Affinity Trust

The Willows

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 and 27 May 2015 and was unannounced. The Willows provides care and support for up to six people with a learning disability and/or other complex needs. There were five people living in the home at the time of our inspection.

There was a registered manager in post. 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 provider did not have a robust quality monitoring system in place. Areas for improvement such as cleanliness and maintenance were not always been identified. However, where other areas for improvement had been identified, action was taken.

Staff had the skills they needed to meet people's needs effectively, and they were well supported with training, supervision and appraisal. Training was up to date and the provider used a computerised system to make sure any training needs were identified. There was always enough staff on duty to keep people safe and care workers were flexible about the hours they worked.

There was one minor gap in pre-employment checks, but disclosure and barring service checks were completed for all staff before they began work. People's medicines were managed safely and staff understood when they needed to give people medicines on an 'as and when basis', and how some people communicated non-verbally this was what they needed.

Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk. Risks to individuals were well managed and people were able to stay safe without having their freedoms restricted. Managers and staff promoted peoples independence and encouraged positive risk taking. Incidents and accidents were well managed and staff understood the importance of learning from incidents, so they could make sure they did not re-occur.

The registered manager and staff had a good understanding of the Mental Capacity Act (2015) and gained consent from people in line with legislation. Deprivation of Liberty Safeguards referrals had been made to the appropriate authorities. Where best interest decisions had been made on behalf of a person, all of the relevant people were involved.

People were well supported to eat and drink enough. Food was homemade and nutritious and people were involved in making decisions about menus. People were supported with healthy eating and to maintain a healthy weight. Everyone was supported to maintain good health and all of the appropriate referrals were made to health care professionals when required.

People were treated with dignity and respect by kind and caring staff. Staff had a good understanding of the care and support needs of every person living in the home. People had developed positive relationships with staff and there was a friendly and relaxed atmosphere in the home. People were well supported to do the things that were important to them, such as going to college or church. People's social and spiritual needs were met.

Person centred care was important to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated. Staff made sure that part of their practice was "nothing about me without me". This helped staff to remember when an activity or conversation was about an individual, that individual should be involved at all times.

There was an open culture in the home, and staff felt confident to discuss any concerns they might have and said the registered manager would act on them. Staff said they were well supported and were well motivated to provide good care. The registered manager knew all of the people who lived in the home very well and ensured care was person centred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise the signs of abuse and what they should do to keep people safe. Risks to individuals were well managed and incidents and accidents were well reported, investigated and managed.

There were always enough staff to meet people's need in a flexible way and recruitment practices were safe. All of the relevant checks were carried out before staff began work.

Medicines were managed safely and people were given their medicines as prescribed

Is the service effective?

Good

People were provided with an effective service. They experienced effective care from staff who were well supported with training, supervision and appraisal.

People were asked for their consent to care in a way they could understand. The registered manager made sure they and the staff had a good understanding of the Mental Capacity Act (2005) and they always acted in people's best interests.

People were supported to have enough food and drink and to make healthy choices. They were encouraged to be involved in cooking meals when appropriate.

Is the service caring?

Good

The service was good in providing people with caring support. People were treated with kindness and compassion and staff were respectful and caring.

People were supported to make decisions about their care. People's needs were understood by staff and they were met in a caring way.

People's privacy and dignity was well protected and staff were clear about what they needed to do to make sure they

maintained people's confidentiality.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed and focused on them as an individual. When people's needs changed plans were regularly updated and staff informed. Staff made sure people were involved in making decisions about their care.

People were supported to do the things that were important to them such as going to college or the pub.

There was an appropriate system in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. Although the provider had a quality monitoring process in place, it was not robust. Fire drills had not been properly recorded and some emergency information was out of date.

There was a positive culture at the service and the registered manager was well regarded. The registered manager had a good understanding of their role and responsibilities and ensured that staff understood what was expected of them. All of the registration requirements were met.

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.

This inspection took place on 19 and 27 May 2016 and was unannounced. The inspection team consisted of one inspector. Before the inspection we checked the information that we held about the service and the service provider. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met with all of the people who use the service, five care workers, the registered manager, and the director of operations and quality. All of the people who use the service had complex needs and were unable to communicate with us verbally. We also observed staff providing care and support to people. We spoke with a service commissioner by telephone.

