

Prokare Limited

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?		Good	

Overall summary

The inspection was unannounced and took place on 14 September 2015. At the last inspection in September 2013, the provider was meeting all of the requirements of the regulations we reviewed.

The Willows is registered to provide accommodation and personal care for a maximum of eight adults who have an acquired brain injury. There were eight people living at home on the day of the inspection. One person was not at the home. There was a registered manager in place. 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.

People told us they felt safe living at the home. Staff knew and understood the procedures to follow to keep people safe. People's risks were assessed in a way that kept them safe

and incidents were recorded and monitored to ensure that further occurrences were prevented. People had their medicines safely and as prescribed.

Summary of findings

People's capacity had been assessed and staff knew how to support people in a way that was in their best interests. Staff gained people's consent before they provided any care and support. People had a choice of food and drink and were supported to manage their healthcare needs.

People received support from staff who were kind, caring and attentive and encouraged their independence. We saw that staff treated people with respect, gave people choices and listened to what people wanted. Staff promoted people's privacy and dignity.

People told us they enjoyed partaking in their hobbies and interests and were encouraged to maintain friendships that were important to them. People were involved with the planning and reviewing of their care, which was provided in a way that met their preferences.

People were supported by staff who were properly supervised and supported in their work. Staff attended regular training in matters that were relevant to the needs of people living at the home.

People knew how to make their views known and had access to information to help them to make a complaint.

There was a registered manager in place. People told us the registered manager was approachable and was always available if they needed to see them. There were systems in place to gain people's views about the service. The provider ensured that regular checks on the quality of care and service were undertaken to drive improvement.

Summary of findings

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.

People were supported by staff that were trained and knew how to protect them from potential abuse and harm. Risks to people were identified, assessed and kept under review. People were given their medicines as prescribed. People were supported by enough staff that provided a safe level of care and support.

Good



Is the service effective?

The service was effective.

People's needs were met by staff that were trained to carry out their role effectively. People consented to their care and staff supported people to make informed decisions. People were supported to maintain a healthy diet and referred to appropriate health professionals.

Good



Is the service caring?

The service was caring.

People were supported by staff that were caring and kind in their approach and encouraged their independence. People were involved in making decisions and planning and reviewing their care and support. People's privacy and dignity was promoted.

Good



Is the service responsive?

The service was responsive.

People were encouraged to participate in hobbies and interests that met their individual preferences. People were involved in the planning and review of their care. People knew who to speak with if they had any concerns with the service they received.

Good



Is the service well-led?

The service was well-led.

The registered manager was approachable. People felt listened to and their views were sought about the development of the service. Systems were in place to monitor the quality of the service provided and the provider took action where improvements were identified.

Good



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 was unannounced and took place on 14 September 2015 and was carried out by two inspectors.

Before the inspection visit we looked at the information we held about the service. This included statutory

notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority for information they held about the service. We also reviewed a report completed by Healthwatch following their visit to the home in June 2015. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During the inspection we carried out observations of the care and support people received in shared areas. We met and spoke with six people who lived at the home, four staff, the registered manager, deputy manager and the area manager. We viewed records about two people's care and records that showed how the home was managed including audits and staff training records.

Is the service safe?

Our findings

People we spoke with told us they felt safe and the staff treated them well. One person said, “I feel safe here. They do their job properly”. Another person said, “I really do feel safe here. The staff are superb and I get on with everyone”.

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They had been trained to understand how to recognise abuse and were able to give examples of the different forms of abuse and what to do if they observed poor practice. They had access to policies and procedures and understood their responsibilities to keep people safe. One member of staff told us, “I have recently actioned a safeguarding, so I know what to do”. Another member of staff said, “I’d spot something and if I did I would speak with the manager, deputy manager or on-call”. Where allegations of potential abuse had been identified the registered manager had taken appropriate action to help safeguard people. The registered manager told us, “We promote good practice all of the time through working with staff, in one-to-one meetings, appraisals and team meetings”.

We saw that measures were in place to reduce risks around the home and when people went out into their local community. Staff we spoke with explained the individual needs and risks for people and how they made sure they were kept safe. We saw that a manual handling risk assessment was in place where a person had limited mobility. There was clear guidance for staff pertaining to the use of equipment the person required to ensure their safety was maintained. We saw the person was supported to move safely around the home. Where a person’s behaviour challenged the service, we saw all incidents had been recorded by staff, which included details of the incident and what actions had been taken. This ensured staff were able to identify and monitor any trends in the person’s behaviours. On each occasion staff had completed notes on the discussion held with the person and how they used redirection techniques to de-escalate the situation. The registered manager told us, “In team meetings we identify potential risks and talk about how we can best manage risks as a team. We monitor, document trends and put risk assessments in place to help safeguard people”.

