Sequence Care Limited

Willow Court

Inspection report

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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

Willow Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to provide accommodation, care and support for up to 11 people who live with a learning disability and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service was in the centre of the community with the town centre being only a short walk away. The service specialised in working with people with complex behaviours where previous placements may have broken down.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. This inspection took place on 30 October 2018

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were sufficient staff to meet people's needs and recruitment processes and procedures were robust. Medicines were managed safely.

Staff received appropriate induction, training and supervision to provide safe and effective care. The registered manager worked in partnership with other organisations to support people's needs. People's nutritional and healthcare needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff knew people well and care plans were detailed and provided staff with guidance on how to meets people's needs. Staff respected people privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the service.

Complaints and concerns were managed appropriately and outcomes were actioned. People and relatives knew how to make a complaint. A range of activities were available for people to take part in.

Staff said the registered manager was approachable and listened. Staff said the service was well-run and the registered manager was supportive. There was evidence of effective checks being carried out to assess and monitor the quality of the service provided.

Further information is in the detailed findings below.

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 remains good.	Good
Is the service effective? The service remained good.	Good
Is the service caring? The service remained good.	Good
Is the service responsive? The service remained good.	Good
Is the service well-led? The service remained good.	Good

Willow Court

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.

A comprehensive inspection took place on 30 October 2018 and was unannounced. The inspection team consisted of two inspectors. Prior to the inspection, we reviewed the information we held about the service, including notifications of events the service is required by law to send us.

The service provides care and support to people who have complex needs, which meant they could not always readily tell us about their experiences. On the day of the inspection we observed the way people interacted with the management team and staff.

During the inspection we spoke with the registered manager, three staff members, two people who used the service and we spoke to two relatives by telephone. We looked at two people's care plans in detail. We inspected three staff members recruitment records, and/or supervision, appraisal and training documents. We reviewed documents and records related to the management of the service, which included audits, incidents and risk assessments.

Good

Is the service safe?

Our findings

At our last inspection in February 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

Safeguarding systems were in place to safeguard people from abuse. Staff we spoke with had a good understanding of safeguarding procedures. They reported any concerns to the registered manager and when appropriate, to external agencies. Staff had received safeguarding training.

Risks to people's safety were assessed and their care plans contained assessments, which covered area such as behaviour management. Risk assessments provided appropriate guidance for staff to minimise and manage the risks and keep people safe. Care records guided staff in the triggers to these behaviours and to the actions required to minimise the risk of their distress to themselves and others. This included information for staff to use agreed strategies to de-escalate the situation with positive support. When we spoke with staff they clearly knew people well, what triggers to avoid and how to reassure and calm the person down. One staff member told us, "We rarely use 'as required' (PRN) medicines here, the key is keeping people occupied." One relative did tell us about a risk they were concerned about but did tell us they were waiting for a meeting to discuss this with the team. We also fed this back to the registered manager.

People had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire and provided guidance for staff on what support they needed. Fire safety and equipment checks had been regularly carried out and staff had received fire safety training. On the day of our inspection we saw additional fire protection was being put into place that would further reduce the risks of fire spreading through existing pipework.

The registered manager and records we looked at confirmed that there were sufficient numbers of staff employed to meet people's needs. A consistent staff team remained in place which meant the use of agency staff was minimal. Staff were allocated to any individuals that required one to one support.

Safe recruitment practices were followed and appropriate checks were carried out to ensure all staff members were suitable to work with vulnerable people.

People told us they received their medicines when they needed them. Medicines were stored safely and securely. Staff had been trained on the administration of medicines.

The service was clean, tidy and odour free. An infection control audit was carried out regularly to ensure safe practices were in place

The registered manager logged all incidents and accidents on an electronic system that senior members of the organisation were able to access. This meant information was shared by the service and the organisation to enable any trends or themes to be analysed to prevent reoccurrence. The registered

manager also shared information with staff.

Good

Is the service effective?

Our findings

At our last inspection in February 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People's care and support was delivered in line with good practice guidance. A comprehensive assessment was carried out before people moved into the service. This included staff working alongside staff from a person's previous placement so they could get to know the person. The previous placement staff also supported staff to help the person settle into their new environment.

Staff had received induction and training in a range of topics. These included, safeguarding, emergency aid, medication, physical health and equality and diversity. Staff also completed specific training which helped support individual care needs such as diabetes, autism awareness and positive behaviour support. On the day of our inspection the organisations positive behaviour support analyst was delivering a training session to staff. The registered manager told us they visited the service three times a week to support staff with managing people's behaviour using positive and therapeutic techniques. A staff member told us, "We have loads of training and constant updates."

Staff said they received supervision and appraisal and records confirmed this. The registered manager had an overview in place that assured staff were receiving one to one supervisions and direct observations regularly. One staff member told us, "We have supervision every two months and there is an on-call system for out of hours if we need anything."

People were supported to maintain a nutritious balanced diet and dietary needs were documented. Staff were aware of people's dietary requirements and records showed any weight loss or gain was managed appropriately. A house meeting happened every day so people could choose what they wanted for meals. Individual menus were prepared that included people's choices. On the day of our visit one person had decided they wanted liver instead of the choice for the main meal and this was provided. We saw in the main kitchen visual aids available to support people to choose what they wanted to eat and some people were involved in the preparation and cooking at meal times. We also saw one person had their own individual guide to make tea independently.

