

Independent Support Limited

The Willows

Inspection report

69-99 Greenbank Road
Tunstall
Stoke On Trent
Staffordshire
ST6 7EZ

Tel: 07599985191
Website: www.independent-support.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

We inspected this service on 8 December 2016. This was an unannounced inspection. At our previous inspection in March 2016, we found that the provider was in breach of some of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated as 'requires improvement' overall. After our last inspection, the provider sent us an action plan showing how they would make the required improvements.

The service is registered to provide accommodation and personal care for up to 12 people. People who use the service have a learning disability. At the time of our inspection 10 people were using the service. However, one of these 10 people was receiving inpatient care at a local hospital.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection, we found that some improvements had been made and the provider was no longer in breach of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, further improvements were still needed to ensure people received care that was consistently safe and well-led.

Improvements were needed to ensure medicines were managed safely and that risks to people's health, safety and wellbeing were assessed and planned for.

Improvements were also needed to ensure the systems in place to assess, monitor and improve quality were effective.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing.

Staff received regular training that provided them with the knowledge and skills to meet people's needs.

Staff supported people to make decisions about their care and when people were unable to make these decisions for themselves, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People could eat meals that met their individual preferences. People's health and wellbeing needs were monitored and people were supported to attend both urgent and routine health appointments as required.

Staff knew people well which meant they could interact with them positively and effectively. People were treated with kindness and respect and staff promoted people's independence, dignity and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that met their personal preferences.

People knew how to complain about their care and staff supported people to share concerns about their care. Feedback from people was sought to enable the provider to identify if improvements to care were needed.

Advice was sought from external agencies to monitor the quality of care and recommendations from these agencies were followed to improve care delivery.

The registered manager understood the requirements of their registration with us and they and the provider kept up to date with changes in health and social care regulation.

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 not consistently safe. Further improvements were needed to ensure medicines were consistently managed in a safe way.

Further improvements were also needed to ensure that risks to people's health, safety and wellbeing were assessed and planned for to enable people to receive their care in a safe, consistent and effective manner.

Safe staffing levels were maintained and staff were recruited in a safe manner that protected people from the risk of avoidable harm.

Staff knew how to identify and report potential abuse.

Requires Improvement 

Is the service effective?

The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People were supported to eat meals that met their individual preferences. People's health needs were monitored and they were supported to obtain medical support as required.

Staff supported people to make decisions about their care in accordance with current legislation.

Good 

Is the service caring?

The service was caring. People were treated with kindness and respect and their right to independence and privacy was promoted.

Staff knew people's likes, interests and communication needs which enabled people to receive positive care experiences.

Good 

Is the service responsive?

The service was responsive. People were supported to participate in activities that met their personal preferences both

Good 

at the home and in the community.

People were involved in the assessment and review of their care and care records were updated in response to changes in people's care needs.

People were supported to share concerns about their care.

Is the service well-led?

The service was not consistently well-led. Systems were in place to assess, monitor and improve quality. However, further improvements were needed to ensure these systems were effective.

People's feedback about their care was sought and advice and recommendations from external agencies was also sought and acted upon.

Staff were supported by an effective management team. The management team reported notifiable safety incidents to us as required.

Requires Improvement 

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 was 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.

We undertook an unannounced inspection of The Willows on 8 December 2016. We inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well-led? Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We used this information to formulate our inspection plan.

We spoke with five people who used the service, four members of care staff, the registered manager and the deputy manager. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of five people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas, training and quality assurance records.

Is the service safe?

Our findings

At our last inspection, we found that people did not always receive their care and support in a safe manner. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider that improvements were required to ensure people's medicines were managed safely and to ensure that potential risks associated with people's care and support were assessed and managed effectively. At this inspection, we found that the provider was no longer in breach of this Regulation. However, some further improvements were required to ensure people received safe and consistent care and support.

People told us that they received their medicines when they needed them. One person said, "I get my tablets everyday". We saw that some improvements had been made to medicines management at the home. For example, written protocols were now in place that gave staff the information they needed to identify when people needed these medicines. This meant that systems were in place to enable people to receive their 'as required' medicines in a safe and consistent manner. We saw that the management team had introduced systems to enable them to regularly monitor medicines management. This included a weekly count of medicines stocks. However, these systems were not yet effective. For example, we could not be assured that people had received their medicines as prescribed as the numbers of medicines in stock did not always match people's medicines records. This meant further improvements were required to ensure the provider could assure people that they had received their medicines as prescribed.

