

Oakview Estates Limited

Willow House

Inspection report

229 Portland Road
Edgbaston
West Midlands
B17 8LS

Tel: 01214200210






Date of inspection visit:
12 September 2017
13 September 2017

Date of publication:
23 November 2017

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected this home on 12 and 13 September 2017. This was an unannounced inspection. We brought this inspection of Willow House forward due in part to notification of an incident where a person went missing from the home. An incident had occurred in the community which was still under police investigation at the time of our inspection

The home was registered to provide personal care and accommodation for up to eight people who may have a learning disability or mental health support needs. At the time of our inspection eight people were living there.

The home had not had a registered manager in post since February 2017. 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.

We saw there were systems and processes in place to protect people from risk but these needed to be more robust. We identified that there was a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Staff were available to keep people safe and there were enough staff to allow care and support to be provided. Recruitment was underway to reduce the use of agency staff.

People we spoke with told us they felt safe. Staff that we spoke with understood their responsibilities to protect people from harm and abuse. After our inspection visit we received a concern about an incident of inappropriate restraint which were passed to the local authority. The concerns were investigated and the provider informed us they were unsubstantiated.

People received their medicines as prescribed and systems to manage medicines were safe.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently to meet people's individual needs. Staff were inducted and prepared for their roles.

People's needs were met by staff who told us they felt supported in their roles. People's choices and decisions were respected and promoted. Staff demonstrated an understanding of the Mental Capacity Act (2005).

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences. People were supported when necessary to access a range of health care professionals.

People were involved in how they wanted their care provided. People were supported by staff who were kind and caring and who treated them with dignity and respect. Staff knew people well and supported people to maintain their independence.

The culture of the home promoted people's independence and involvement. There were opportunities for people to pursue hobbies and activities that were of interest to them.

People felt listened to and able to raise concerns they may have. The complaints procedure was available in different formats to meet the communication needs of people living at the home and advocacy services had been made available to people.

There were quality assurance systems in place to monitor and improve the quality of the service. These needed to be more robust. People and staff we spoke with were complimentary about their experience of the home and the quality of the leadership. People told us they were encouraged to express their views and experiences about living at the home.

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.

The support provided, written assessments and systems in place were not all being used effectively when helping people stay safe and reduce the risks associated with their conditions and needs.

People were supported by adequate numbers of staff and recruitment was underway to reduce the use of agency staff.

People told us that they felt safe living at the home. Staff understood the risk of potential abuse and how to report it to keep people safe.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good 

The service was effective.

Staff received regular training and had the appropriate level of skills and knowledge to enable them to support people.

Staff understood how to effectively gain people's consent before providing care and support to people.

Is the service caring?

Good 

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good 

The service was responsive.

Staff were aware of and responded to people's individual needs. Care planning identified peoples personal preferences and set out personal goals that people wanted to achieve.

People were supported to engage in activities of interest to them.

People and their relatives knew how to make a complaint or raise a concern.

Is the service well-led?

The service was not consistently well-led.

The service did not have a registered manager.

There were effective quality assurance systems in place to monitor and improve the quality of the service. These needed to be more robust.

People and staff spoke positively about the manager and told us they were approachable and available to speak with if they had any concerns.

Requires Improvement 

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 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 12 and 13 September and was unannounced. On the first day of the inspection the team consisted of two inspectors, on day two there was one inspector.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. We contacted the local authority and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we met with everyone who lived at the home and spoke with five people about their views of the service. We also spent time observing day to day life and the care and support people were offered. We spoke with the manager, regional manager, one nurse, the provider's consultant nurse, the provider's speech and language therapist, five support workers and the chef. We spoke with an advocate and four relatives to ask them about their experience of the service. We also received feedback from two health and social care professionals.

We sampled some records including four people's care records and medication administration records to see if people were receiving their care as planned. We sampled three staff files to look at the recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in April 2016 we rated the registered provider as 'Good' in this key question. At this inspection in September 2017 we found a breach of the regulations and the level of quality found at our last inspection had not been maintained.

We brought this inspection of Willow House forward due to a notification of an incident where a person had gone missing from the home. An incident had occurred in the community which was still under police investigation at the time of our inspection.

