes but it has settled now." Staff told us they felt there were enough staff to meet people's needs. One staff member said, "There are quite a lot of us on shift. We have never been short staffed." The manager told us they had agreed staffing levels based on the needs of people who used the service. They explained they did have a high level of staffing to make sure people were safe. The rota showed suitably trained and experienced staff were deployed. Staff responded to people's requests in a timely manner. Staff had time to talk with people and support them when they asked for this.

People could be sure staff knew how to support them to remain safe in the event of an emergency. There were plans in place so staff knew how to evacuate people from their home should they need to. There were also plans in place should the home become unsafe to use, for example in the event of a flood. Staff had guidance to follow to keep people safe and to continue to provide the service.

People received their medicines safely. The provider had a policy in place which covered the administration and recording of medicines. Each person had information in their care plan that identified what medicine they took, the dose and reasons for this. Staff told us they were trained in the safe handling of people's medicines and records confirmed this. This included staff who worked at nights. Staff could explain what they needed to do if there was a medication error and this was in line with the provider's policy. There had been one medicine error where a person had not received their medicine. This had been investigated. Staff had not contacted a health professional such as a doctor or pharmacist to ensure there were no medical side effects.

We recommend advice is sought from a health professional if there is a medicines error.

Some people had prescribed medicines to take as and when required, such as to help with any pain that they had. There were guidelines for staff to follow that detailed when these medicines could be offered to people. The medicine administration records (MAR) had two gaps. The manager told us checks were carried out on these regularly to make sure all medicines had been given. If there were gaps staff were asked to sign

once it had been confirmed the medicine had been administered.

Is the service effective?

Our findings

At our last inspection on 23 August 2016 we rated Effective as requiring improvement. This was because staff had not received training that was based on the needs of people using the service and assessments of capacity to make a decision had not been completed in line with the Mental Capacity Act 2005. At this inspection the provider had made the required improvements.

People received care from staff who were knowledgeable and had received most of the training and support they needed. One person said, "The staff know what they are doing." A relative told us, "I am not sure the staff have had training in how to support people with autism." The manager told us they had identified staff would benefit from training in supporting people with autism and had arranged this.

Staff training was relevant to their role and equipped them with most of the skills they needed to care for the people living at the home. For example, staff had received specialist training in how to support people who were diagnosed with epilepsy. One staff member said, "We do the workbooks and are then asked questions to make sure we understand what we have done. There is a test we have to pass" Another staff member commented, "The training is good. I have learnt from it. I would like to do more training that is interactive. We did challenging behaviour training. That was fun." Training records showed staff completed refresher training when required to make sure their knowledge was up to date.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and said they had been given time to complete training, read care plans and policies and procedures. They also said that they had shadowed more experienced staff before working alone with people. One staff member said, "I did quite a few shifts of shadowing. I asked as many questions as I could to get to know people. The only thing I would change is to do shadow shifts with all residents more than once, to get to know each person well as well as I did the people I worked with more often." They explained they had completed shadow shifts with staff working with each person at least once. However they had shadowed staff working with some individuals more than this.

People were supported by staff who received guidance and support in their role. Staff had supervision meetings with their line manager. One staff member said, "I had supervision with [manager]. I can talk to them about any problems." Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

If people were not able to make their own specific decisions mental capacity assessments had been completed and decisions had been made in their best interests involving people who knew them well. One

person had requested for staff to support them with storing their bank card and accessing their finances. We discussed this with the manager. They agreed they would complete a capacity assessment to ensure the person understood the decision they had made about this. Information was included in people's care plans about how to involve them in choices.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found DoLS had been requested for people who may have been at risk of being deprived of their liberty. The manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority. One person had requested their DoLS be reviewed and this was being done with the person and their social worker.

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us, "I choose what I want to do and which staff support me." People were offered choices about what to eat and drink, what they wanted to do and who would support them. One person asked if a certain member of staff could support them to go shopping during our inspection. This was agreed. Staff had a good understanding of service users' rights regarding choice. A staff member explained, "We have to offer each person choices using ways they understand. Some people can tell us, others we use objects so they can choose. If someone did not want to do something they would tell us one way or another. I would offer an alternative."

Staff asked people for their consent before supporting them. If someone did not want to do something staff respected this decision.