We saw that improvements had been made to the way that risks to health, safety and wellbeing were assessed and managed. For example, people who had a history of seizures now had management plans in place to give the staff the information they needed to manage any seizures in a safe and effective manner. The information staff gave to us to show how they managed people's seizures matched the information in people's care records. This showed they had read and understood the information contained in people's care records. However, we found further improvements were needed to ensure staff had access to the information they needed to manage people's behaviours that challenged, such as aggression in a consistent manner. For example, no care plan was in place to inform staff how to manage one person's behaviours that placed them and other people at risk of harm. As a result of this two staff members we spoke with gave us different accounts of how they would manage this person's behaviours. This meant this person was at risk of receiving inconsistent and inappropriate care.

At our last inspection, we found there were not always enough suitably skilled staff available to keep people safe and meet people's care needs in a prompt manner. At this inspection, we found the required improvements had been made. People told us that staff were always available to provide them with care and support. One person said, "The staff are always here". Staff rotas showed that safe staffing levels were sustained and there were always enough staff on shift to meet people's care needs. Staff also confirmed this. One staff member said, "The manager is good at keeping the staffing levels up". Another staff member said, "Staffing has really improved, there's always enough staff and often there are extra staff on shift".

At our last inspection, we found that incidents of potential abuse were not always reported to the local

authority as required. This placed people at risk of harm to their health, safety and wellbeing. At this inspection, we found the required improvements had been made. Staff explained how they would recognise and report abuse. Procedures were now in place that ensured concerns about people's safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

People told us they felt safe around the staff. They said, "The staff are all nice to me". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Is the service effective?

Our findings

At our last inspection, we found that the staff did not have the knowledge and skills required to provide care effectively and safely. At this inspection, we found the required improvement's had been made.

Staff told us and records showed they had received training to give them the skills they needed to provide care and support. One staff member said, "I learnt so much from the MAPA (Management of Actual or Potential Aggression) training. It was brilliant as I learned how to manage people without going hands on". This staff member described how they had used this training on the morning of our inspection when a person who used the service displayed signs of aggression. We saw that this incident was managed effectively without the staff member having to place their hands on the person to redirect them. This showed the staff member had understood and had implemented the skills learnt during their training. Another staff member told us how their recent induction had enabled them to gain the knowledge and skills required to provide safe and effective care. They said, "I've had training and spent time shadowing the staff. I also read all the residents care files so I knew everything about them".

People told us they could choose the foods they ate. One person said, "I choose my lunch". We saw this person decline the meal that was offered to them from the weekly menu. Staff enabled the person to choose a different meal of their choice by supporting them to look at the foods stored in the kitchen. Another person told us their favourite foods and we saw these were on the weekly menu that had been agreed in a meeting with people and the staff. Staff told us how they supported people to eat foods that met their personal preferences when they were unable to communicate their food choices. One staff member said, "We know what [person who used the service] likes by watching their facial reactions when they eat. We make a note of what they don't like so they don't have to have it again". People's care records showed that weights were monitored so that professional advice could be sought if people's weight significantly changed. This meant people were protected from the risk of malnutrition.

People told us they were supported to stay healthy and had access to a variety of health and social care professionals. We asked one person what happened if they felt unwell. They said, "I tell the staff and they take me to the doctors". Care records showed people were supported to visit health care professionals' to promote their health and wellbeing. This included; doctors, community nurses and the specialist learning disability team. Care records also showed that people's health needs were effectively monitored to promote their health and wellbeing. For example, we saw a person's seizure activity was accurately recorded so effective monitoring could be completed by the staff and relevant health care professionals. We also saw that staff responded to urgent changes in people's health needs. For example, care records showed that one person's health had recently deteriorated. This person had been supported to attend hospital for urgent medical care.