We looked at how the service manager risks to people. All of the staff we spoke with were aware of potential risks to individuals. The manager told us that two people were identified as being at risk of leaving the home without staff supervision. Their risk assessments indicated they needed the support of staff to stay safe in the community. Previously a person had left the home by climbing over a garden fence. However we found that the provider had not ensured robust assessment had taken place to ensure that the garden fence and walls no longer provided a potential risk area for people to leave the home.

Following another incident of a person leaving from the home via a garden gate actions had been taken to reduce risk to the person. They had been provided with increased staff supervision and changes had been made to the gate to make it more secure. We saw that a root cause analysis of the incident had been completed but the report did not fully examine if the original control measures had been appropriate. This meant there was a risk that the provider may have missed an opportunity for future learning to prevent similar incidents occurring.

People sometimes needed to be kept safe through the use of physical intervention. Staff received regular training on its use and were aware it should be used as a last resort and to protect people from harm. For two people this may be needed to prevent them absconding and putting themselves in danger. Two of the staff we spoke with seemed uncertain about when restraint should be used if a person was attempting to leave. The manager told us that all staff had been made aware of this and she would ensure all staff were reminded. On the second day of our inspection the staff we spoke with were able to confidently describe the actions they should take should people at risk of harm attempt to leave the service.

One person was at risk of falls. The manager told us they had discussed with the person a bedroom move to the ground floor and this was being arranged to reduce risk should the home's lift become out of action. Following a recent fall the person had been assessed by an occupational therapist who had advised that the person needed to use a walking frame during periods of ill health. The manager and staff told us that the person declined to use the frame and were unable to use it correctly. We did not see that any follow up work had been undertaken as part of the person's care plan to get them used to using the frame or to seek additional advice from the occupational therapist. This meant that sufficient action was not taken to help reduce the risk of this person having a fall.

The provider had not taken appropriate steps to ensure that there were sufficient measures in place to keep

people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that a recent audit had been undertaken to ensure all window restrictors in the service met British Safety Standards. A few days after this audit had been completed a person became distressed and broke a window restrictor and left the service, however staff kept sight of the person and they were persuaded to return. The manager told us that although the window restrictors met required standards they had arranged for their maintenance officer to visit the home to see if any additional measures could be put in place. This showed that the provider was looking at alternative ways to manage this risk.

All of the staff we spoke with were aware of potential risks to individuals. For example, some people at the home needed supervision whilst eating to reduce the risk of choking. Discussion with the provider's Speech and Language Therapist indicated that the current food textures being provided to people was appropriate to their needs. One person was at risk of self harm and the manager told us of a recent action that had been introduced to reduce the risk of injury. We asked two staff who were both aware of the actions that had been introduced. The service used an online system of recording accidents and incidents. The nature of the incident, the dates and the people involved were included on the online report. This enabled the manager and the provider to identify patterns and trends.

All the people we spoke with told us they thought the service was safe. One person told us, "It's safe here but the others can be loud and it upsets me." One relative told us, "They manage risks." Another relative told us, "It feels safe, I have not seen any problems."

Staff were able to describe signs of abuse and confidently told us how they would respond to safeguarding concerns. Staff knew who they should report any concerns to both within the organisation and to external agencies. Staff had received safeguarding training.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. We saw that usually, when incidents occurred these were reported to external agencies as required. We saw records that showed there had been an incident of a person slapping another person but where no harm had occurred. The manager told us that the person who experienced the slap had not wanted the incident reported and that they had assessed the incident did not meet the local authority threshold for reporting safeguarding incidents. However there was no written record of this assessment to show the factors that had been considered in the decision not to refer the incident. Following our inspection visit the manager contacted the local authority and confirmed that the incident did not meet the threshold for reporting.

People benefitted from a staff team that understood what actions to take in the event of an emergency. Guidance and training had been provided to support staff understanding in this area. We brought to the manager's attention that one member of staff was unsure of the actions to take if a person declined to evacuate the home in the event of a fire occurring, but other staff were aware of the actions they needed to take to keep people safe.