People had access to a choice of meals, snacks and drinks. One person said, "I help with the cooking. We all plan the menu. If we don't like what is on there we can have something else." People had been involved in choosing what was on the menu each week. One person said, "We sit down on Saturday and plan the menu. We get a choice. There is always an option." The manager told us they were promoting healthier choices following feedback from a relative who felt the choices were not always healthy. If people did not want what was on the menu they asked for an alternative meal and this was provided. At lunchtime each person chose what they wanted to eat.

People who had a dietary need such as a soft diet received this. Staff prepared the meals with people and had a good understanding of people's dietary needs. There was guidance in the kitchen for staff to follow to ensure meals were at the correct consistency for one person to reduce the risk of them choking. Throughout the day people were offered snacks and drinks and were supported to make these. Staff provided support and encouragement to people when this was needed.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person told us, "If I am unwell staff will help me to go to the doctor." A relative said, "The staff worry about [person]. They call the doctor if there is anything they feel is not right." Changes in people's health were recognised and prompt contact was made with healthcare professionals. Appointments and outcomes of these were recorded and shared with staff and relatives.

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person said, "I like the staff." A relative told us "They are very friendly. It is like visiting family. They create a nice atmosphere." Staff demonstrated their passion and commitment to improve the welfare and wellbeing of people who used the service. One said, "I absolutely love this job. I am so happy here. We work as a unit for the people who live here."

People were relaxed in the company of staff and appeared to feel comfortable in their presence. Staff knew people well and engaged them in meaningful activities. For example, we saw one person being supported to make their own drink. Staff interacted with people in a warm and kind manner and took time with talk to people before proceeding with their tasks. Staff and the manager sat and had conversations with people which they appeared to enjoy.

People were usually supported in a dignified and respectful manner. One relative commented, "They are not able to have curtains in the main lounge as [person] pulls them down. There is no privacy glass and it is a large window. You can see in when the lights are on." The manager told us they were reviewing how to address this as one person did not like curtains and would remove these. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. Staff asked people if they needed support in a discreet way. People were happy to accept the support.

People's preferences and wishes were taken into account in how their support was delivered. For example routines that they wanted to follow were respected. This was very important to one person. Their support plan was very detailed about the routines so staff had guidance to follow. This enabled the person to follow their preferred routine which improved their confidence and their mood. Information had been gathered about people's personal histories, which enabled staff to have an understanding of people's backgrounds and what was important to them.

Staff were knowledgeable about the people who they supported. A relative commented, "They seem to have got to know [person] well. They are all good now. It is important they know [relative] well which they have done." Staff could tell us about people's likes and preferences. One staff member explained the needs of one person. They told us, "I have noticed [person] likes to hold the shower head. This is important to them. [Person] will tell you when they are ready for you to help and when they just want to enjoy the shower."

Staff had access to information about what was important to the person and used this to support people effectively. The manager told us how one person really liked a certain object. They only had been given this in small amounts as they would throw it away or use it to damage equipment. Staff had worked with the person, with guidance from a health professional, to achieve a goal. As a result of this the person had a much larger amount of the object. The person told us how proud they were of this and how important it was to them.

People had the support that they required to be as independent as possible. One person told us, "I make spaghetti bolognaise, clean my room and mow the lawn. I have steel toe cap boots, goggles and gloves." A staff member told us, "I get people to do what they can. I encourage them to be involved." People were encouraged to maintain the skills they already had and to develop new skills. For example, people were encouraged to do their washing and help with washing up the pots.

People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example what they wanted to do and what they wanted to drink.

People's visitors were made welcome and were free to see them as they wished. One person told us, "My family visit me." A relative said, "We visit and [person] comes home. We know everyone who lives there. They have gatherings where family are involved. One person has arranged a Halloween party next week. Families are invited." Family members who visited during our inspection spoke with the staff and the manager and appeared to be comfortable to do so.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality which staff followed. For example, we saw that people's support records were locked away in secure cabinets when not in use. We also heard staff talk about people's support requirements in private and away from those that should not hear the information.

Is the service responsive?

Our findings

At our last inspection on 23 August 2016 we rated Responsive as requiring improvement. This was because one person had been at the service for a period of three months and did not have a support plan in place. The provider had made the required improvements.