We saw that people's rights to make decisions about their care was respected by the staff. Care records showed that people's right to decline to participate in activities was respected. For example, we saw one person's decision not to attend an evening disco had been respected by the staff. This person was supported to stay at home and participate in other activities of their choosing instead. Staff told us that

most people had the ability to make everyday decisions about their care and treatment. However, some people were unable to make important decisions about their health and wellbeing. We found that in these circumstances the requirements of the Mental Capacity Act 2005 (MCA) were followed.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff demonstrated they understood the principles of the Act. They told us about a best interest decision that had been made by the staff and a team of health and social care professionals to promote a person's health, safety and wellbeing. This person's care records showed this decision had been made in accordance with the MCA.

Some people who used the service had some restrictions placed upon them to keep them safe and well. 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw where restrictions had been placed upon people, applications under the DoLS had been made and authorised which meant people were being lawfully restricted in their best interests.

Is the service caring?

Our findings

People told us they were happy living at The Willows because the staff were kind and caring. One person said, "I like living here, I like the staff". Another person said, "The staff are very nice". We saw people had positive interactions with the staff. For example, we saw one person reach for a staff member's hand and lift it to their head. The staff member then rubbed the person's head. This made the person smile and make a noise that the staff told us indicated they were happy. The staff member told us that the person liked having their head rubbed and it appeared to comfort them.

People told us and we saw that staff knew their likes, dislikes and life histories which enabled them to have meaningful conversations with them. For example, we saw staff talk to one person about shopping which the person confirmed they enjoyed. At the end of our inspection, this person told us they had been supported to go shopping earlier in the day with the staff and they took pride in showing us what they had purchased.

People told us they were enabled to be as independent as they could be. One person told us how they liked to Hoover and wash the dishes. We saw that the staff supported this person to complete these tasks. Staff told us they treated people equally and promoted their dignity. One staff member said, "It's not like a care home, it's the residents' home. We all eat together, there's no us and them" and, "We all sit together on a Saturday night like any other family and watch the X Factor. It's what everyone likes to do". This showed the home was an environment that promoted people's dignity and independence.

People told us they were enabled to make choices about their care. One person told us, "I don't have to go out if I don't want to". We saw that staff respected the choices people made about their care. For example, we saw a staff member offer one person a wheelchair to enable them to participate in a community activity. The person declined the wheelchair, so the staff member supported them to leave the home using a mobility frame. Shortly after the person left, the staff member returned to fetch the person's wheelchair as they had changed their mind. This showed the staff member respected the choices the person had made.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. One person told us how staff supported them to see their mum regularly and another person told us how they were supported to attend a weekly disco where they spent time with their girlfriend.

Staff told us how they supported people to communicate their care needs. One staff member told us how a person used some signs to show staff what they wanted. The staff member gave us examples of the signs the person used and their meaning. This showed they knew how to understand this person's needs. Staff also told us how they supported people who could not communicate their needs verbally or using signs. They told us they watched the person's body language and facial reactions to interpret what they needed and how they felt about their care. For example, one staff member told us how they had identified that the person enjoyed a new activity they had introduced to their care. They said they knew the person enjoyed the activity as they smiled and engaged in the activity.

We saw that people's privacy was promoted and respected. For example, we saw a staff member knock on a person's door and wait for them to respond before they entered the person's room. Staff also asked people for permission to enter their bedrooms to enable them to show us people's medicines when we were checking medicines management systems. This showed that staff respected that people's bedrooms were their own private areas.

Is the service responsive?

Our findings

At our last inspection, we found that improvements were required to ensure people could consistently participate in community activities that met their care preferences. At this inspection, we found the required improvement's had been made.

People told us they were supported to access the community on a regular basis. One person told us, "I go out every day". We saw and care records showed that people accessed the community on a very regular basis. For example on the day of our inspection, the three people who used the service who resided in one of the two bungalows at The Willows were all supported to access the community for different activities that met their individual preferences. Two people went shopping separately with different staff as their shopping and support needs were different, and one person was supported to access a community sensory room. This showed the staff met people's needs to regularly access their local community.

People also told us they were supported to participate in activities that met their personal preferences at The Willows. One person showed us the knitting projects they were working on. Another person showed us the puzzles that they enjoyed doing. One of these completed puzzles had been displayed on their wall for them to view. During our inspection, we saw people were supported to cook, colour in age appropriate colouring books and play board games. People showed they enjoyed these activities by smiling and appearing relaxed and calm.