We reviewed two people's care plans and associated risk assessments, the recruitment records for three members of staff, quality monitoring audits and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People were protected from potential abuse. Staff and the registered manager knew about the different types of abuse, and what action to take if they were concerned a person was at risk. Staff described what they would do, such as reporting to the manager or the local safeguarding authority. Staff were confident that any issues they raised would be dealt with appropriately. One member of staff said: "I think they're (people) very safe. Staff are very good at keeping them safe". Staff had received training in safeguarding adults and this was regularly updated.

Although there were currently three staff vacancies at the service, the registered manager made sure there were enough suitable staff on duty to safely meet people's needs. Current staff were flexible and covered extra shifts. Staff that worked at the provider's other local homes also covered some shifts. Two agency staff were used, but these were the same care workers each time. This made sure people knew staff who were supporting them. This reduced any disruption or anxiety for people as much as possible. We observed, and care workers told us, there were always enough staff on duty.

Recruitment practices were safe. Relevant checks had been completed such as disclosure and barring service checks (DBS), and conduct in previous employment, if this had been in adult social care. There was a minor gap in one person's employment history. The director of operations and quality said this would be added to interview questions in future to make sure this information was always asked for and recorded.

Risks to individuals were well managed. Every person had a risk management plan in place, which allowed them to stay safe while their independence was promoted. People were supported to lead a fulfilling life, because the registered manager assessed and reduced any identified risks as much as possible. People were involved in risk assessment and planning and positive risk taking was encouraged. Staff knew what they should do to keep people safe when supporting people both in and out of the home, for example when going swimming or out for a meal. One care worker said; "we all do what we're meant to do. We keep them (people) safe as we follow their guidelines." If people's risk assessments and management plans were changed, staff were informed to ensure people remained safe. Staff said the registered manager discussed with them any changes at handovers and staff meetings.

Essential maintenance was up to date such as the legionella assessment and fire alarm systems. Equipment such as hoists were regularly serviced and safe to use.

Incidents and accidents were well reported, investigated and analysed. The registered manager conducted a thorough investigation of each incident. Trends were monitored by the provider so any themes could be identified and action taken to prevent a recurrence. For example, one person was almost given too much of a certain medicine, but staff realised before the medicine was taken. This was identified as a 'near miss'. Staff felt confident to discuss the incident with managers, and action was taken to prevent it from happening again. Staff and the registered manager understood the importance of learning from incidents to help people stay as safe as possible.

People's medicines were safely managed. Staff could not administer medicines unless they had been trained and their competency assessed. One person had difficulty taking tablets and on occasion was unable to take the complete dose. This was identified by staff and the registered manager discussed this with the person's GP. The person's medicine was prescribed in a different format which helped the person to take their entire prescribed dose safely.

Medicines administration records (MAR) showed people received their medicines as prescribed. Some people took medicines on an 'as and when required' basis (PRN). Every person who required PRN medicines had an assessment of their needs and a plan was in place to help staff identify when people might need their PRN medicines. There was a safe procedure for ordering, storing, handling and disposing of medicines. A recent audit completed by the provider's pharmacy had found that medicines administration was safe and there were no actions required.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and experience to meet their needs. The provider had ensured that appropriate training, supervision and appraisals were up to date. Basic training in areas such as safeguarding adults and moving and handling was completed regularly. All of the staff were up to date with their training and a member of staff confirmed this saying; "we have training every year, particularly in safeguarding". The provider used a computer system which reminded the registered manager when any training was due. The registered manager told us about the computer system and said; "I love it because I can see everything and it keeps me on track. I can use it as a planning tool".

Staff completed a comprehensive induction when they joined the service. They were given the opportunity to meet people who use the service, shadow other members of staff and complete essential training before they started working unsupervised. Staff were also supported with regular supervision and appraisal. It is important to provide staff with regular opportunities for reflective supervision and appraisal of their work. It enables them to ensure they provide effective care to people who use the service. One care worker told us "the one to ones are really helpful and regular". Supervision meetings were meaningful, and topics discussed included people's care needs and goals as well as the staff member's individual work place needs.

The provider encouraged other types of staff development. In-between the two days of the inspection the staff were involved in a team development day. The focus of the day was CQC inspections and staff felt the day had helped them understand the inspection process and feel more confident. Staff and managers also had time to discuss best practice and areas of development in their services.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff understood the importance of assessing whether a person could make a decision and what to do if a person lacked capacity to make a particular decision. They knew that decisions should be made in a person's best interests. All of the appropriate DoLs referrals had been made to the relevant authorities.

