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

The inspection took place on 17 February 2016 and was unannounced.

Willow Court provides accommodation and personal care for 11 people requiring specialist learning disability, autism and mental health support. At the time of our inspection there were 11 people using the service.

A registered manager was in post at the service. 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 Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice in relation to DoLS.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were sufficient staff to provide people with the support they needed to live as full life as possible. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected.

Staff knew people well, they were able to recognise and avoid triggers which could have provoked behaviours which were difficult to manage.

People`s physical and mental health was monitored and reviewed and people had sufficient food and drink that met their individual needs.

Staff were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, who were able, were involved in the planning and reviewing of their care and support.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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 understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Is the service effective?

Good

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this act applied to people in the service.

Is the service caring?

Good

The service was caring.

People were supported with kindness and respect.

People's privacy and dignity was respected by the staff.

People were involved in making decisions about their care and

support.

Is the service responsive?

Good

The service was responsive.

Assessments and support plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints

Is the service well-led?

Good

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system.

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.

The inspection was undertaken by one inspector on 17 February 2016 and was unannounced.
We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We spoke with five people who lived in the service. We also spoke with seven care staff members and four relatives as part of this inspection. We made phone calls to some of these people after the inspection.

We looked at three people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service.

We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People were protected from abuse. Relatives told us "The service is excellent and people are safe" and "I have no concerns about safety."

Observations showed that people were comfortable with staff who were supporting them.
We saw people had relaxed body language, positive facial expressions and there was the use of both gestures and individual communication styles when interacting with staff.

We saw a safeguarding flow chart within the service that informed staff how to make a safeguarding referral in line with the registered provider's and local authority's guidance and procedures.

Staff knew the correct processes which were to be followed in the event of any concerns being identified. Records confirmed that staff had received safeguarding training. Staff told us that they felt confident the registered manager and staff team would take the appropriate action to safeguard people.

A range of risk assessments and management plans were in place. These plans were in place to help keep people safe and provided information for staff to help them avoid or reduce risks of harm to people. Plans considered people's needs in areas such as verbal abuse, physical violence, self-injurious behaviour, self-neglect and leaving unsupervised areas. Through discussions with staff it was clear that they had a good knowledge of people's identified risks and clearly described how they would manage them.

We saw that detailed personal evacuation plans were in place for each person describing what support people would require in the event of an evacuation of the building.

We saw there were sufficient staff on duty to meet people's needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly so that people received the support they needed, he told us that staffing was flexible and can be increased if the needs of individuals indicated that more support was required.

Staff told us they felt there were enough staff to provide a safe level of care and one staff member told us, "It is a good place and we work as a team." People's relatives also told us that there were sufficient staff available.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the records and the processes had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

We spoke with an agency member of staff who told us that they was given the care plan to look at prior to starting there shift, which made them feel more confident in supporting the person. The staff member told

us "I feel confident in this home, staff are supportive and I like coming here."

People received their medicines safely and as prescribed from appropriately trained staff. The registered manager told us that competency checks were completed with staff prior to administering any medication to people supported.

Records and staff confirmed that appropriate checks had been completed. We looked at three peoples medication administration records (MAR) and found that they had been completed consistently and in detail. For medicines that people needed on an 'as required' basis (usually referred to as PRN medication) a detailed protocol was in place. This type of medication may be prescribed for conditions such as pain or specific health conditions. We counted three PRN medications all of which balanced. A daily audit of this medication was carried out and the provider undertakes detailed monthly audits.

We saw that a maintenance process was in place at the service to ensure the environment was safe to live in. A monthly health and safety audit was also completed which included first aid, COSHH (control of substances hazardous to health), manual handling, environment, lighting and ventilation.

Good

Is the service effective?

Our findings

People told us that staff met their individual needs and that they were happy with the care provided. One person said, "The staff are friendly and make sure I walk properly." A relative told us, "The staff are skilled for this client group."

Throughout our inspection we saw that staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service.

Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. In addition to mandatory training, staff at Willow Court received specific training with regard to empowering and rehabilitating those with learning disabilities, including communication and active support, understanding learning disabilities and complex diagnoses including personality disorder, autism and Asperger's syndrome, Mental Capacity Act, diabetes and epilepsy awareness.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person's normal freedoms and rights were being significantly restricted. The responsible clinician completed capacity assessments and applications to deprive people of their liberty for all people who used the service.

The management ensured there was effective communication to discuss all aspects of people's care. They organised monthly internal multidisciplinary meetings to make sure people`s complex needs were met on a daily basis.

Records showed people were supported to attend health appointments and received care and treatment from health care professionals such as their GP, chiropodist, opticians, district nurses and psychiatrists when required.

Care files contained positive behaviour support plans and communication passports which provided staff with guidance on individuals preferred method of communication. The Manager told us that triggers to behavioural challenges can be predicted or identified before behaviours escalate and staff showed they have an understanding of both how to support and how to communicate with individuals.

Staff were also knowledgeable about how to communicate with people who had difficulty communicating

verbally. They used pictorial communication as well as Makaton (Makaton is a signing system understood and used by some people with learning disabilities) to enable the person to understand better what was being communicated to them.

People were provided with a choice of suitable food and drink which was available throughout the day. A four week menu was in place which took account of people's individual preferences; a pictorial menu was also in place to support people to make choices. The service held a house meeting every day where people could choose what they wanted to eat that day or what they wanted to do, this was recorded in a diary so all staff were aware of what had been discussed during the meeting. One person told us, "I like liver but no-one else does, but they do make it for me sometimes." People that are able were also encouraged to cook their own food.

Alongside the menu there was guidance for staff in place to support a person who had diabetes, this information helped staff to support the person with healthy and suitable options. Care files contained information for staff on how to meet people's dietary needs and provide the level of support required and that if a concern was identified an appropriate referral to a dietician had taken place.

Staff told us that they were supported with supervision and appraisal which included guidance on things they were doing well. It also focused on development in their role and any further training.
Staff meetings took place on a regular basis and staff told us the manager of the service was very supportive and approachable and that they always took the time to offer support, advice and practical help whenever needed.

The manager acknowledged that supervision records were disorganised and told us there had been a recent change of format for completing supervisions and was currently re-organising these records.

Good

Is the service caring?

Our findings

One person told us, "Staff are friendly; they take me shopping to get new clothes."
A relative told us they were generally very pleased with the care and support shown to their relative. They told us, "I am made to feel welcome." And another relative told us "I am very happy with the care at Willow Court."

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they could be.

Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as practicable, in making decisions about their care and support.

Staff told us they thought staff were caring and knew people well. One staff member told us, "I enjoy working with clients; it is working to make a difference."

Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment.

Staff were able to tell us about individual triggers which might affect people's behaviour and different techniques they used to defuse and calm situations.
A relative told us "I have seen the staff diffuse a situation, they were unaware I was there and they were gentle and kind."

Staff told us "We engage people in activities and if people are busy then they are less likely to be angry," and "I would tell the manager if I had any concerns about people's safety."

Staff told us about the house meeting that was held daily and that people decided what they wanted to do and staff followed these decisions. We saw that the interactions between people using the service and staff were caring and showed that staff had a good relationship with people. Conversations were caring and respectful. One member of staff said, "Clients see the same faces and it brings stability."

During lunch the atmosphere was relaxed, people chose where they wanted to eat, some chose to eat in their own room and some chose to eat in the dining room. All the staff including the senior staff were present in the dining room and chatted to people as they ate. The food looked appetising and people finished their meal. After people had finished staff gently encouraged people to take their plates back to the kitchen.

Care files contained information about the person including how they communicated and their choices and preferences. We read three of these and found that they reflected the information staff had told us about the

person.

People were supported to maintain relationships with friends and family. However, where this was not possible we were told that advocacy support services were available. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Most relatives told they would feel happy to raise concerns with the manager and said they were confident they would be listened to. One relative told us, "I have no complaints." Some people told us they were aware of the monthly multi-disciplinary meetings but would like more frequent updates relating to their relatives physical and mental health.

