

Exalon Care Limited

The Willows

Inspection report

72 Boreham Road
Warminster
Wiltshire
BA12 9JN

Tel: 01985215757
Website: www.exalon.net

Date of inspection visit:
10 December 2016

Date of publication:
25 January 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 carried out this inspection on 10 December 2016 and it was announced 24 hours beforehand to ensure that staff and records would be available during the inspection. When The Willows was last inspected in September 2015 there were no breaches of the legal requirements identified.

The service is a care home without nursing and provides care and support for up to a maximum of 10 people who have either learning disabilities and/or complex care needs. On the day of our inspection there were seven people living at the service.

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

Improvement was required in relation to processes for safe medicines management.

The provider had quality monitoring systems in place which were used to bring about improvements to the service. These had not been fully effective in identifying the issues in relation to medicines management.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures. Staffing was arranged in a flexible way to respond to people's individual needs.

People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with their social worker or designated member of staff who was their keyworker.

Each person was supported to access and attend a range of working, educational and social activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and resulting support plans provided guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to

consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support people to meet their needs.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs.

The service maintained daily records of how people's support needs were met and this included information about medical appointments for example with GP's and Dentists.

Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the person.

We found one breach of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 was mostly safe.

Improvement was required in relation to medicine records and processes to ensure the safe management of medicines.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and had a policy and procedure which advised staff what to do in the event of any concerns.

Risks had been identified to people's well-being and steps taken which were recorded to support people to live their lives as they wished

The service had safe and effective recruitment systems in place.

Requires Improvement ●

Is the service effective?

The service was effective.

There was a staff induction procedure in place and staff received supervision and a yearly appraisal.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People were involved in planning how to meet their nutrition needs.

People were supported to access health care services.

Good ●

Is the service caring?

The service was caring.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

Staff understood people's needs and preferences.

Good ●

People were treated with respect and were supported to maintain and build relationships with their families.

Is the service responsive?

Good ●

The service was responsive

People had been involved in recognising their needs and the planning of how support was to be provided to them. Each person had their own detailed personalised care plan.

The service had involved other professionals to support people and made links with the local community.

The staff had worked with people, relatives and other services to recognise and respond to people's needs and aspirations.

The service had a robust complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was mostly well-led.

There was a range of quality and safety monitoring systems in place. These had not been fully effective in identifying all areas for improvement.

The manager and senior staff were approachable; people and staff felt supported.

The Willows

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.

The inspection took place on 10 December 2016. The provider was given 24 hours' notice prior to inspection to ensure we were able to access the service and records on the day of inspection. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

As part of our inspection, we spoke with two people who used the service and two members of staff. We tracked the care and support provided to people and reviewed three care plans relating to this. We also looked at records relating to the management of the home, such as policies, recruitment and training records, meeting minutes and audit reports. We also made observations of the care that people received.

Is the service safe?

Our findings

There were medicines profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects so that the staff were aware of contra-indications. We found however that in one of the profiles we looked at the medicines dosage did not match the profile of the person. The prescribing GP had altered the dosage for one of the medicines by introducing an extra tablet alongside the same medicine already being taken at a different dosage at other times of the day. The potential for error in administering this medicine was high for any staff who were unfamiliar with the person and referred to the medicine profile. This also meant that associated records for the person's medicines profile such as their health action plan and their emergency hospital passport was also incorrect.

Some people had been prescribed medicines, such as pain relief and skin creams, which were to be given 'when required' (PRN). There were no PRN protocols in place for people. PRN protocols assist staff by providing clear guidance on when PRN medicines should be administered and provide clear evidence of the specific situations when people may need these medicines. For topical creams body maps should be used to indicate where the creams may be required. When PRN protocols are not available with the medicine administration record (MAR) there is a risk that staff that are unfamiliar with people's needs would not have the information required.

We carried out an audit of two peoples medicines. In one person's records the amount in stock did not agree with the MAR as staff had failed to note medicines that had been carried over onto the next. We also found that dates were not always being recorded when topical medicines were opened, this meant there was a risk that once opened these medicines could pass their shelf life date and be ineffective or unsafe for use on people.

Only staff who had completed medicines training administered medicines and records demonstrated the training and planning for this. We found however that competency checks were not recorded to ensure that staff maintained best practice.

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

People told us they felt safe at the service. One person told us. "Yes, I feel safe here. I like [registered manager's name] and [staff name] we have a laugh." We also saw evidence in people's support plans that there were discussions between staff and people living in the home about keeping themselves safe when they were outside of the home.