People told us there were sufficient staff to support them. One person said, “There’s enough staff around when we

need it; they’re really nice”. Another person said, “I feel there’s enough staff, they are superb and really helpful”. We saw that there were enough staff during the inspection visit and staff supported people in a calm and unrushed manner. We saw that staff were visible around the communal areas of the home and took time to sit and talk with people. The registered manager told us they regularly supported people in the home. They said, “I can’t be rigid. It’s not the way the home works. I have to be flexible and available to staff to offer support and advice”. Staff we spoke with felt people were supported by sufficient numbers of staff to meet their individual needs. The registered manager and area manager told us about the staffing structure of the home and how staffing levels were determined. They said vacancies and absences were covered by existing staff and regular agency staff wherever possible. This ensured people received continuity of care. They told us they were actively recruiting to vacant posts.

The registered manager told us that no new staff commenced working at the home until all the required checks were completed. We checked two staff files and saw that appropriate checks were completed on new staff prior to them starting work at the home to ensure staff were suitable to work with people living at the home. This showed the provider protected people from the risk of harm as much as possible by employing suitable people. We saw people who lived in the home played a role in recruiting staff and their views were documented during observations made when potential staff visited the home for a second interview. Comments included, “I think she’s nice and cheerful and asked the right questions”.

People told us they received their medicine when they needed it. One person said they were responsible for looking after their own medicine and showed us their medicine was safely stored in their own room. They told us that staff checked that they took their medicine on time and as prescribed. We saw that medicines held on behalf of other people were stored securely and appropriately. There was a designated member of staff on each day that was responsible for ensuring people took their prescribed medicines as required. Staff confirmed they had received training in the safe administration of medicines and their competency to administer medicines was regularly assessed. One member of staff told us, “I’ve done one full day’s training which was nurse led. I’ve then been observed seven times and had to answer questions on medicines”. Another member of staff told us, “We adhere to the five

Is the service safe?

rights. We check it's the right resident, the right medicine, the right dose, the right route and the right time". They were able to describe in detail how medicines were safely managed in the home. We saw people had medicine

protocols in place which gave staff instruction on why people needed their medicine. People's prescribed medicine was regularly reviewed by healthcare professionals.

Is the service effective?

Our findings

People we spoke with thought that staff knew them and how they liked to be supported. One person said, “The staff help me with my diabetes. They know all about it”. They considered that staff had the right skills to support them. Staff told us they received regular training that enabled them to understand and support people’s individual needs. This included monthly training sessions on acquired brain injury. They felt this and other training they received helped to equip them to meet the needs of the people they supported. One staff member said, “I had a week long induction where I worked alongside the manager and was taken through everything and then shadowed other staff”. Another member of staff said, “We get a lot of training and it helps us in our role”. Staff told us they had recently received training in the management of potential aggression, diabetes, first aid and how to administer emergency medicine. They said they were supported by the provider to gain professional qualifications appropriate to their role and told us their essential training to keep people safe was up to date. Staff files we reviewed detailed the training courses they had attended and certificates to evidence their training. Staff we spoke with were aware of their roles and responsibilities. They told us they felt supported in their work and had regular one-to-one meetings with a line manager where they were provided with opportunity to discuss their own training needs, any concerns they had and got feedback on their performance. We saw meetings held were recorded on staff files.

People told us that staff gained their consent before they provided any care and support. One person told us, “They always ask me before they help me”. People’s capacity had been assessed and staff knew how to support people in a way that was in their best interests. People said that staff discussed things with them and gave them time to make their own decisions. People’s care files contained records of consent and people confirmed that staff had discussed their care with them to ensure they understood and agreed to it. Staff we spoke with told us they had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of how to protect people’s rights. They showed a good understanding of the restriction currently in place for a person where authorisation had been granted for their treatment and care. The registered manager told us about the authorisation in place for another person and applications

made to the local authority in relation to a further person. They were aware of their responsibilities to ensure that people were not unlawfully restricted. We saw MCA and DoLS had been discussed at a recent team meeting held. Managers told us there was a need to standardise paperwork in relation to MCA and DoLS across the provider’s services so it’s more in depth and easier for staff when working across the services.