Where significant decisions had been made on behalf of a person, for example, a certain medical procedure, these were clearly documented. All of the relevant people had been involved in the decision making process, including the registered manager who knew the person well and the health care professional responsible for the medical treatment. An Independent Mental Capacity Advocate (IMCA) had also been included in the decision making process. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions such as serious medical treatment options. IMCAs are usually instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent them. The person's capacity to consent had been considered and the decision was made that the treatment would not be in the person's best interests, so it did not go ahead.

People were asked for their consent by staff. Staff knew people well and understood people's ways of communication so care workers knew when people were giving their consent or not, either verbally or by the

body language and gestures they were using.

The registered manager took a proactive approach to helping people maintain good health. They made sure people had annual health checks with their GP. They had also discussed using the Cardiff Health Check with people's GP, and this was currently being considered. The Cardiff Heath Check is an assessment tool specifically designed for people with a learning disability and is completed with the person on an annual basis. These regular checks screen for health issues particular to people with learning disabilities and specific conditions. People also saw other health professionals such as the dentist or optician to make sure their good health was maintained.

The registered manager had identified when an individual needed more specialist health care than they were getting and worked with the GP to make sure the proper referral was made. One person had a specific health need which needed close monitoring. Staff knew what they needed to do to prevent the person's health from deteriorating. Staff shared information about the person to make sure there was continuity of care when shifts were handed over. For example, the person did not want to eat all of their food on the previous day and staff knew they should "keep an eye" on what the person was eating, because of their health condition. Staff also understood other people's health needs and knew what they should to do to make sure every person experienced good healthcare. Staff knew when they should make referrals to people's GPs or other health professionals, for example, if a person's health was deteriorating or their needs changed.

People were well supported to eat and drink enough and maintain a balanced diet. There was a four week rolling menu in place and people were supported to make healthy choices. Some people had complex dietary needs and had been assessed by a speech and language therapist (SALT). Most people had a plan in place from the SALT to make sure they remained safe when eating. Staff and the registered manager had a good understanding of what they needed to do to make sure people got enough food to eat in a way that was appropriate for them. This included soft or pureed food and allowing people time to swallow safely between each mouthful. Some people used specially adapted cutlery to help them be as independent as possible with eating. Drinks were regularly offered, including water, squash and tea or coffee.

More experienced staff spent time teaching new staff cooking skills to make sure people ate food that was appetizing and well cooked. One staff member told us they could cook roast beef and cheese sauce for people "from scratch", which they were unable to do before they starting working at the service. People were also involved in theme nights to encourage them to try new foods. The last theme night was Mexican, and people tried Mexican style food, listened to Mexican music and wore sombreros. Staff who worked in the home also cooked food from their own culture, to reflect the diversity of the staff and broaden people's experience of different foods and cultures. People were supported to be involved in food preparation as much as they were able. Some people enjoyed preparing vegetables and others the aromas from the cooking. A chef's hat was used as an object of reference so people knew it was time to get a meal ready.

Good

Is the service caring?

Our findings

People were supported by caring and friendly staff. There was a welcoming and friendly atmosphere in the home and people were happy and relaxed. Staff treated everyone with kindness and compassion and they wanted to help people achieve a good quality of life. Staff spoke about the people they supported in a kind and caring way. They were enthusiastic and motivated when discussing the support they provided to people. People's personal histories were known by staff and staff understood how people's past life experiences could have an impact their current support needs. Staff had a good understanding of each person's preferences, and made sure they helped people make the choices they wanted to. Staff knew what they should do to support people who may have behaviour that could cause themselves or others anxiety.

Staff talked about care being person centred and individual, and we saw this being put into practice. When we arrived for the inspection, a person with complex needs who used a wheelchair was supported by staff to open the front door and greet the inspector. Staff explained this was part of their practice and used the phrase "nothing about me without me". This helped staff to remember when an activity or conversation was about an individual, that individual should be involved at all times. Staff listened to people and spoke to them in an appropriate way that they could understand. Staff also explained how they changed their job title from 'key worker' to 'team facilitator.' They said a phrase that was frequently used by staff was 'I key work that person' and staff felt this was not person centred. Staff described wanting to make a change to the culture of the service so people were at the centre of their practice.

