

Cygnnet (OE) Limited

Willow House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Willow House is a residential care home that was providing personal and nursing care to seven people with a range of needs including learning disabilities and distressed behaviours at the time of the inspection.

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

People felt safe and were supported by a group of staff who knew them well and how to keep them safe from harm. Staff were aware of the risks to people and were kept fully informed of any changes in people's care needs. People received their medicines as prescribed. Where accidents and incidents took place, they were acted on and reported appropriately. This information was regularly reviewed to identify any trends or lessons to be learnt.

Staff followed the latest infection control guidance and had access to supplies of personal protective equipment. Systems were in place to ensure infection control measures were adhered to, which ensured the safety of service users and staff.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were supported to maintain their independence and their views were respected. Staff knew people well and listened to what they had to say and what they wanted to do.

Right support:

- Model of care and setting maximises people's choice, control and Independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

People, staff and relatives were complimentary of the service and considered it to be well led. The registered manager felt supported in their role and knew people well. People were involved in their care and their voices were heard. There were a number of quality audits in place to provide the registered manager with oversight of the service. The service worked alongside other professionals to ensure people's health care

needs were met.

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

Rating at last inspection

The last rating for this service was good (published 11 April 2019).

Why we inspected

We received concerns in relation to the support people received at the service and staffs' ability to keep people safe from harm. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willow House on our website at 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?

Good ●

The service is safe.

Is the service well-led?

Good ●

The service is well led.

Willow House

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.

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Willow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We did not ask for a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with a nurse, two care assistants and the registered manager. We also spoke with four relatives of people living at the home by telephone.

We reviewed a range of records. This included three people's care records. We also looked at medication records, two staff files and checks and audits that related to the management and quality assurance of the service.

After the inspection

The provider supplied us with additional information as requested including a number of audits which assess the quality of the service, minutes of meetings and training information.

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 told us they felt safe at the service. Relatives spoken with were reassured by the care and support their loved ones received and considered them to be safe at Willow House. One relative told us, "They [care staff] have been brilliant. Deal with all problems and keep in touch, [person] is a lot happier and I feel they are safe." Another relative told us why they felt their loved one was safe at the service, they said, "I look into their eyes and see how they are, and they are not stressed and with autism this is important."
- One person told us, "I do feel safe, yes I do, they [care staff] look after me." Staff spoken with knew how to recognise abuse and protect people from it. Where safeguarding concerns had been raised, they had been reported and responded to appropriately. Staff confirmed they had received training in how to keep people safe from harm and were aware of the actions they should take should they suspect abuse.
- Systems were in place to monitor the safety of the service. A member of staff told us, "I feel people are safe here, this place is like one big family. If I was concerned about anything I would speak to a member of staff or [registered manager's name] as they always tell me to go to them with anything anyway."
- Systems were in place to ensure people's human rights were not breached or violated. Staff spoken with were aware of people's right to respect for a private life and people told us they were involved in decision making processes around their care and support.

Assessing risk, safety monitoring and management

- Staff spoken with were aware of the risks to people living at the service and how to manage those risks. They understood where people required support to reduce the risk of avoidable harm. We observed staff knew people well. Information about the risks to people were kept up to date and shared with staff through handover and other meetings.
- Risks associated with people's behaviours and medical conditions had been risk assessed. From our conversations with staff it was clear they knew people well and how to support them safely. Care records and risk assessments were regularly reviewed and up to date.
- Staff were kept informed of any changes in people's care needs and were able to provide us with examples of how they supported people safely.

Staffing and recruitment

- During the inspection we observed staff respond to people's requests for support in a timely manner. Staff told us there were enough staff available to keep people safe.
- Staff told us they felt well trained and a training matrix was in place to provide the registered manager with oversight of staffs training needs and competency levels.
- We looked at two staff recruitment files and saw the provider had completed employment checks on staff

before they started work in the home to make sure they were suitable to work with people.

Using medicines safely

- Medicines were managed safely. One person told us, "[Staff name] is very good, sorts my medicines out for me." We saw medicines had been stored safely and records indicated people had received their medicine as required.
- The medication room had recently been refurbished, providing an orderly and safe environment in which to store medication.
- Where people required medicines to be administered on an 'as and when required basis' staff were aware of the circumstances in which to administer these medicines.
- Medication audits were in place including daily stock checks, to ensure medication was managed safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. A summary of all information collected was analysed to identify any trends.
- Where trends were identified action was taken to reduce the risk of reoccurrence. We saw that care records were updated to reflect this, and the information shared with staff. A member of staff described how information was shared with them following this analysis and changes made to how a person was supported, resulting in a positive outcome for the individual.

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

- Relatives spoke highly of the service and were reassured at the actions that had been taken to maintain contact with them and their loved ones during the pandemic. One relative told us, "I feel [person] is safe. When we meet up, everyone wears masks and the risk assessments have been done; [Registered manager's name] went through it with us."
- Not all people living at the service were able to tell us about their experience of the service, but we observed people appeared content in the company of the staff who supported them. Others spoken with told us they were happy with their care and one told us, "[registered manager's name] is great." It was evident from our conversations that the registered manager, who had been in post since March 2020, knew people well and what was important to them. The registered manager spoke highly of their staff team and their continued commitment to service users during the pandemic.
- Staff told us they felt supported in their role and spoke positively of the registered manager. One member of staff told us, "[Registered manager's name] and we have a good relationship. They have been brilliant and really supportive. They are not locked away in the office upstairs and can react to what is needed."

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

- Staff were aware of the provider's whistleblowing policy and were confident that if they needed to raise concerns, they would be listened to.
- Where concerns had been raised, they had been responded to and acted on appropriately.

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

- Staff felt supported in their role and were complimentary of the registered manager. One member of staff told us, "Morale is good. [Registered manager's name] has always been a brilliant charge nurse, staff always listen to them and they get on well with the guys [service users]."
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.
- There were a variety of audits in place to provide the registered manager with oversight of the service and care delivery.
- Policies and procedures were regularly distributed to staff who were informed of any recent changes and encouraged to read.

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

- People's views of the service were sought. We observed staff engaging in conversation with people and ensuring they were happy with the care and support that was provided at that time. We observed staff respect people's choices and support them to take part in activities or access the community.
- People were supported to have their voice heard independently and were in regular contact with their advocate.
- People were involved in the development of their care plan. Information was provided in a pictorial format for those who needed it.

Continuous learning and improving care

- The registered manager told us they were in the middle to transferring care records onto new paperwork provided by the provider. They were supported by the quality assurance manager and had systems in place to ensure this work was carried out smoothly and efficiently.
- We saw that risk assessments had evolved and been amended in line with the latest government guidance related to COVID-19. For example, the risks to people when they accessed the community in a variety of situations had been considered and appropriate guidance put in place for staff to follow.

Working in partnership with others

- The registered manager worked in partnership with other organisations including people's GPs and other healthcare professionals.