Parkhaven Trust

Willow Centre

Inspection report

Liverpool Road South
Liverpool
Merseyside
L31 8BR

Tel: 01515271848

Date of inspection visit:
02 May 2018

Date of publication:
31 May 2018

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 Willow Centre is a care home which provides respite support for up to 6 people with dementia. The home is located in Maghull, Sefton, and provided by Parkhaven Trust, a registered charity. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, there were two people using the respite service. This service also provided domiciliary support to people living in their own houses and flats in the community. At the time of our inspection, one person was receiving domiciliary support.

At our last inspection on 16 September 2015 we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post at the time of our inspection. The registered manager of the Willow Centre is also the Chief Executive of the Trust. 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. Day to day responsibility for the service was delegated to the Scheme Leader who oversees the day to day running of the centre. The Scheme leader is supported by a deputy manager.

Risk assessments were detailed and contained sufficient information to guide staff on how to mitigate risks. Procedures were in place to analyse accidents and incidents, such as medication errors and falls, with a focus on reflection for future learning and prevention.

People were supported to live in a clean and well-maintained environment. A range of health and safety checks were completed to ensure the equipment and premises were safe for people to live.

Staff had received training in the safe administration of medicines and medication was stored securely.

Safe recruitment procedures were in place to ensure that staff were suitable to work with vulnerable people. There were appropriate numbers of staff deployed to meet people's needs and to ensure people received support when they needed it. Staff had received training in safeguarding and knew how to recognise and report abuse to local partner agencies.

Staff received an induction and suitable training to complete their job role effectively. All staff were regularly supervised in their role and received an annual appraisal. Staff spoken with told us that they were supported with their learning and development and felt they could raise any issues both formally and informally.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice. The service was working in accordance with the Mental Capacity Act and DoLS (Deprivation of Liberty Safeguards) and associated principles. Mental capacity assessments were completed and best interest decisions were made on behalf of those who lacked capacity.

People's overall health and well-being needs were being safely and effectively supported. Staff maintained effective communication within the team and with outside partner agencies to ensure people's outcomes were met. People were offered a varied diet and the chef catered to people's individual dietary preferences.

The two people who used the respite service were unavailable on the day of our inspection and therefore we were unable to speak to them directly however the three relatives we spoke to all described staff as 'kind' and 'caring'. One relative described the service as a 'godsend' and another said 'superb'. People's relatives also spoke positively about the environment and facilities at the Willow centre. One relative commented, "Willow Centre is a nice place, because they don't have that many people, it's a home from home environment."

Care plans contained information about people's likes, dislikes, preferences and routines. It was evident throughout the course of the inspection that staff were familiar with the individual needs of the people they supported.

People using the respite service had access to a wide range of activities which were provided through the day centre based on site. The activities co-ordinator employed by the registered provider maintained links with local community groups to promote social stimulation.

A formal complaints process was visible around the home but we were informed by relatives that any complaints or concerns could be discussed openly with the scheme leader or deputy manager as and when they needed to be.

Quality assurance procedures had been developed to meet the needs of the service. This included audits in respect of care plans, health and safety, human resources and accident and incidents to monitor and improve standards at the home. Opportunities were provided for people and their relatives to comment on their experiences and the quality of service provided through the use of annual surveys.

Staff told us they felt well supported and described the management team as being 'supportive' and 'approachable'. Staff meetings were held regularly and staff surveys were circulated annually.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred at the home in accordance with our statutory requirements.

The ratings awarded at the last inspection were displayed in the communal area of the home and on the registered provider's website.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Willow Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 2 May 2018 and was unannounced.

Prior to the inspection we contacted the local authority quality monitoring team to seek their views about the service. They raised no concerns about the care and support people received. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also considered information we held about the service, such as notification of events and incidents which occurred at the service which the registered provider is required by law to send to CQC. We used all of this information to plan how the inspection should be conducted.

The inspection was undertaken by an adult social care inspector. During our inspection we spoke with the operations manager, deputy manager, three carers, the cook and the activity coordinator. The two people who used the respite service were unavailable on the day of our inspection and therefore we were unable to speak to them directly. We spoke to three relatives of the people who used the service. We also spoke to two people who used the day service. We also looked at the care plans for the two people who used the respite service and their Medicines Administration Records. We reviewed staff personnel files for three staff, staff training and development records as well as information about the management and governance of the service.

Good

Is the service safe?

Our findings

People's relatives told us they felt reassured that their loved one was safe whilst staying at the respite centre. One relative commented, "Yes [relative] is safe, the centre has been a godsend for us, [relative] loves it."

Medicines were managed safely and effectively at the service and medication was administered by staff who had received the relevant training. Medication Administration Records were completed accurately and each person had a medication support plan with photographic ID and any allergies clearly recorded. PRN (as needed) medication was clearly recorded with details of the medication and the reason why it was administered documented clearly. We discussed how these records could be further developed with more detailed guidance to inform staff as to what circumstances the medication was required.

Staff completed assessments in respect of identified risks such as falls, moving and handling and personal care and we saw that action had been taken to protect people from the risk of harm. For example, people at risk of falls had a management support plan and post falls monitoring guidance was in place to guide staff on action to take following a fall.

A record was maintained of all accidents, incidents and 'near misses' which occurred at the service with a view to preventing the risk of reoccurrence. We reviewed a selection of incidents which included medication errors, falls and altercations. We saw that a focus was maintained on future learning and staff were encouraged to reflect on what they could have done differently as a result of errors. A two tier managerial oversight was provided by both the manager and the operations manager. The event was analysed and an action plan was developed following incidents such as; care plans to be updated or for staff supervision to be brought forward.