People were supported to do activities outside of what would be regarded as normal working hours for staff, such as going to a music concert or for a meal in the evening. Staff were very flexible and happy to alter their working hours so people could enjoy activities at any time while remaining safe. One person liked particular music and food. Their facilitator told us; "We like musicals and we both like to eat. We have a lot in common. I can tell when (name) is relaxed with me and it makes me happy". A keyworker is someone who works on a one to one basis with a specific person. They coordinate and organise the service to meet the needs specific to the person. Shared interests promote people's enjoyment

People were supported to make decisions about their care as much as they were able to. Other people such as health care professionals were involved in supporting people to make decisions about their care, where appropriate. Staff made sure they involved people in day-to-day decisions such as when to get out of bed in the morning or whether to help with house hold tasks. One person decided they wanted the registered manager to help them unload the dishwasher. The registered manager was kind and patient and used hand over hand techniques to support the person to take out as much of the cutlery and crockery as they could. The activity was also a sensory experience for the person as the registered manager talked about the noise and feel of the contents of the dishwasher.

People's privacy and dignity was protected. One person did not like to have the door closed when they were looking after their intimate personal care and this was facilitated by staff. Visitors to the home were told about this in a private way, and were given advice to make sure they, as well as staff, protected the person's privacy. People were always asked for their permission before staff went into their rooms or looked at their

care plans. Everyone had a locked drawer in their room so they could keep their money, keys and medicines safe and private.

When talking about people who use the service staff spoke in a very respectful way. People's choices were respected by staff and they aimed to help people to be as independent as possible. Care workers understood and promoted respectful and compassionate behaviour within the staff team. People had the privacy they needed and were able to spend time alone in their own rooms if they chose to. Staff were careful not to discuss people's needs where they could be overheard and made sure they protected people's confidentiality.

Good

Is the service responsive?

Our findings

The registered manager and staff made sure people were at the centre of everything they did. Person centred care assessment, planning and delivery was an important part of the service. Person centred care sees the person as an individual. It considers the whole person, their individual strengths, skills, interests, preferences and needs. People had regular meetings with staff to review their care and support needs. If a person's support needs changed all of the staff were told, so they knew what they needed to do to ensure the persons changing needs were met.

People's care plans clearly demonstrated how they were involved in the assessment and planning of their care. The registered manager and care staff knew how to meet people's care needs and detailed daily records were kept. These included information about individuals daily routine, activities they had taken part in, and any changes in behaviour that might be relevant for staff coming on to the next shift. Communication between the staff team was good and information was handed over between staff shifts. This enabled staff to monitor people's behaviour to ensure they continued to provide the most appropriate support at the right time.

Every person had a hospital passport. People take this document with them if they ever need to go into hospital. It gives important information to hospital staff about the person, including their health needs, how to support the person best with medical interventions such as taking blood and any medicines they may be taking. Hospital staff would then have additional information to help them support the person to reduce their anxiety as much as possible if they were in hospital.

People also had Disability Distress Assessment Tool (DisDAT) completed on their behalf. DisDAT is a tool that is intended to help identify distress cues for people who have limited verbal communication and can't voice how they are feeling. The DisDAT aims to help staff quickly and easily identify a person's content and distress cues, and take prompt action if it were needed.

People who used the service had an annual review of their care needs and staff from the local authority also contributed to assessment and plans where appropriate. People were supported to make choices and were helped by staff to be as involved as they wanted to be. People were helped to use objects of reference so they could assist staff to understand what their choices were if they were unable to say what they wanted. For example, one person used a set of keys to tell staff they wanted to go out.

People were supported to do the things that were important to them. People were supported by staff to take part in activities and hobbies that were important to them, such as attending college or going to the pub. People's participation in their individual interests, activities and education were well promoted by staff. Some people were currently attending a college course which included flower arranging, and they had bought their flower arrangements home for everyone to enjoy. Arrangements for activities were flexible and staff regularly worked outside of their normal hours to make sure people could regularly go out in the evenings. Return times were not limited, and people enjoyed going to a concert or out for a meal.

People were supported with their spiritual and social needs. The registered manager had taken time to ensure that people's specific religious needs were met. This involved visiting places of worship with people to find a place which was suitable for their needs. One person had made friends with other people who attended the place of worship, and these friends had become a very important part of the person's life. They were also invited to be involved in the person's most recent care review. Staff were also involved in helping the person to read a spiritual magazine which was very important to the person.

The registered manager had identified that people using the service had little contact with their family members. They spent time tracing and contacting people's relatives with the purpose of supporting people to develop relationships with their family members. Good family relationships can promote the well-being and happiness of the other members. However, despite the registered manager's best efforts, contact between people and their relatives remained limited.