The service had a policy and procedure regarding the safeguarding of people and guidance was displayed in the office for staff to follow. Staff told us that they would report any issues of concern to the registered manager. However they also knew that they could speak to the safeguarding team directly if they felt this was appropriate. One member of staff said "I would have no problem making a safeguarding referral and

have done it before."

Risk assessments had been carried out and provided information for staff on how to support people safely. This included using community facilities and supporting a person to go swimming as they particularly enjoyed this activity. Each risk assessment considered actions required to keep the person safe whilst undertaking the activity, strategies to use if the activity became unsafe. For example we saw a risk assessment around falls risk. The risk assessment took into account various aspects such as alcohol intake, medication, continence and physical strength. Actions required to keep the person safe included an aid to use for transfers and a wheelchair for use outside of the home environment.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required. For some people this was more about reassurance rather than physical assistance to leave, we saw that each plan was individual to every person and had considered their physical and emotional needs.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.

The staff explained how staffing levels were assessed and organised in a flexible way to support people to pursue their choices of how they spent their day. Staff told us there were enough staff to meet people's needs throughout the day. We found that the staff rota was planned and took into account when additional support was needed for planned activities outside of the home.

There was a robust selection procedure in place. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role. A member of staff told us about the recruitment process and how people that used the service sometimes met and interviewed staff prior to them being employed. People using the service were involved and also had a say in the recruitment process.

Is the service effective?

Our findings

Staff received training provided by the service when they joined as part of their induction programme. On completion of their induction they also received regular refresher training. Training subjects included first aid, infection control and food hygiene. Staff told us they had been given training relevant to support the people they supported. Training included specific training to support staff to recognise and meet the needs of people. For example a member of staff told us they completed specific epilepsy training, to enable them to understand the needs of the people they were supporting. Another member of staff said "There is a lot of classroom and online training available and I find it really helpful to learn what to do to help with positive behaviour support."

Staff said they had been supported with regular one to one supervisions throughout the year and records we saw demonstrated this although up until recently some supervisions had been delayed. We spoke with the registered manager about this and he advised us that this had been due to staff turnover and that this had now been resolved. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. One staff member said "I don't need to wait for my supervision I'm always asking if what I'm doing is alright and they [senior staff] let me know and support me."

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. We saw that people's support plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions wherever possible. People's mental capacity to make decisions had been assessed and best interest meetings were undertaken when required.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Appropriate DoLS applications had been made specifically around people's constant supervision by the service. We spoke with staff and found that they were knowledgeable about the MCA and DoLS.

We saw people being offered choices, for example what activities they wanted to undertake during the day. Where a person was unable to communicate staff utilised a number of techniques such as using simple sentences and using Makaton sign language to enhance their understanding of the person's requirements. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. We also observed members of staff asked for people's consent before providing support to them.

People were involved in planning how to meet their nutrition needs. People were supported to have the food and drink of their choice. People went shopping for food and discussed with staff the ingredients and meals they would like to purchase. One person told us. "I like to eat burgers and chips but the staff want me

to eat more rabbit food to be a bit healthier but they don't force me to eat it." The staff told us that they worked with people to look at healthy eating options. We saw during the inspection that staff provided assistance with preparing and supporting people to eat their meal.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. Daily records were maintained so that the staff could monitor changes in people's health conditions. We saw that the service had supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments. The staff had then acted upon the actions agreed at the respective appointments

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and people communicated with the staff when not able to verbalise with non-verbal communication. We saw people smile and use hand gestures to explain meanings to the staff. One person we spoke with said "Yea they are caring specially [registered manager] and [senior staff] I'm always annoying them but they're happy to see me."

We observed staff treating people with dignity and respect. Staff spoke in a polite way and clarified information with people so that everyone was sure of what had been agreed. People's personal care support was discreetly managed by staff so that people were treated in a respectful way. Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs

One person was unsettled when the inspector arrived. The staff were patient, reassuring and kind to the person. The staff explained simply what the inspector was doing in their home. The person remained calm and appeared comfortable with the presence of the inspector after the staff had taken time to explain the inspection process to them.

We listened to and observed staff working with a person to identify what meal they wanted and their plans for the day. People were included in the discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

We saw in the support plans how the service had worked with people to identify and record their choices and preferences, this included foods and activities. It was clear from the information available throughout the care home and the daily activity programme for each person that they were consulted and that care and support was planned according to the needs and abilities of each person. One person told us that they liked the staff and said "I like visiting police stations and fire stations and the staff helped me to visit and I've been allowed to sit in a police car that was very good."