The service had a complaints procedure in place and the manager was able to explain the procedure he followed when a complaint was made.
Records of complaints made previously showed that they were acted upon and staff were aware of the actions that they should take if anyone wanted to make a complaint.

We observed that staff communicated clearly with the people living at the home in a way the person understood and preferred. Staff took time to sit with people and to wait for their responses.
Staff had a good knowledge of the support needs and choices of the people living at Willow Court.

We saw that this was backed up with clear guidance recorded in the person's care plan. We looked at care plans for people living at the home and saw that they contained clear information about the support the person needed and how to provide this. Individual goals had been set for people and we saw that they had received support from staff to work towards these. These goals helped people to increase their independent living and personal care skills.

The manager was able to give us an example of how they had supported a person with specific needs that affected their lifestyle so that their daily life was improved.

People were seen by a range of specialists so they received appropriate care and treatment to promote good physical and mental health. This meant that people`s physical and mental health needs were met and any changes in their condition triggered a prompt response from a variety of professionals to prevent their condition deteriorating. Relatives were invited to attend monthly multidisciplinary meetings.

We saw that routine care planning reviews took place. Records demonstrated that the person and their relatives did routinely discuss their support plans and this was confirmed with relatives. The person and their family were in agreement and gave consent to the support provided.
Care records contained detailed information about the person's health and social care needs. The plans were individualised and relevant to the person.

Daily notes were consistently completed and allowed staff coming on duty to be aware of any changes in the person's needs and their general well-being. The person that used the service received care and support that was responsive to their needs because staff knew them well. This helped make sure there was a consistent approach between different staff and meant that the person's needs were always met in an agreed way.

Daily house meetings were held for people who used the service and we saw evidence that people's preferences for what they wanted to do that day were recorded in a diary.

People living at Willow Court were supported to take part in activities and hobbies which they enjoyed. One person told us "I like knitting and shopping, and going out to feed the birds." Staff also told us they were aware of people's likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and there was staff availability to enable the outings and any service events to take place.

People could choose to participate in a range of social events such as swimming, discos, horse riding, Zumba, karaoke and cycling. The manager told us that they were preparing for a trip to a theme park for the following week.

A car was available to support people to access the community, but the service would hire a coach for larger group events.

The manager told us that some people were supported to go to church and staff respected what people wanted and what they liked, he told us that staff from different faiths were happy to support people to attend their preferred church or place of worship. Staff had attended training on equality and diversity.

Good

Is the service well-led?

Our findings

We noted that there was a relaxed atmosphere within the service and that interaction between people and the registered providers were friendly and informal.

The registered manager and the deputy manager took an active role within the running of the service and had good knowledge of the staff and the people who lived at Willow Court. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The manager held regular meetings which enabled staff to voice their views about the support they delivered and the running of the home. Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately. Staff told us "The Manager is very supportive; he empathises with both the service users and staff." And "We have unit meetings where we discuss any concerns." And "we gel together, we are a good team."

We saw that audits were completed regularly by various experts employed by the provider. These were used to monitor performance, manage risks and keep people safe.
These included areas such as health and safety of the environment, medicines audit and infection control. Notifications had been completed in a timely way and sent to the Care Quality Commission as required.

During our visit the Operations Manager was observed talking to people who use the service and staff and showed us a new monthly quality and governance form that assessed all aspects of the service, this document will be in addition to the existing quality assurance processes.
The provider also collated information on incidents, accidents and events at the service in a monthly report for the manager to identify any trends or learning needs for staff group.

We spoke with the registered manager who was positive about the service.
During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

The management team were very visible around the service. They knew everyone by name and their background history and current needs and circumstances

We saw that policies and procedures were kept under review and updated when necessary by the manager and staff were aware of the policies and procedures they had to follow.

The manager explained that the provider was very supportive and provided resources when improvements were needed, for example additional staffing if level of needs increased.

The service also sends out questionnaires to people and relatives of people living at the service annually and

these questionnaires were due to be sent out.