

Voyage 1 Limited

# Willowbrook

## Inspection report

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Date of inspection visit:  
18 July 2019

Date of publication:  
12 August 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Willowbrook is a residential care home that can provide personal care for up to six people with an acquired brain injury or associated needs and specialises in rehabilitation. At the time of the inspection visit there were five people in residence.

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

People continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks to people on an ongoing basis. Care plans were comprehensive and provided guidance for staff to follow.

People were supported to maintain good health. People were supported with their medicines. People were involved in meal preparation, encouraged to make healthy food choices and any cultural dietary needs were met.

Promoting rehabilitation and independence was a part of the ethos of the service. People had access to health services as needed. Staff worked with health professionals to support people with their rehabilitation. The registered manager ensured procedures were followed to ensure people had the opportunity to express their wishes in relation to end of life care.

Staff recruitment procedures were followed, and all necessary pre-employment checks were carried out. There were enough staff to support people. Staff worked consistently and flexibly met people's needs. Staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were caring in their approach and had good relationships with people. Staff treated people with respect and their dignity and privacy was respected. People lived in an environment that met the needs of people with an acquired brain injury. Individual rooms with full en-suite facilities, choice of communal rooms and outdoor garden area promoted people's privacy and independence.

People were at the heart of the service. The registered manager and staff were committed to improving and providing person-centred, high quality care. People were supported to maintain relationships with people important to them. People pursued their interests and accessed the local community facilities to enhance their well-being. Nationally recognised best practice guidance was used effectively by staff to enable people to achieve their rehabilitation goals and improve their quality of life.

The registered manager had systems in place to monitor the quality of the service and were aware of their

duties. The provider's complaints policy and procedure was accessible to all. People, their relatives, health professionals and staff felt the registered manager was approachable, acted on concerns and their views were sought to develop the service. Lessons were learnt when things went wrong.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (published March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. The service remained rated Good overall.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willowbrook on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service remained was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led.

Details are in our well-Led findings below.

**Good** ●

# Willowbrook

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Willowbrook is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

When planning our inspection we looked at the information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with three people using the service to gain their views about the care they received. 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 spoke with two care staff, the deputy manager and the registered manager. We reviewed a range of records. This included three people's care records and other associated records. We looked at other records in relation to the management of the service. These included two staff recruitment files, some policies and procedures, complaints and quality assurance systems and processes.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with six relatives and three health care professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the service. A person said, "It's very safe here. The staff are good to me. The environment is good because I can get around easily." A relative said, "It's a lovely place for [name], because I know [name] is safe and happy there."
- A staff member said, "People here are definitely safe here. I would speak up if I saw someone was being mis-treated." Staff had completed safeguarding training. Staff knew how to report concerns and were confident these would be dealt with by the registered manager.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and monitored on an ongoing basis to ensure people remained safe. Staff understood the action they needed to take to reduce risks to people. Staff gave examples of how they supported people, and this was consistent with their care plan.
- Care plans were comprehensive. These included clear guidance and the equipment to be used to enable staff to support people safely without restricting their freedom. We found a person's care plan had not considered how their poor vision impacted their safety. We raised this with the registered manager and they rectified this immediately.
- People lived in a safe environment. Regular safety checks were carried out on the premises and equipment. Individual emergency evacuation plans were in place to ensure people and staff knew how to leave the premises safely.

Staffing and recruitment

- Safe staff recruitment procedures were consistently followed to ensure people were protected from unsuitable staff. Staff files had evidence of all the necessary pre-employment checks carried out.
- There were enough staff on site to keep people safe. Positive comments were received about the staffing, and included "Staffing is pretty good; they seldom use agency. Staffing at night is good too."
- A staff member said, "Staffing is good because there's a mix of staff; age, gender, background and [people] have developed a good relationship with them." The staff rota showed staffing levels took account of people's activities and the gender of staff required to support people.

Using medicines safely

- People continued to receive their medicines in a safe way, on time and as they wanted. People's care plans detailed the prescribed medicine, the reason for them and how the person preferred to take their medicine. There was clear guidance for staff to follow about medicines to be given 'as and when' required.
- Medicines were administered by staff that were trained to do so. The medicine system was organised, and

staff followed the safe protocols for the receipt, storage and disposal of medicines. Medicines and the medication administration records in use were accurate, and regularly checked for any mistakes.

#### Preventing and controlling infection

- Staff were trained and followed infection control procedure. Staff and people used personal protective clothing such as disposable gloves and aprons when preparing meals and cleaning to prevent the spread of infection.
- A person confirmed staff used disposable gloves when staff provided support with personal care needs.

