

Liaise (London) Limited

Willow Court

Inspection report

23a Highbridge Street
Waltham Abbey
Essex
EN9 1BZ

Tel: 01992763815
Website: www.sequencecaregroup.co.uk

Date of inspection visit:
08 September 2022
16 September 2022

Date of publication:
20 October 2022

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Willow Court is a care home providing accommodation and personal care to up to 11 people. The service provides support to people who have a learning disability or autism in one adapted building. On the day of the inspection 11 people were living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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 systems in the service supported this practice. The service provided support in a safe and clean environment suitable for people's needs. People could make choices and personalise their living space. When necessary, significant adaptations were made to ensure the environment was safe and suitable for people.

Right Care:

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's medicines were managed safely.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Care and support plans were tailored to people's individual needs.

People were protected by the provider's recruitment processes as appropriate checks were completed; ensuring staff were suitable to work with people who used the service.

Risks to people's safety and wellbeing were well managed by staff and clearly recorded in people's support plans. We have made a recommendation about fire drills for night staff.

Right Culture:

Whilst there was not a registered manager in place the provider had put an interim manager in place until a new manager was due to start. The staff were positive about working at the service.

People were supported by staff to pursue their interests. People were encouraged to share their views and

develop and improve the service. The quality of support provided was evaluated regularly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 July 2021) and there were breaches of regulation. The provider completed an action plan following the last inspection, to show what they would do and by when to improve safe care and treatment. At this inspection improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We received concerns in relation to fire safety. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Willow Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

Willow Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willow Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, an interim manager was in place and a manager had been recruited and was due to start.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the interim manager and deputy manager. We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including fire records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at accident and incident analysis and additional fire records were sent.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection improvements were needed to people's care plans and risk assessments to ensure staff had the most up to date information to support people in the right way.
- Guidance was now in place in relation to people's risks and staff knew people well. One relative told us, "The majority of staff understand [family member] well. They do put the right staff with [family member] and when they know the staff member, they are calmer."
- The provider had completed all health and safety checks in the service, fire safety had been reviewed and staff had completed training in fire safety including fire marshal training. A fire marshal is responsible for guiding people out of a building safely when it is on fire and for helping to minimise the risk of a fire occurring in the first place.
- People we spoke with told us they were involved in fire drills with staff. One person said, "We do have fire drills, we go to the square outside which is the fire assembly point." Day and night staff attended fire drills together. This meant night staff did not fully experience the role and expectation of a reduced staff team at a time when people were more at risk. The manager and deputy manager agreed night staff would benefit from a fire drill without additional support from day staff.
- During the inspection contractors were working on internal fire doors to ensure they met safety standards.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place which had been recently reviewed. Whilst staff were clear about people living at the service mobility needs, it was not reflected in the PEEP. The manager and deputy manager immediately added this to the PEEP's.

We recommend the provider consider current guidance regarding fire drills to simulate night time conditions which would include the applicable night staffing levels..

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse through systems in place. People told us they felt safe living at the service and were comfortable with staff present. One person told us, "I have been here 10 years and I love it." A relative told us, "I do think [family member] is safe and I think so far they are okay. The staff know [family member] very well."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough skilled staff to meet the needs of people using the service. One to one care was provided for some people living in the service. Staff said this was always provided and the provider was responsive to any requests for extra staffing to meet a person's needs. A staff member told us, "I have spoken to the manager as we may need hours increased here and they are looking at it. We do not drop below safe numbers of staff as we use agency staff we know." Another staff member said, "We do have enough staff."
- The provider completed appropriate recruitment checks to assure themselves new staff were safe to work with vulnerable adults.

Using medicines safely

- Medicines were administered safely. Staff received training and confirmed they understood the importance of the safe administration and management of medicines.
- Medicines were stored safely, and administration records were completed fully. Medicines were well organised and audited.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visiting in line with current guidance.

Learning lessons when things go wrong

- There was an effective system in place to learn from incidents. A detailed analysis was sent to us by the provider

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, whilst we found no evidence that people had been harmed, people using the service were not always treated with respect and dignity whilst receiving care and treatment. This is a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At this inspection the interim manager and deputy manager told us they had worked with staff to ensure they communicated with people using their preferred names and communication.
- Staff communicated well with people and took their time responding to people. They had completed additional training which included positive behaviour support and speech and language which helped them to communicate more effectively.
- The provider had also worked with staff in relation to CQC's quality of life tool. The quality of Life framework provides a structured and logical set of questions CQC inspectors might ask and which service providers should be asking themselves. The tool helps CQC and providers know whether the service is meeting the needs and aspirations of the people it is supporting.
- Staff described the culture as being one of positive team working, regular staff meetings took place which gave staff the opportunity to discuss their work and any concerns or suggestions for improvement. One staff member told us, "We work as a team and are like a family. I think people are getting a good service." Another staff member said, "I do feel supported here and we have perfect teamwork."
- Regular key worker meetings were held with people to enable them to discuss their goals and aspirations.

At our last inspection, whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the quality of care at the home. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was no longer working in the service. However, the provider had taken measures to recruit a new manager. An interim manager was currently overseeing the service. Following the inspection we were informed a new permanent manager had started working in the service.

- Since the previous inspection the provider had provided additional training for staff and increased observation to ensure they were effectively monitoring care delivery.
- Risk assessments were in place and included guidance for staff to follow. The provider had improved fire safety and regular checks were being completed and checked by the provider.
- There were systems in place to monitor the quality and safety of the service. They included audits by the management team as well as the provider's own internal audits.

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 management team understood duty of candour and were open and honest when things went wrong. A relative told us the service contacted them when incidents happened. One relative said, "They usually contact me if something has gone wrong."
- The provider submitted statutory notifications about key events that occurred at the service.
- The previous inspection rating was clearly displayed on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from staff and relatives was encouraged via staff meetings and surveys. On the whole relatives were happy with the service but one relative thought communication could be better particularly in respect of positive things happening at the service. Following the inspection, we fed this back to the interim manager.
- Regular multidisciplinary meetings were held to discuss people's care needs and people, relatives and keyworkers attended these.

Continuous learning and improving care: Working in partnership with others

- The management team and provider had sought the support of external professionals to help ensure people were receiving the correct care. One professional told us, "I feel manager and staff are approachable and communicate well."
- The interim manager and deputy manager were very proactive during the inspection and responded to our feedback positively by acting on our feedback straight away.