People told us they enjoyed the food provided and said they had a choice of meals. One person told us, “The food is alright. I like my fish and chips the best. I sometimes help with the cooking and peeling the potatoes”. Another person said, “We choose what we want. The food is really nice. I like lamb. I help with the shopping, it’s enjoyable”. People told us there was enough food available. One person said, “If you’re hungry you can go to the kitchen and make toast or a sandwich or something”. We saw menu choices were discussed during residents’ meetings held and people’s preferences were documented on their care records. People and staff told us that the menu was flexible and alternatives were always offered if the menu choice was not what a person wanted. During the inspection we saw a person was offered a choice of food for their lunch. The member of staff identified that the person may not like either option, so a third alternative was discussed with the person. We saw people with specific dietary needs were catered for, for example people who required a diabetic diet. There was guidance available for staff on the management of diabetes, what food and drink people were able to have and when to seek medical advice. We were told a dietician had attended a meeting held at the home to provide guidance to staff on food for people with diabetes and portion sizes.

People received care from health professionals when they needed it. One person said, “If I’m not well I get to see the doctor”. We saw people needed their bloods monitored on a regular basis and received daily visits from the district nurse who attended the home during the inspection. Two staff had been assessed as competent to administer specific medicine to control people’s diabetes. People were supported to attend hospital appointments, visit their dentists and to receive routine health screening. The outcomes of health appointments were recorded on people’s files to include feedback gained from health professionals. This ensured staff had up to date information about people’s health. The registered manager

Is the service effective?

told us the team had developed close links with local health professionals to include district nurses, community mental health nurses, and doctors in ensuring people's health and welfare was monitored and maintained.

Is the service caring?

Our findings

People told us that staff were kind and considerate to them. One person said, “I like all the staff, they’re great”. Another person told us, “If I’ve got a problem, I only have to approach the staff and they bend over backwards to help”. We saw that people looked relaxed in the company of the staff supporting them. We saw that staff were patient and gave people time when they were providing support. They knew each individual well and were attentive to people’s individual care needs. One person told us, “The staff really are superb. They do their jobs properly and really do care”.

People told us they felt involved in their own care and treatment. They told us they had regular meetings with their keyworkers. They said staff listened to what they wanted and discussed their care with them. One person said, “My keyworker is very nice. We talk about everything and they ask me if I’m okay”. We saw this during the inspection when we saw a person was asked in their one-to-one session to confirm their preferences and statements and sign their care record. Staff supported people to identify what support they needed and to make decisions about their own care. People told us they had a keyworker who took responsibility for discussing and reviewing their support needs with them on a monthly basis. People knew who their keyworker was and told us they got on well with them.

People we spoke with told us they were given choices. One person said, “I choose what I want to do. I get up and go to bed when I want”. One person told us that they liked to stay in their room and staff respected their choices but checked to see they were okay throughout the day. We saw that staff

gave people choices throughout the day, such as meals, drinks and where they wanted to go and what they wanted to do. Staff gave people time to respond to questions and staff listened to people’s wishes and acted upon them.

People told us they were encouraged to do things for themselves. One person said staff supported them to do their own laundry and they vacuumed their room and helped out in the kitchen. A member of staff told us, “I try to give people as much input into their own independence as possible. It’s about providing person centred care”. Another member of staff said, “It’s about getting people involved, giving them lots of prompts and helping them when they need it”. The registered manager told us, “We promote people’s independence as much as possible by giving people verbal prompts and encouraging them to do things for themselves with support where needed”. We saw staff encouraged people to help with the preparation and cooking of their meals.

People told us that staff respected their privacy and dignity. One person said, “They never come in my room without knocking”. We observed this during the inspection on several occasions. We saw staff knocked on people’s bedroom doors and waited to be asked into people’s rooms. Staff acted discreetly when supporting people in communal areas of the home and spoke with people using their preferred name. This was evidenced in discussions held with one person. They told us, “Staff know I like to be called [preferred name]. We saw staff were quick to act when a person was at risk of their dignity being compromised. Staff were able to share examples of how they promoted people’s privacy and dignity in their work. “One member of staff told us, “I always knock on a person’s door first”.

Is the service responsive?

Our findings

People told us that staff supported them the way they liked. They felt that staff knew their needs and preferences and that these were respected. One person said, “The staff know me well. If they spot any changes in me they soon get me sorted”.

People told us that they were involved in reviewing their support needs and their support plans were updated by their keyworkers. We saw people’s care records gave a clear picture of each individual person and included how staff needed to respond to their needs. The registered manager told us how people’s needs were assessed and reviewed with them. They demonstrated a clear knowledge of people’s individual needs and support requirements. We found that the provider was responsive to people’s needs. We saw that staff had responded to changes in people’s needs and made referrals to other professionals. For example the dietician, speech and language therapists, district nurses and community mental health professionals. Advice and guidance was sought so that the most appropriate care and support was provided. One person told us they regularly attended support groups that helped them with their addiction.