#### Learning lessons when things go wrong

- Staff responded to accidents and incidents and clear records were kept. The registered manager and the provider analysed the information to identify trends, so action could be taken, when needed to reduce further risks.
- Any lessons learnt from serious events and complaints were shared with the staff team. A staff member told us they discussed the media reports about care services and were offered support if required.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People continued to receive effective care from trained staff. A relative said, "Staff do seem well trained, they understand [name] condition and the challenges [they] face."
- Records showed staff received a comprehensive induction training, which was in line with nationally recognised best practice for brain acquired injury and rehabilitation. The ongoing training was available for staff continuous learning and refresher training. Staff demonstrated an in-depth knowledge of the needs of people using the service. Staff were observed supporting people effectively; enabling and promoting people with their rehabilitation and independence.
- Staff were well supported in their roles and received regular supervisions. A staff member said, "[Registered manager] is approachable and helps me whenever I need it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and social needs were fully assessed in line legislation and best practice guidance to achieve positive individual outcomes. People, their relatives and health care professionals had been involved in the assessment process, which promoted person-centred approach to care planning.
- Assessments were comprehensive and reflective of the Equality Act as they considered people's individual needs, which included their age, sexuality and disability. For example, the overview information included people's religious needs, rehabilitation goals and described what a good day and night looked like and the support they required. This enabled staff to meet people's needs effectively.

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

- People told us they had plenty to eat and drink. There was a variety of fresh food and drink available for people. One person told us, "I tend to choose what I want to eat nearer the time. I'm always making myself a cup of tea - love my tea." Another person told us they would not eat pork due to their religious and cultural background. A relative told us staff supported their family member to make healthy food choices and was supported to manage their health condition.
- People's dietary needs and individual food preferences, cultural diets and the level of support people required was recorded in their care plan. Monitoring of food and fluid intake was carried out when required.
- Staff were trained in food safety and followed guidance from the dietitian and supported people to make healthy choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People continued to access health care service as needed. A person told us the GP had reviewed their

medication. A relative said, "Staff understand [name] health condition and are patient with [them]." People's records confirmed they attended regular health checks as needed with the GP, occupational therapist, physio and the speech and language therapist.

- Effective systems were in place which were understood by all. Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.
- People's health action plans were kept up to date about individual needs and staff followed the guidance provided by health care professionals. This ensured people received co-ordinated and person-centred care, to achieve the best outcomes for people.

#### 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 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. 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).

- The service continued to work within the principles of the MCA and conditions on such authorisations, were met and monitored. Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves. Processes were clearly documented.
- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. People were supported to make decisions. For example, a person looked at the information displayed in the dining room and was helped by staff to make choices and decisions.

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

- The home environment was suitably adapted and designed to support people with their rehabilitation and independence. For example, a fully adapted kitchen and a games room were used as part of people's rehabilitation regime.
- People's rooms were personalised and decorated to their taste. People were able to spend time together or alone. The layout of the building ensured people had free movement around the home and the secure outdoor space.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be well cared for and treated with respect and kindness. A person said, "I like living here - this is my home." A relative said, "On the whole; [name] is settled, likes the quietness, the other residents and staff. [Name] is definitely looked after well."
- People had developed and maintained positive relationships with staff and the registered manager. The interaction between staff and people was warm and friendly. It was clear that staff knew people well, and understood their needs. A relative said, "[Name] experiences pain but doesn't like to ask for pain relief, however staff can tell from [their] body language [name] is in pain so ask if [they] would like to take paracetamol for it."
- Staff treated people equally and recognised people's individual needs. Staff communicated with people effectively and used different ways to improve their communication to help them understand. For example, by facing the person whilst talking to them and using short sentences.

Supporting people to express their views and be involved in making decisions about their care

- People continued to be involved in writing their own personalised care plans. One person said, "With the help from the physio and staff I've made good progress with my rehab as I'm hoping to return [family] home."
- People were comfortable around the staff and the registered manager. For example, a person was supported by the registered manager to manage calculate and record their spending.
- People made decisions about their care and where appropriate best interest decisions were made by the individual's relative or an advocate and professionals. Advocacy support was provided to enable people to speak up and make their own, informed, independent choices about decisions that affect their lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained by staff at all times. A staff member said, "You hand them the flannel to wash themselves and make sure the door is closed."
- People's independence was promoted. For example, people were supported by staff to regain skills such as personal care, cleaning and to prepare a meal. One staff member said, "We enable and encourage people and will prompt by using key words. It's important that we work with them and help them rather than do it for them." People were offered choices and supported as needed throughout our inspection visit.
- Records were stored securely in the office and were only accessible to authorised staff. Staff were aware of the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People continued to be at the heart of the service. People's care was planned, monitored and reviewed regularly. People's care plans were comprehensive, and outcome focused so staff could provide a consistent level of support which could vary depending on the activity or how the person was feeling. Individual choices and preferences including those related to the protected characteristics to protect people against discrimination were documented.
- Staff showed a good insight into the lives of people with a brain acquired injury and the impact of how surroundings may affect them. They supported people to work towards their individual rehabilitation goals and followed the exercise regime prescribed by health professionals. This helped people to take control of their lives.
- Positive feedback was received from health professionals who told us staff had the appropriate level of training to support people with their rehabilitation and development.