Staff had regular meetings with the registered manager and told us they were given the opportunity to provide any feedback about the service or if they thought there were any areas that could be improved. Staff confirmed feedback they gave was acted on. For example, new staff on induction would shadow another care worker, to observe care being provided. They found this meant they did not spend enough time with each person, and did not get to know them as well as they would have liked. This was fed back to the registered manager and the way of shadowing was changed. New staff now shadowed a person rather than a co-worker. One member of staff said; "it's much better, I really get to know the person well."

The provider had a complaints procedure in place which staff were aware of and knew how to use. The registered manager knew what they should do to support a person who uses the service to make a complaint and how to manage a complaint properly. The service had not received any recent complaints.

Requires Improvement

Is the service well-led?

Our findings

Although the provider had a quality monitoring system in place, it was not always robust enough. Medicines audits were not completed regularly. The last recorded audit was on 11 March 2016, and the registered manager could not show us any other recorded medicines audits completed by the service. Some areas for improvement had been identified in the recent audit, but there was no action plan in place to make sure this was done. The provider did not have a formal schedule for checking cleanliness. The registered manager checked cleanliness levels on a daily basis but did not record this or note what had been checked. We found a few areas in the home where cleanliness needed improvement, such as under people's beds. Other audits such as the quality of people's care plans and support provided were completed, along with health and safety and environmental risks, but usually on an annual basis. There was a risk that areas for improvement might not have been identified in a timely way and appropriate action taken when needed. This was an area of practice that requires improvement.

Staff felt that medicines errors were dealt with in a punitive rather than collaborative way. The provider had attempted to support staff with training or supervision when an error had occurred, to make sure people got their medicines safely and staff were competent. However, staff told us they were sometimes concerned about reporting errors because they were worried they would be taken to a staff disciplinary and receive a 'letter of concern' from the provider. Although the provider had intended this to be an opportunity for learning, this was not how it was interpreted by staff. The registered manager was aware of staff members concerns and had raised this with the provider for discussion.

Maintenance of the building and equipment such as hoists and fire extinguishers was the responsibility of the local authority. The registered manager reported maintenance issues to the local authority when needed and the local authority had a rolling maintenance programme in place. However, the local authority had not identified some maintenance requirements, such as a stiff fire exit door. When we told the registered manager about this, they immediately reported this to the local authority who took appropriate action to make sure the issues were rectified promptly.

Although fire drills were completed, they were not properly recorded. The last recorded fire drill was more than a year ago. The registered manager said a drill had been completed the week before this inspection, but this had not been recorded, and no analysis of the drill was completed. Although each person had a personal emergency evacuation plan (PEEP) in place, these were not easily accessible in the event of an emergency. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood. Staff knew what support each person would need in the event of an evacuation.

The service also had an emergency "grab bag". An emergency grab bag should contain all the necessary essential information needed in the event of an evacuation, such as emergency contact telephone numbers, and where people should be moved to in the event of the home being uninhabitable. However, some of the information in the grab bag was out of date, including emergency contact phone numbers. The above were areas of practice that require improvement.

The registered manager led by example and spent time supporting people on a day-to-day basis, as well as providing support to staff to help them develop their skills. The registered manager knew the people who used the service very well, and was able to discuss individual's care needs in detail. They ensured care was person centred and met individual's needs. The ethos of "nothing about me without me" had been introduced by the registered manager and was a fundamental part of every staff members practice. The registered manager ensured there was a person centred, open and caring culture in the home.

Staff said the registered manager was approachable, helpful and supportive. They were able to discuss good and poor practice during regular meetings. There was an open culture which encouraged staff to make suggestions as to how the service could be improved. Staff told us when they gave feedback it was acknowledged and acted on. Staff were motivated to provide good care and gave positive feedback about the way the service was run.

The registered manager was aware of the culture of the home and the attitudes and values of staff. They had a clear understanding of their role and responsibilities and dealt with any concerns in an open and objective way. They also ensured that staff understood what was expected of them. One member of staff described the registered manager as; "very nice. You can go to them with anything, they're approachable and they'll explain things." A service commissioner said; "the registered manager is doing an absolutely fabulous job".

The registered manager met with other managers from the providers other homes to share good practice and provide support to each other as well as attending team development days. Leadership was visible and the registered manager said the provider was supportive and approachable. The director of operations and quality visited people in the home regularly and knew them well. They were also involved in quality monitoring and had good overview of some of the key challenges at the home.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us CQC when required. Notifications are events that the provider is required by law to inform us of. Records were kept confidentially always up to date.