

Voyage 1 Limited

The Willows

Inspection report

High Pitfold
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Tel: 01428609851

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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

The Willows is a residential care home providing personal care to up to 10 people with a learning disability and associated physical disabilities. At the time of our inspection 10 people were living there. The home is a bungalow with a large garden. In addition to bedrooms the home had a communal lounge, dining room and an office for staff.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 10 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and staff spoke positively about The Willows. We observed that there was a very homely atmosphere and that people and staff had good, caring relationships.

People took part in activities they enjoyed and were able to access the community. Visitors were welcomed. The home had good relationships with health and social care professionals. People had a healthy, varied diet and ate food they enjoyed.

People told us they felt safe and they were protected by staff who understood their responsibilities and how to keep people safe. People who did not express themselves verbally demonstrated through their behaviour that they were on friendly and trusting terms with staff. People were protected from risks by detailed, regularly updated risk assessments.

People had up-to-date care plans which detailed their strengths and promoted their independence. Their communication needs were assessed and recorded in detail and staff were observed appropriately interacting with people. Care plans and other information were regularly reviewed and involved people, their relatives and relevant external professionals such as therapists or social service professionals.

There were enough staff to meet people's needs. Staff were well trained and understood the needs of the people they supported. The home was clean and tidy and good infection control practices were being followed.

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 procedures in the service supported good practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows 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 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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Willows

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

This consisted of one inspector.

Service and service type

The Willows is a 'care home'. People in care homes receive accommodation and nursing or 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the 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 of this information to plan our inspection.

During the inspection

We spoke with three people using the service. We spoke with eight members of staff, including the registered manager, operations manager, senior support workers and support workers. We spent time with everyone

who used the service and observed activities and interactions between people and staff.

We reviewed a range of records including four people's care records, four medicine administration records (MAR), three staff files, training records and other documents and records related to the management of the service, such as audits and supervision records.

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 two health and social care professionals and three relatives.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The service ensured there were staff available to meet people's needs safely. Staff agreed there were always enough of them on duty. The registered manager ensured there were enough staff to support people throughout the day and at night. Handover periods ensured enough time was available for staff to prepare for each shift.
- The service recruited staff safely. Full checks were completed which included references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Relatives spoke positively about the staffing structure. One relative told us, "I've never felt there were problems with the staffing. Even if I visit unexpectedly there are always plenty of staff around."

Using medicines safely

- People's medicines were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the deputy manager who was able to demonstrate clearly how the service recorded, managed and administered medicines.
- People were supported with their medicines by staff who had been trained and assessed in the safe administration of medicine. Staff knew the home's procedures and adhered to them. Medicine administration records (MAR) were completed correctly each time a person was supported.
- The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required', such as paracetamol for pain relief.
- The service was taking part in a national project called "Stopping over medication of people" (STOMP), aimed at stopping the over use of psychotropic medicines to people with learning disabilities. The service had introduced STOMP support plans for 2 individuals and were working with the psychiatrist and families in an on-going review of these prescribed medicines to ensure they were necessary, and the lowest possible amount prescribed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. They told us they felt safe. One person told us "Yes, I'm safe. I like the staff." People were visibly relaxed and comfortable around staff.
- People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding.

- Up to date policies and procedures were in place, and staff were familiar with them. All safeguarding concerns had been appropriately notified to the relevant authorities and dealt with in line with internal and external policies and all actions had been completed.

Assessing risk, safety monitoring and management

- Risks to people were assessed and documented in a positive way which enhanced and promoted independence. Assessments were comprehensive, clearly written and focussed on what a person could do rather than highlight disability. Assessments were reviewed regularly through daily records or when there was a change.
- People's assessments included detailed information about potential causes of anxiety and how to identify when a person was communicating distress through their behaviour. There was clear guidance for staff to follow if people displayed behaviour that challenged the service.
- The service promoted people's awareness of safety by involving them in the reporting of maintenance faults, for example by phoning the property support team and with support from staff reporting faults over the telephone.

Preventing and controlling infection

- People were protected from the risk of infection. The home was clean and smelled fresh throughout, including people's bedrooms.
- There was a plentiful supply of personal protective equipment (PPE) to ensure that people were protected from the risk and spread of infection.