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 follow their interests and meaningful activities that were socially and culturally appropriate. People's religious and diverse needs were met and respected by all. Individual weekly activity plans, flexibility of staff and access to a vehicle meant people could choose how they spent their time.
- People continued to maintain relationships with family and friends. A relative said, "I read the diary, so it gives me a chance to see what [name] has been doing, [their] new skills, social life and the progress [they] is making because [name] can't remember to tell us."
- It was evident that people had developed new friendships through links with the wider community groups and voluntary work. A relative said, "[Name] is encouraged to go out with staff to new places which [they] enjoy doing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies, procedures and other relevant information was made available to people in the format that met their needs, such as easy read styles and pictures.
- People's care plans contained information about their communication needs and were written in a way

the person could understand. For example, using short sentences and focused on positive outcomes.

#### End of life care and support

- The provider had an end of life policy in place.
- No one was in receipt of end of life care at the time of this inspection.
- People's records included information about their next of kin and any specific cultural or religious aspects of a person's care. However, people's end of life care wishes had not been explored. We raised this with the registered manager. They put a process in place, whereby people's end of life wishes would be explored or the most relevant person to be contacted due to the negative impact on a person's wellbeing if the question was to be asked.

#### Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and were confident complaints would be addressed. A relative said, "I have no concerns about the care. I'm confident that issues if raised would be taken seriously."
- The provider had a complaints procedure which they followed. The information was easy to understand and included details of local advocacy services if people needed help to complain.
- All complaints were recorded along with the outcome of the investigation and action taken, where required to reduce the likelihood of reoccurrence.

# Is the service well-led?

## 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and health professionals all felt the service was well run. The registered manager and staff had good knowledge of the people who used the service.
- The culture within the service was one of tolerance, respect and support of people's differences. The registered manager and staff were committed to further improving the service.
- People were encouraged to express themselves in the way they wanted and celebrated their diversity. People views about their care were sought in their reviews and they influenced changes to the service through house meetings. For example, the gym was used as a games room.

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 provided good leadership, and was open and honest. Positive feedback was received from people, relatives, health professionals and staff. They said, "[Registered manager] is very responsive and approachable," and "[Registered manager] is very good; she's always around, checks the staff team are doing what is required to get [people] to be more independent."
- The registered manager worked in a transparent and open way and informed the relevant people and families and external agencies such as CQC, in line with the duty of candour. The previous inspection report and rating was displayed within the service and on the provider's website.
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided a corporate level oversight of all complaints.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were aware of the provider's requirements to provide quality person-centred care. The provider's policies, procedures and the business continuity plan ensured the service delivery was not interrupted by unforeseen events.
- There was a clear management structure in place. Staff understood their role, responsibilities and duties. Staff felt valued and supported. A staff member said "I've never had a [registered] manager like her - she's great. Everyone from the [registered] manager, deputy, care staff and professionals work as a team."
- The provider's internal quality audits were detailed, and the monitoring systems were effectively used to check all aspects of the service and people's care. Action plans enabled the provider to monitor performance and identify areas requiring improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relative views about the service was captured through regular contact, review meetings and surveys. The results of the satisfaction surveys were positive in all areas.
- The registered manager and staff had developed strong links with the local community and health and social care professionals to ensure people had the support they needed, and were part of the local community.
- Staff training was monitored and kept up to date. Staff felt well supported and encouraged to share ideas to improve the service. Staff were confident that concerns raised with the registered manager would be listened to and acted on.

Continuous learning and improving care; Working in partnership with others

- The ethos of the service was to provide quality care, support and rehabilitation so people can be as independent as possible.
- The registered manager demonstrated a willingness to learn and was committed to improving the service. For example, they quickly addressed issues raised during the inspection to improve people's quality of life.
- The registered manager attended forums and shared information with the staff. Team work and communication between the registered manager, staff and professionals was good. Regular staff meetings provided staff with updates and information and any lessons learnt were shared.
- There was good partnership working with health and social care professionals and people's relatives to meet the complex needs of people. Willowbrook has retained their accreditation with a national organisation that specialises in an acquired brain injury and rehabilitation.