People told us there were enough staff to meet their needs. Relatives told us there were enough staff to meet people's needs but some commented on the increase in the use of agency staff. Staff told us that current staffing levels were safe but we received some mixed views about the impact of agency staff. One member of staff told us, "It's not had any impact, we try to keep the same faces or use bank staff where possible." Another staff told us, "Agency staff use has been an impact on people, it unsettles them. They know it's an agency staff and take advantage, but the provider is taking action to recruit." The manager told

us that there had been some recent use of agency staff but that vacant positions were being recruited to. Where agency staff were used we were told that the same ones were used for consistency. We saw there were enough staff to provide support to people when they needed it. For example, people received one to one staffing support where this was assessed as needed.

A staff member told us, "They did a thorough recruitment check with me, I had my DBS and references and a good interview." Prior to staff commencing in their role a full employment history, an enhanced DBS [Disclosure and Barring check] and appropriate references had been sought. Effective systems were also in place to check that nurses were appropriately registered to practice. The provider's recruitment and selection process ensured that the staff who were recruited were done so safely.

People were safely supported with their medicines. One person told us, "I get my medicines great, they do it good with me, I can take my time and I don't choke." One person's relative told us that before the person came to the home they had needed a lot of medication for their behaviours, they told us, "Now he has not needed this so it's really good."

We sampled the Medication Administration Records (MARs) and found that they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when they should be administered. Competency assessments had been conducted to ensure they were able to administer medicines safely. We asked one member of staff how they would respond if a medication error was made. They were able to describe actions they would take to protect the person's well-being. This indicated the systems in place helped to promote safe medicine practices.

Is the service effective?

Our findings

At our last inspection in April 2016 we rated the registered provider as 'Good' in this key question. At this inspection in September 2017 we found it remained good.

People told us they were happy with the support provided at Willow House. One person told us, "It is a good place here." A relative told us, "I'm very happy with the care, in fact I am delighted. Staff know people's needs very well."

All staff told us they felt well supported and had the training and guidance needed to carry out their jobs effectively. One new member of staff told us, "I had an induction which included three shadow shifts." They also confirmed they had received relevant training for their role such as first aid, safeguarding, autism and physical intervention. The manager told us they were also arranging some additional training in diabetes as some care staff had not previously completed this training. One member of staff told us, "We have supervision about every three months but I can go to a nurse or the manager and they help me straight away." Staff told us they felt supported and the majority of staff told us that they received regular supervision sessions. Supervisions provide additional opportunity for staff to raise issues if they need to and to discuss their development. There were also regular staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

Staff were provided with and completed an induction before working for the service. The manager told us this included the Care Certificate if required. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

The manager told us that reflective practice sessions had recently been introduced and that these focussed on individual's specific needs. They told us that following one session they had seen a reduction in incidents involving a person. A member of staff confirmed they had participated in a recent meeting that focussed on personality disorders and found this useful.

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 people lack mental capacity to take particular decisions, any decision 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. The application procedures for this in care homes 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 that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. One person's relative told us, "A DoLS was applied for as soon as [name] moved to the home and the front door is always kept locked. I have peace of mind [name] is safe." This meant that people's rights were respected.

People confirmed their choices were respected. One person told us about the times they went to bed and got up in the morning, they told us, "It's my choice." One staff member told us, "We always give people a choice in day to day things." We saw people's consent was sought before they received care and support. Staff understood about their responsibilities to promote people's rights in relation to the MCA and had received training in this area. For example, all the staff we spoke with were aware of the applications that had been authorised.

People told us they enjoyed the meals provided. One person commented, "The food is good, we choose it every morning. They ask us what we want but we make our own breakfast in the training kitchen." Another person told us, "Oooh I love the food, you can have whatever you want." A relative told us, "They work with [person's name] so he gets what he likes. He has opportunities to prepare his own meals and staff educate about healthy eating."

Meal times were a social occasion in the home and staff joined people for the lunch time meal. People were given a choice of healthy and well-presented meal options and staff confirmed people were encouraged to eat healthy options. However we brought to the manager's attention one member of staff who told us they were not aware of people who had diabetes. The manager told us they would ensure this was addressed with the staff concerned. However, there was no evidence this lack of knowledge had a negative impact on people.