People received support that met their individual needs. One person said, "I get to say what I want. I helped to write my support plan. I said what is written in there." A relative said, "[Person] has been testing for them. They are getting it right now and we have had a settled period. I think there is still more they can do. It is a long term placement for them." Assessments had been completed for each person and support plans had been developed in conjunction with people living in the home and where appropriate their relatives. A relative told us, "[Person] has a support plan. I get copies. They contact me if they are unsure about anything." Another relative commented, "I have not been asked for my input in how to support [person] after they moved in. I was involved at the start. They do discuss things with me when I visit." Support plans had been reviewed within the last six months or when a person's needs had changed. Support plans contained information about people's preferences and how they liked to do things. This included information about what was important to each person and their health needs.

People's care and support needs were assessed prior to them moving into the service. This was to make sure the staff team could meet people's needs appropriately. People and their relatives told us they had been involved in their assessment.

People were encouraged to follow their interests and take part in social activities. For example one person told us they enjoyed going to a disco as they liked the music and saw their friends. Another person explained they had arranged a party at the home to celebrate Halloween. There were computer games available for people to play as they enjoyed these. People completed jobs around the home such as cleaning, cooking and health and safety checks.

People were offered activities which they enjoyed. One person said, "I went go-karting and to the beach with staff recently. I would like to go again." The manager agreed they would arrange another trip with the person. Another person suggested they would like some board games to play. The manager agreed they could buy some to try and the person went with a member of staff to do this during our inspection. A member of staff commented, "We are always doing different activities. It is based on whatever each person wants to do." The manager explained people were supported to access the local facilities such as shops and hairdressers as well as the local town centre. One person told us they enjoyed walking and were supported to do this. A staff member commented, "[Person] can walk for miles. It keeps us fit." A relative told us they felt their family member enjoyed and benefitted from swimming. They said, "[Person] really misses swimming. They used to go on a Friday morning. The disco was at 2pm and there was not enough time for them to do both. It made them feel rushed. I would like them to go at another time." The manager told us they were trying to support the person to find a time they wanted to go swimming which suited them. People had been supported to go on day trips and short breaks. .

People's views, beliefs and values were respected. Support plans considered people's culture and beliefs and ways to support people to meet these.

People and their relatives were happy to raise any concerns. One person told us, "I would talk to [manager] if I had a problem." A relative said, "I talk to [manager] regularly. They listen and deal with things." There was a clear policy in place that was available for people and their relatives. Two complaints had been received in the last 12 months. These had been investigated and responded to in the timescales within the provider's policy. The manager explained they had made a change to the menu's in response to a concern about ensuring people were eating healthily.

Is the service well-led?

Our findings

People and their relative were happy with the service they received at Willow House. One person said, "This is my home." A relative told us, "I am totally happy. It is the best place for [person]." Another relative commented, "I am very lucky [person] has gone there. I don't have any worries."

The manager had only started in their role in August 2017. They had worked for the provider at another service. People and their relatives were very positive about the manager. One person said, "I like [manager]. They listen to me." A relative told us, "I am very happy with [manager]. They are so approachable and address all concerns. In the short time they have been here they have done a cracking job. I feel [manager] is pro-active and they communicate with me." Staff members felt the manager supported them and helped them to develop a better service. One staff member said, "Since [manager] has been here we have had three team meetings. They have changed things for the better."

People and their relatives had opportunities to give feedback to the provider. A survey had been sent out in August 2017 to staff and relatives. There were very limited responses. The responses which had been returned were positive. The manager told us they were developing communication with the people who used the service through regular chats to seek their feedback. They also said they were trying to improve communication with relatives. One relative told us, "[Manager] calls me weekly to update me. It is useful."

Staff told us they attended regular team meetings. These provided the staff team with the opportunity to be involved in how the service was run. One staff member commented, "The team meetings are useful. [Manager] reminds us of the importance of doing things right including paperwork. We talk about things." Minutes from team meetings showed topics discussed included future plans and expectations, professionalism, good practice, safeguarding and training. Actions were set and reviewed. Staff knew their responsibilities and were offered opportunities to give their input to the service.

Monitoring systems were in place to check the quality and safety of the service being provided. The manager carried out audits of the service. These included areas such as health and safety, accidents and incidents, finances and medicines. Where areas required attention actions had been taken. For example we saw the manager had arranged additional training for staff when they felt there was an area of development for them. The manager told us the provider had developed a new audit tool to review the quality of the service that was provided. This was to be implemented very soon.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, the MCA, whistleblowing and safe handling of medicines. These provided staff with up to date guidance. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I have heard of whistleblowing. I can go to CQC or the local authority if I need to."

The manager understood the responsibilities of a registered manager. They had submitted notifications of events that had happened at the service. During our inspection we saw the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.