At our last inspection, we found that the information in people's care records was not regularly reviewed to ensure it was accurate and up to date. At this inspection, we found the required improvements had been made.

People told us they were involved in the planning and review of their care and support needs. One person told us they looked at their green folder (their care plan) every month with staff. Care records showed they were reviewed regularly and updated when people's needs had changed. For example, we saw one person's care plan had been updated to reflect that their medicines had been changed in response to a change in their health. Staff told us about this change which showed the person's care records were accurate and up to date.

People told us they knew how to complain about the care. One person said, "I would tell the staff or my social worker". We saw people were supported by staff when they shared concerns about their care. For example, one person had told staff they wanted to move to another home. Staff had informed this person's social worker and they were supporting the person to identify what was making them unsettled. This person confirmed the staff were supporting them in this process. This showed that staff had been responsive to this person's feedback about their care. There was a complaints procedure in place at the home. However, no complaints had been made since our last inspection.

Is the service well-led?

Our findings

At our last inspection, we found that we were not consistently notified about reportable incidents that had occurred at the home, such as, incidents of alleged abuse. This meant we did not have accurate information to enable us to effectively monitor safety incidents at the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found the required improvements had been made. The registered manager was notifying us of reportable incidents as required.

At our last inspection, we found that improvements were required to ensure the quality of care was regularly assessed, monitored and improved. At this inspection, we found that some improvements had been made. However, further improvements were required to ensure concerns with care delivery were consistently identified and acted upon.

We saw that systems were in place to monitor medicines management at the home. For example regular checks of people's medicines stocks were completed by staff and the management team. However, these systems were not yet effective as we found the actual numbers of medicines on site didn't always match the expected quantities recorded on people's medicines records. This meant further improvements were needed to ensure medicines were consistently managed in a safe manner.

Care records were checked to identify if the information contained within them was accurate and up to date. We saw that these checks had identified some recording concerns and staff had received training in response to this, which gave them the skills needed to record information correctly. However, these checks had not identified that the risks associated with people's behaviours that challenged had been assessed and suitably planned for. This meant further improvements were required to ensure that care records contained the information staff needed to provide safe and effective care and support.

Spot checks were completed to identify if staff were meeting people's needs safely and effectively. We saw action was taken by the management team when concerns were identified through these checks. For example, staff had been reminded to accurately record the care they had provided to people. We found people's care records contained detailed accounts of the support they received. This showed the action taken in response to the spot checks had been effective in improving how staff recorded their care interventions.

Support from external agencies was requested to help monitor and improve the quality of care. For example, the management team had requested support from a local pharmacy to check medicines management systems. We found that actions identified from this check had been completed to improve medicines management. For example, the check had identified that staff were not always recording the reasons why medicines were not administered as prescribed, such as in the event a person declined their medicines. We found that codes were now being used to show why people hadn't received their prescribed medicines. This showed action had been taken to improve the quality and safety of people's care.

We saw the management team and provider were working with the local authority to improve the quality of care. An improvement plan had been agreed and we saw that the management team and provider were working towards achieving compliance with this plan. For example, the local authority had requested that the contact details of their safeguarding team should be included in the provider's safeguarding policy. The local authority had recently visited the home and confirmed this had been actioned as planned. This showed the management team and provider were responding to the advice of external agencies to make improvements to care delivery.

At our last inspection, we found that the management team were not effectively analysing safety incidents to identify how future incidents could be prevented. At this inspection, we found that improvements had been made. The registered manager showed us how they monitored incidents to identify patterns and themes. Action was then taken to reduce the risk of further incidents from occurring. For example, it had been identified that one person's verbal aggression may be caused by a hearing impairment. Therefore staff were asked to regularly check the effectiveness of the person's hearing aids to ensure the person could hear well.

Feedback from people and their relatives about their care was sought. No action was needed in response to this feedback as the latest feedback had been positive.

Staff told us the management team were approachable and supportive. Comments included, "They are helpful and supportive" and, "I can go to them with any problem". The management team and provider monitored the staffs' performance and development needs through regular meetings and observations of care. Staff told us this system was effective in ensuring they had the skills needed to meet people's needs. One staff member said, "We asked for the MAPA training and it's being rolled out now". This showed the management team and provider were responsive to the development needs of the staff.