Staff told us and records showed people received support with their healthcare needs from a range of external healthcare professionals. Staff supported people to attend a range of appointments

Each person had a bedroom that included an en-suite bathroom and kitchenettes. Communal lounges and dining areas were also available when people chose to socialise. The service also had two flats with their own lounges.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take

decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Systems were in place to assess people's capacity to make decisions about their care. DoLS applications had been submitted to the local authority, where appropriate. Consent to care and treatment was sought in line with legislation and guidance and this included pictorial consent for some people and was signed by the person.

Good

Is the service caring?

Our findings

At our last inspection in February 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

People were relaxed in the presence of staff and the management team. Staff knew people well including their preferences for care and their personal histories. Staff were caring and respectful in their interactions and people were seen smiling and engaging with them. Staff used effective communication skills to offer people choices. This included consideration to the amount of information given to enable people to understand and process information. This contributed to the positive atmosphere in the service. One person told us, "I love it here, staff are kind and nice." A staff member said, "We know people very well and we are close, it's like a family here not like work and we learn with people."

People and/or relatives were involved in making decisions about how they wanted their care and support to be provided. People had access to an advocate if they felt they needed support to make decisions. The registered manager was aware of referral procedures for advocacy services. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

Staff were respectful when speaking with people and they knocked on people's bedroom doors and asked them for their permission before entering or showing us their room. Staff were mindful of not interrupting people or disrupting people's routine during our visit.

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People were encouraged to maintain independence with personal care and day to day choices. One staff member said, "We let people do things and just observe, they, make breakfast, omelettes and bake cakes."

Where required, staff supported and respected people's cultural and spiritual needs. For example, one person was supported to cook African food they liked and their family also brought them food in. Another person was supported to attend Church regularly and a third person did not eat pork and this was respected. The registered manager told us, "We would accommodate any cultural or religious needs as it is important to people and will reduce their anxieties."

Good

Is the service responsive?

Our findings

At our last inspection in February 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

The management team involved people and/or their relatives in planning their care and support. Each person had a care plan tailored to meet their individual needs. Care plans contained information on people's preferences, likes and dislikes and how they wanted their care and support to be delivered. For example, care plans recorded 'things you should know about me', 'how I communicate' and what to do when I feel happy, sad, angry or frustrated. There was also detailed information about people's behaviours and how staff should respond using proactive support. One care plan suggested, a one to one chat, an activity or putting on the person's favourite music.

People were supported in promoting their independence and community involvement. A range of activities were available for people to take part in. These included horse riding, bowling, the cinema, shopping and walks to town. One person said, "I go out plenty of times, I am going shopping now to get some jumpers." Another person told us, "We are getting ready to go bowling." During our visit we saw people coming and going throughout the day to attend various activities and people's plans were displayed so staff knew exactly where people were going. Staff saw this as part of their role and understood how important occupation and activity was for people's wellbeing. One staff member said, "People go out a lot and we know when people are occupied there are less incidents."

The registered manager and deputy manager were aware of the Accessible Information Standard. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. We saw various communication aids available for people both in the care plan and throughout the service. We saw a set of communication cards for one person in the office as the person often came into the office and this gave staff the opportunity to use these cards to find out what the person wanted.

There were many opportunities for people to voice their opinions and any complaints they may have. A complaints policy was in place at the service. People had access to the complaints procedure and were encouraged to make complaints should they wish to. A daily house meeting gave people the opportunity to discuss any choices, preferences or concerns at the beginning of each day. A relative said, "Sometimes care reviews are cancelled more due to the local authority than the service, so it would be nice to get a regular update although when I visit I will ask staff anyway. Overall I am happy with the service."

The service mainly cared for younger adults and there were no people in receipt of end of life care. However, the service was pro-active in accessing training to meet individual needs and would ensure staff received this training if this was identified.

Good

Is the service well-led?

Our findings

At our last inspection in February 2016, we rated this key question 'Good'. At this inspection the service remained 'Good'.

There was 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. The registered manager was aware of their responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were made aware of incidents, which affected the safety and welfare of people who lived in the service.

A deputy manager supported the registered manager and roles were clearly defined. Along with the staff team, they worked well together to provide consistent care and support to meet people's needs.

The culture of the service was positive and focused on ensuring people lived life to the full. It was evident staff knew people well and put these values into practice. All members of staff we spoke with told us they could approach the management team about any issues and everyone worked openly together. One staff member said, "Managers are an inspiration and so knowledgeable." Another staff member said, "Managers let us know what is happening and keep us fully informed." A third member of staff said, "The manager is like 'Dad' very helpful and they have helped me a lot."

The registered manager said they had recently had a period of illness and was proud the deputy manager had maintained the standards within the service. They said, "My previous deputy is now a manager and I see my role is to develop staff to their full potential by supporting them and sharing my knowledge."

We saw the registered manager had a visible presence in the service, knew staff and people very well and had good oversight of the service. People and their relatives, told us the service was well run. One relative said, "[Named registered manager] is always there at the end of the phone and I get on well with all the staff."

Staff meeting minutes confirmed staff received updates, had the opportunity to raise concerns and share ideas.

The provider's quality assurance systems were used effectively to monitor quality and drive improvements. For example, the organisation had recently set up an on-line quality assurance system and all accidents, incidents, safeguarding's, complaints and audits were logged. This meant the organisation could also track the actions taken by the registered manager and could use the information for future learning.

The organisation supported the registered manager so they had access to company professionals such as occupational therapy and speech and language therapists.