Is the service responsive?

Our findings

People's choice of home and living arrangements were discussed with them and it was clear that some people found living together not their first choice. The staff worked with people to identify their aspirations and then support them to develop skills to be able to move into a supported living environment of their choice. We found that the service worked with people develop further skills regarding living independently and travelling on their own.

The service was responsive to people's needs for support. We saw that each person had a support plan. The service had a set structure to write, record and review information. We found that this approach meant that information was reviewed as per the service policy. The support plans provided the person with a support plan regarding their individual needs, what they did and how staff supported them. We saw that the staff had arranged keyworker review meetings with people on a monthly basis to gain their feedback and review their progress against their support plan.

Peoples preferred communication methods were also recorded in the support records. The staff recognised and responded to people's needs. Through knowing people well staff were able to work with people to prevent them from becoming dissatisfied. The staff had worked with people to identify their chosen goals and had worked with people to develop their skills and knowledge to achieve those goals. For example we found that people in the home had travelled on holidays, another person helped in the office to develop their administration skills as they wanted to pursue an office job.

Staff also explained that additional documentation was introduced into support plans if required. For example, when one person was having what the staff described as a crisis, monitoring charts were implemented for a period of time to assist the staff to analyse the behaviour and look for ways in which to assist the person out of the 'crisis'.

Support plans and records of meetings confirmed that people had been involved in and had access to take part in a wide variety of community activities according to their personal preferences. There were visits and regular activities centred on each person's preferences. Activities ranged from hydrotherapy, sensory sessions and visiting events such as air shows. Activities were not viewed as a permanent arrangement and were reviewed regularly to identify if aims and objectives were being achieved. People were able to stop some activities or using resources in favour of others. This demonstrated that people's choices were listened to and supported.

The home had a complaints procedure available for people and their relatives. The service had a complaints log and a policy and procedure for people to use. The complaint records demonstrated that people were supported to make complaints when they needed to and that the registered manager responded quickly and appropriately to any concerns identified to resolve the complaint.

Is the service well-led?

Our findings

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; infection control, support plans, training, staffing, sickness, accident and incident reporting. The provider had also introduced additional quality monitoring systems for the service. The provider used a mock inspection toolkit to review the service in alignment with the commission's inspection domains; safe, effective, caring, responsive and well led. The provider reviewed a different domain every month. We saw evidence of these checks and some of the actions taken to improve standards. The observations identified good practice and areas where improvements were required. They were addressed with the staff to ensure current practice was improved such as ensuring that records were completed within the appropriate time limits. We found however there were issues in relation to medicines management that had not been picked up by the audit reviews and had been found to be in breach of regulation at this inspection.

There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were not always action plans in place with a timescale for completion or a recorded review to ensure the actions had been carried out. The registered manager agreed this was an area to improve upon and stated they would ensure that action plans were recorded effectively.

Staff told us that a culture was promoted by the registered manager to put people's needs at the centre of the service. One staff member said "Our home's values come from [registered manager's name] he wants people to be put at the front of this service and give people a purpose."

We found the registered manager had worked in partnership with the local authority quality assurance team to improve their positive behaviour support documentation. The registered manager had received a very good response to the work they had undertaken. The reviewing officer had requested the documentation produced by the service to be redacted so that they could use it as best practice examples to share for the benefit of the wider community.

People who used the service and their relatives and staff were given questionnaires for their views about the quality of the service. We saw the results of surveys had been analysed and there was an action plan in place to improve on areas identified as needing further work.

The registered manager and staff were committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff. Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We found that people were also involved in decisions about the home and the way in which it was managed. For example we saw that people's views had been sought around the decor, furniture, fixtures and fittings in the home when it was due for redecoration.

Staff said they felt well supported by the registered manager and their colleagues. The staffing rota was well planned in advance and therefore days off and annual leave were usually covered. We also saw that there was an on-call system for staff to be in contact with senior staff over the 24 hour period as required for support.

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

We saw there were effective communication systems in place regarding staff meetings and handovers. Staff said they were able to contribute to decision making in their key worker roles. Staff also said that supervision and staff meetings were supportive in discussing and resolving staff issues. Staff made the following comments; "The provider and [registered manager's name] are open to discussion and very involved with the service users and us. We can rely on them for support." Another member of staff said [Registered manager's name] knows of my ambitions beyond my current role and is supporting me to get there."

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure safe medicine management.