People were supported to maintain and look after their health. One person told us staff were supporting them to attend healthy eating sessions and they proudly told us of their weight loss achievements. People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners and community nurses. People were encouraged to attend health appointments and staff were available to accompany people. One person's relative told us, "[Name] sees the psychiatrist regularly and right now is in a good place with their mental health needs." Another relative told us, "They look after his health." Some people had health conditions such as diabetes. We saw that a health professional had recently recommended that one person had regular checks of their blood sugar levels. This was being done and checked showed this was currently well managed.

Is the service caring?

Our findings

At our last inspection in April 2016 we rated the registered provider as 'Good' in this key question. At this inspection in September 2017 we found it remained good.

People told us they were happy living at the home and that staff were kind and caring. One person told us, "They do care about me." Another person told us, "All of the staff listen to me. I can talk to all of them and they help me." A third person told us, "The keyworkers [staff] are really good, you can talk to them and they help you get things like going out to get snacks." Our discussions with relatives and a care professional confirmed staff always had a respectful and compassionate approach, worked in a person centred manner and appeared to value the thoughts and feelings of the person.

People could have visitors at any time. A relative told us, "I'm always made welcome." Another relative told us, "It's a pleasure to visit, staff are all friendly and willing to answer any questions."

People were supported by staff who knew them well and enjoyed supporting them. They were able to describe people's preferences and things that mattered most to them. One member of staff told us, "The staff really do care about people." We saw that people were supported patiently and kindly. One person asked a member of staff for a 'cuddle'. This was responded to in an appropriate manner with a friendly hug. People told us that they were able to express their own opinions and make decisions that were important to them. During our inspection visit one person was being involved in the interview of a potential new member of staff and recruitment records showed the previous involvement of people in the recruitment procedure. This showed that people had the opportunity to be involved in decisions about who supported them.

Information about advocacy services was made available to people. It was good practice that the provider had made arrangements for an advocate from a local advocacy organisation to visit the home every week and speak with people should they wish. This meant there was an independent person that people could share any concerns with. A care professional told us that staff at the home were pro-active in seeking advocacy support for people at the home.

People's privacy and dignity was respected. People told us they were treated with dignity and respect. We observed all staff knocked before entering people's rooms and they waited for permission before entering. A relative told us, "Staff respect our privacy when we visit, they give us space."

People described how they were supported to be independent, this included being involved in household activities such as cooking and laundry. One person proudly showed us the flapjacks they had made with staff support. People were supported to learn new skills and staff assisted people to complete a budget for their personal monies on a weekly basis. One person told us, "I'm doing money management and learning about receipts. They are helping me here to do more for myself." One person's relative told us, "[Name] has changed since he has been there. He did not go out before and now he goes out a lot, a marvellous achievement." Another relative told us, "[Name] has learnt new skills."

Is the service responsive?

Our findings

At our last inspection in April 2016 we rated the registered provider as 'Good' in this key question. At this inspection in September 2017 we found it remained good.

People told us they had been involved in the planning and reviewing of their care and support needs. One person told us they could talk to staff about the things they wanted to do. Another person gave an example of how staff had been responsive to their needs. They told us that they enjoyed swimming but that the steps at the swimming pool hurt their feet and so they were going to try a new swimming pool. A relative told us, "[Person's name] is fully included in care planning. They seek his views and involve us, we work in partnership." Another relative told us, "The manager did the original assessment and has provided any help we have needed."

We saw staff were responsive to the needs of people because they knew people well. Staff could describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives.

We looked at the arrangements for supporting people to participate in their expressed interests, education and hobbies. We saw the home was flexible and responsive to people's individual needs and saw activities were planned with individual people. For example some people were attending college courses. One person with a sight impairment was supported to attend a weekly coffee morning aimed at people with sight loss. One person told us, "It's alright here, I like going to the shops when I want to." Another person told us how they enjoyed playing football and were supported by staff to play for their team on a weekly basis. People participated in things that they enjoyed during our inspection, for example one person looked very relaxed whilst using a foot spa. Other people were listening to music on their headphones or read the newspaper. One person told us how staff took the time to talk with them about the contents of the newspaper. A relative told us, "[Name] gets good activities."