Learning lessons when things go wrong

- The service regularly reviewed its practice with the aim of reducing risk as far as possible. For example, to support people whose behaviour challenges the service there had been an increase in permanent staff numbers, as well as including any regular agency staff in the service's specialist training programme. Near-Miss forms were used and analysed for the benefit of preventing re-occurrence of any accidents.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was good support to people to meet their healthcare needs. In addition to ordinary access to health care services and community teams the registered provider and registered manager had arranged regular home visits by the local GP and community dentist. This initiative had a positive impact on the quality of life for people as it ensured that regular general and oral health care could be delivered and monitored without the need for people to have to cope with the stress of busy appointment rooms or anxiety of dental surgeries.
- The staff had also shown flexibility and a person-centred approach with one person who required eye surgery. With surgery planned some months ahead, the staff worked with the individual to be prepared for this with a desensitisation approach, involving the use of an eye patch at regular intervals and supported on an individual basis to introduce this process ready for the recovery stages. This approach was chosen after consultation with the family and looking at alternative options. With the support of social services staff a further period of individual support was arranged for a period after the operation to support the person through recovery. This meant that the individual was supported through the anxiety of the procedure, and able to continue to engage in their activities whilst minimising risk of infection.
- There was a good relationship between the service and the community learning disability team and psychiatric services. People were also supported to receive good care when they had to transfer between services. For example, each person had an accurate, up to date and detailed hospital passport to take with them should they ever need to go there. This contained vital information including their health conditions, medicines, communication needs and advice on how the person preferred to be supported. This was written in a positive, person centred manner.
- External professionals spoke very positively about the service. One professional told us, "The staff are great. Whenever I need to arrange a visit I find that they have made sure all the background information is up to date and available, and we work really well together." Another professional said, "The home is lovely. Although we have had some issues in the past with other services from the same provider, we have always felt great confidence in this home."
- Relatives also spoke positively about the service. One relative told us, "I am very impressed with the way they have the GP visiting, and with the person-centred approach that they take towards people." Another relative said, "Their attention and care is very reassuring to me. They always let me know what is happening and I know they will talk to me about any issue."
- Staff understood the physical and mental health needs of the people they supported.

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

- People's needs and preferences were thoroughly assessed and recorded clearly and in detail. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw that information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- People and their relatives were integral to assessing their needs and choices. One relative told us, "I have been involved in things like care plans and reviews."

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme and further training which was refreshed regularly. Staff were knowledgeable and confident in their role. We saw they had practical skills when supporting people.
- Staff had regular supervision with the registered manager. Good records were kept, and topics discussed included personal development, good practice and areas for improvement. Staff told us they found supervision useful. One staff member told us, "The training here is brilliant. They never stop offering you training and if you feel you need some support you can just talk about it at supervision."
- Staff training followed the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. In addition, staff were supported to complete diplomas. Three staff were being supported through this and two more had applied.

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

- We saw that people enjoyed meals and drinks at times of their choosing and that there were always snacks and drinks available.
- People's needs around nutrition and eating were clearly documented and being met. Where people required support with eating this was given in a sensitive way.
- People were supported to eat a balanced diet. The home had a varied menu which included people's involvement in choosing what to have. There were clear guidelines in place for those people who required their meal prepared in a certain way, such as having it textured or blended.

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

- The decoration and adaptations in the home helped meet people's needs and promote their independence. For example, people were very involved in choosing the colours to decorate the home, chose the pictures and colours for the communal areas and were involved in commenting on the maintenance, decoration and reporting of faults in the service.
- The home was in a satisfactory state of repair and decoration. People's rooms were kept as they liked them and had many personal items such as bedlinen, photographs and ornaments.
- There was a programme of refurbishment in place which included kitchen and bathroom.

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). 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 had the appropriate legal authority and were being met.

- We saw people's capacity to make decisions had been considered in their assessments and these included information about how people used non-verbal communication to express consent or not. We saw care staff seeking consent from people before supporting them and in making decisions about what they wanted to do and what they wanted to eat.
- At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed.