Throughout the inspection we saw people choose where they wanted to spend their time. Some people chose to remain in their own rooms. One person told us, “The staff try to encourage me to go into the lounge but I like being in my room doing my own thing”. People we spoke with told us they were involved in various hobbies and interests. One person said, “I look after the garden and grow vegetables here. I go to the gym. I just tell staff where I’m going and take my phone with me; I’ve got a key to the front door. I couldn’t ask for more really”. Another person told us, “I like going on my computer. Staff take us out to different places

of interest. We went to Dudley zoo not long ago. We get asked in meetings what we want to do and where we’d like to go”. We saw this was evidenced in the minutes of meetings held where various trips and activities had been discussed with people and their views sought. Staff told us one person liked to attend church. We saw that people’s preferences and interests were detailed in their care plans. This included activity charts that detailed how best to support the person with each activity. People told us they were supported to maintain relationships that were important to them. One person shared photographs of their relative with us that were displayed in their room. They told us they had recently enjoyed a meal out with their family and that their family also attended meetings to review the care provided.

People said they knew how to complain and had access to information about how to complain. One person told us, “I’d talk to the manager if I wasn’t happy with something”. Another person told us they would speak with their relative or a member of staff. Staff knew what to do in the event of a person wanting to complain about the service. A member of staff told us, “We have a complaints procedure, it’s reviewed by clients every six months and they sign it with their key worker”. We saw the registered manager had taken action on behalf of the people who lived at the home in relation to noise experienced from a neighbouring property. The registered manager told us they had not received any formal complaints in the last 12 months. We saw that a complaint received prior to this timescale had been logged and investigated by the registered manager. Feedback was provided to the complainant, which included the outcome of the investigation and actions had been put in place to make improvements. The registered manager told us, “We’ve had the odd moan and groan but these are dealt with immediately”.

Is the service well-led?

Our findings

People told us they saw the registered manager every day and had the opportunity to speak with them. One person said, “[Name of registered manager] is good and does her job well. She’s very caring. It all runs smoothly here, I haven’t a bad word to say about it”. Another person told us, “The home is well managed. I can’t think of where it could improve”.

People and staff were kept involved in what happened at the home and were encouraged to give their feedback, opinions and ideas for improvements through regular meetings held. The registered manager told us, “We are here to listen, be open and encourage feedback”. During the inspection we saw that the registered manager was actively involved with what happened around the home. We also saw them support other members of staff in their work. One member of staff told us “It’s about team working, prompting and suggesting things to others”. Staff told us they felt supported by the management team. One member of staff said, “I feel comfortable going to [names of the management team]. I would have confidence in going to [name of providers], or our sister home”. The registered manager told us the provider was supportive. They said, “[Name of provider] is available and encourages us to call. We see him monthly and know where he is and know he will respond”. We asked staff what was good about working at the home. One member of staff told us, “Making people’s lives meaningful and seeing the progression”.

The home had a registered manager in post that was registered with the Care Quality Commission. We saw they were visible and available to people throughout the inspection. They were aware of their role and responsibilities. They told us they felt supported in their role by the area manager and the provider through regular

telephone contact and also monthly visits undertaken by the area manager. Staff we spoke with were aware of the management and leadership structure and told us they found the registered manager approachable and that they always took time to answer their questions.

Systems were in place for the registered manager and provider to monitor the quality of care provided and address any areas for improvement. We saw satisfaction surveys had been completed by people in 2014 and a meeting was held to address the identified shortfalls and signed by the people who used the service and staff. Improvements implemented included displaying a notice board in the reception area with staff photographs and names to improve people’s awareness of staff supporting people. One person had also indicated a need to improve the awareness of the complaints procedure so a meeting was held and people were given a copy of the procedure. Regular checks were completed on medicines, care plans and health and safety and the results of these were used to create an action plan of improvements that were needed. The provider was kept up to date on what happened at the home by monthly audits undertaken by the area manager, who was present at the home and supported the registered manager during the inspection. The registered manager told us that all accident and incident forms came to them so they were monitored to identify any trends. The registered manager told us about the action they had taken to improve staff attendance and performance in relation to one person which had led to improvements. Discussions with the management team showed they were aware of what the service did well and what could be improved. The registered manager told us, “There’s always room for improvement”. We saw Healthwatch had only made one recommendation as a result of their visit in June 2015 and this was being actioned.