Regular outings and trips took place dependant on where people wanted to go. There were also events held with some of the provider's other homes such as a combined sports day that people had attended. Some people told us about their recent holidays which they had enjoyed. People had their own activity planner and this was made easier to understand through the use of pictures. Previously a person who lived at the home took on the role of activity lead and assisted the staff member who was the activity co-ordinator for the home in organising events and outings. This person had now left the home and the manager told us that two other people had expressed an interest in taking on this role. This showed that staff involved people in deciding what activities they wanted to do.

Staff employed by the service were aware of the diversity and culture of the people they supported. One person's faith was very important to them and so staff supported them to attend their chosen place of worship every week. We saw that information about people's culture and faith had been included in their care records.

People felt able to raise any concerns. One person told us, "The manager will help me if I've got a complaint." Another person told us they had been upset by other people dropping cigarette butts in the garden but that the manager had stopped this and it was better now. During our inspection visit one person raised a complaint with the manager about a member of staff. This was responded to appropriately and is under investigation by the provider.

A relative told us "I am confident to raise concerns, I have raised some minor issues and they were all dealt with. They are always checking if I have any concerns." The provider had a Family Carer Forum that was independently run by a group of family carers and there were representatives from every region of the UK. The forum facilitated family carers to ask questions, discuss worries and support one another. We saw the complaints procedure was accessible and available in formats to meet people's needs. People were supported to have their views heard through an effective complaints system? The manager told us that "complaints are there to learn from."

Is the service well-led?

Our findings

At our last inspection in April 2016 we rated the registered provider as 'Good' in this key question. At this inspection in September 2017 the level of quality found at our last inspection had not been maintained.

The provider had not ensured the location had a registered manager. The previous registered manager had left at the end of January 2017. Whilst a new manager had been recruited we had not received an application from them to register in the seven months they had been managing the service. The manager and regional manager gave assurances at our inspection that an application had been submitted but we found this had still not been done. We were then informed that the manager had been confused about the registration process. This indicated that the provider had not maintained a clear oversight of their responsibilities to the Commission. An application to register the manager was received after the inspection visit and is now being assessed.

The provider had processes for monitoring and improving the service and obtaining people's views of the quality of the care they received. When adverse events occurred the manager had identified and implemented some actions to prevent a similar incident from reoccurring, however improvements were required to make sure these actions were fully robust and people were protected from the risk of harm.

An audit on the use of physical intervention had been completed in June 2016 and this did not record any significant concerns. An area to improve was to ensure all staff had the opportunity of a debrief session following any incident. Records and discussions with the manager showed that this was not yet being achieved but they told us they were working towards this.

Staff had regular meetings with people living in the home. This provided an opportunity for them to raise issues and discuss plans such as the meals people preferred and the activities they wanted to undertake. The provider also held regional 'service user forum' meetings that people were invited to attend. The manager told us that the main issue arising from people's feedback was the level of noise in the home. They told us that a new 'quiet lounge' had been created in response and that some bedroom swaps were being discussed with people to help address the issue. This showed the provider acted on people's feedback. A 'carers questionnaire' had been distributed to people's relatives across the region. However only seven had been returned. From the information available it was not possible for the manager to ascertain if any of the responses related to Willow House however our discussions with relatives indicated the manager of the service regularly sought their views and opinions.

People knew the manager of the service and told us they were approachable. One person told us, "[Manager] is really good, it's clear she is the best manager we've ever had. She is good to me and listens to me." Relatives we spoke with were complimentary about the manager. One relative told us, "The manager has a totally open door policy and act on anything raised."

Staff we spoke with reported positively about the management of the home. One member of staff told us, "I think the manager is brilliant. She's there for you but she's friendly and relaxed too. The home is run pretty

well." Another staff told us, "If I had an issue or complaint the manager's would listen and take action, I'm sure they would." Throughout our inspection we identified that the manager of the home was open to feedback.

Registered providers are required to prominently display their most recent inspection rating within the home and on their website. This was on display. This demonstrates an awareness of this requirement, and a commitment to openness and transparency.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken appropriate steps to ensure that there were sufficient measures in place to keep people safe.</p>