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 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 told us they were supported in a caring way. One person told us, "Yes, staff are ok." Another person said, "I like it here." We saw staff treating people with kindness and respect and the atmosphere was friendly and homely.
- Staff knew people well and what was important to them. They spoke of people in a positive and caring way. One staff member said, "We have to treat people like they are family. Otherwise how can we give our best?"
- Each person had an allocated key worker and had protected one to one time with them.

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

- People were continually encouraged and supported to express their views about their care through the keyworker system, reviews and daily activities. People were encouraged by staff to make routine decisions about their support and we saw that there was constant conversation between staff and people which encouraged a friendly atmosphere.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted in the home. We saw good practice such as staff knocking on doors (or if the door was open announcing their arrival) and asking to come in. We saw people being given support in a respectful and dignified way.
- People's independence was promoted as much as possible. Care plans detailed people's strengths and reflected the detailed knowledge that staff had about people, which would enable even new members of staff to provide appropriate support.

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 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's care plans were highly personalised. They were written with people's input as much as possible and documented their choices, needs and preferences. They were reviewed regularly or when a person's needs changed.
- Daily records were kept and reviewed regularly by the registered manager. There were handovers between shifts. At every staff meeting, there was discussion about people's needs and how they were being met or not. We could see that these discussions had been followed up and appropriate action taken.

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.

- People's communication needs were thoroughly assessed and well documented in line with the AIS. For example, people's behaviour as communication and the different ways people expressed pain and discomfort were clearly described. We saw staff comfortably using different approaches and communication methods with different people.
- The service made use of assistive technology to monitor the needs of some people. One person has now got a guardian seizure epilepsy monitor in place and another person has a door alarm for bedroom vacation which means the staff have been able to be less restrictive in their monitoring. Both people had a capacity assessment and best interest decisions made and agreed.

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 take part in activities both inside and outside the home. People regularly attended day centres, went shopping and visited local parks.
- In addition to ordinary domestic and community activities the staff worked hard at enabling people to enjoy their preferred personal hobbies and interests. This included horse-riding, car shows, sports, and festivals.
- People were supported to maintain and develop relationships with friends and family and access the community. Staff supported people to attend family weddings, some people were members of their local working mens club and others had individual time with support staff to enjoy a car trip or trip to the pub.
- A relative told us, "The staff are fantastic. They help [my relative] visit me by bringing them to my house, or if I have collected them, the staff will come to bring them home. They always make sure they don't let [my

relative] down."

- People participated in meetings to review the services that they would like. One meeting was about community activities people would like to be involved and resulted in people taking cardboard boxes to the local recycling centre a few times a week.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. There had been no complaints in the past year. The registered manager told us that any complaints would be taken seriously, learned from and improvements made.

End of life care and support

- The service was not supporting anyone in end of life care. However, the service's assessment procedures included an end-of-life assessment which noted people's preferences and the important people to involve in funeral planning. The registered manager told us that although not everyone had their preferences recorded, this would be continually reviewed in a sensitive manner with families and people.

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 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

- The home had a positive person-centred culture. Good practice was visibly well embedded. A staff member told us, "We are a good team. We support each other."
- People's outcomes were good. External professionals we spoke with said the home was helpful and described their experience of always seeing people looking healthy and well-cared for. Relatives expressed great satisfaction at the way the service had affected people's lives. One relative told us, "They really do provide quite a holistic style of care which covers all aspects of their lives."

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 understood the duty of candour and this was detailed in the home's policies and procedures.
- The registered manager understood their regulatory responsibilities around reporting to the CQC and how to do this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. Turnover of staff was low and staff told us they enjoyed working at the home.
- The home regularly sought feedback from people and their relatives or representatives, through satisfaction surveys and residents' meetings and less formally during one to one time. This feedback was reviewed and action taken to improve the service.
- The current registered manager had been recruited since the last inspection. Staff and professionals spoke highly of the positive effect she had had on the home.
- There were systems in place to monitor the quality of the service. This included quarterly audits, monthly reviews and daily records.
- The home's attitudes and practices were up to date and regularly discussed at staff meetings. Training was regularly refreshed.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services, including GP,

dentist and multi-disciplinary teams. The registered manager attended local forums for providers of residential care as well as any meetings called by social services.