Recruitment procedures remained safe, and DBS checks continued to be completed on all staff who worked at the home. There was a sufficient number of staff to support people in the home and staff reported that they were able to manage their time effectively. Staff were able to explain the course of action that they would take if they felt someone was being harmed or abused and understood local reporting procedures. Staff also said they would whistle blow if they felt they needed to.

Effective infection control measures were in place to minimise the risk of the spread of infections. The home was visually clean and odour free and staff used Personal Protective Equipment when providing care. The service had achieved a 'Good' rating from the local food standards authority on 21 February 2017. This demonstrated hygienic food handling practices.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People had Personal Emergency Evacuation Plans (commonly known as PEEPs) with photographic ID to support evacuation in the event of an emergency and fire exits were clearly marked out.

Good

Is the service effective?

Our findings

People who used the respite centre did so on a short term basis. The deputy manager completed a through pre-admission assessment prior to any admission to ensure the service could meet people's needs effectively. These assessments covered aspects of the person's health; physical, psychological, social and nutrition needs and staff spoken with had a good understanding of people's individual requirements.

Staff had training in a variety of topics such as dementia awareness, mental capacity act, diabetes, and moving and handling to enable them to be effective in their role, alongside regular supervision and an annual appraisal. Staff told us how effective communication was promoted through the use of a daily handover document and a 10 minute period which was rostered onto each shift to enable them to discuss any issues.

The service operated in accordance with the principles of the Mental Capacity Act 2005 (MCA). Records showed that people's consent was sought in relation to care and treatment. Mental capacity assessments were completed in respect of decisions such as consent to respite stay and for medication to be administered. Best interest checklists were used to ensure that staff considered all the efforts they had made to engage the person and establish their views before making a decision and we saw evidence that people's relatives and other professionals were consulted as part of this process.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had made the necessary applications to the local supervisory body for those they deemed to be deprived of their liberty.

People were supported to maintain their health and well-being. The chef knew people's individual dietary requirements and a daily food service record was maintained which outlined people's portion size preferences. The menu was developed by the head office on a four week rotational basis and included a variety of home-made meals. A health care professional log was maintained which outlined details of people's hospital attendances or multi-disciplinary meetings and a record was kept of contact details for other professionals involved in people's care to promote ease of communication.

The home was clean, bright and airy and included colour differentiation on areas such as handrails to support people's orientation and reduce the risk of falls. The home was on one level with wheelchair accessible paths, adapted bathrooms with automatic lighting and a garden to enable people to navigate around easily. The time, date and weather was displayed for people to orientate themselves and the food menu was displayed on a chalk board so that people knew what they were having to eat.

Good

Is the service caring?

Our findings

The two people who used the respite service were unavailable on the day of our inspection and therefore we were unable to speak to them directly however the three relatives we spoke to all described staff as 'kind' and 'caring'. People's relatives told us, "Staff are friendly and caring" and "The girls are looking after [relative] very well, they all love him."

We observed staff interactions with people who used the day service and saw staff were compassionate in their approach. One person who used the day service told us, "Staff are kind, they choose them especially because they are patient." Staff addressed people by name and warm interactions were observed, such as holding hands, placing an arm around people's shoulder and using gentle touch to offer reassurance.

Staff understood the importance of preserving privacy and ensuring dignity whilst attending to people's personal care needs. Staff were also able to give us examples of how they offered support in a dignified way, for example; providing care in private, closing doors and ensuring people's modesty was protected when assisting with personal care. Staff were able to tell us about the people they supported and their individual preferences. We saw these details were reflected in the personalised care plans.

Staff understood their role in the promotion of human rights and people's autonomy. This was evidenced through their knowledge of how to promote people's individual decision making. For example, one staff member told us how they encouraged people to choose for themselves what they would like to wear for the day and what food they would like to have in order to maintain their independence.

Consent documents were contained within care files in respect of the care package, medication administration and moving and handling support. These documents were designed to be signed by the person to enable them to be actively involved in making decisions about their care, or their representative, if the person did not have capacity to do so. One relative told us about a situation whereby the scheme manager acted as a representative for their relative, ensuring their best interests were met, "The [scheme manager] is really good. She advocated on behalf of my [relative] with other professionals which I thought was really good." There was evidence of regular consultation with people's family members including regular support plan reviews to reflect on how the service was meeting the person's needs. One relative commented, "Staff keep on top of things, and keep us informed and updated."

The advertisement of local advocacy services in the communal area of the home ensured people could access support if required. Advocates help to ensure that people's views and preferences are heard. There was no one accessing this type of support at the time of our inspection but the deputy manager understood how to make a referral if necessary.

Good

Is the service responsive?

Our findings

People's relatives told us the service was responsive to their relative's needs. One relative told us, "They have gone out of their way to keep [relative] there whilst we seek a long term placement, they are very accommodating."

Support plans were in place regarding topics such as personal care, communication, skin integrity, nutrition and mobility and were monitored through a series of monthly 'progress' updates to ensure the service remained responsive to the person's needs. We saw that any changes were clearly reflected in the evaluation updates, for example, one person's record outlined that a mobility aid had been introduced and reminded staff to encourage the person to use this.

Care records were person centred and contained information about people's likes, dislikes, routines and backgrounds. People's files contained a document entitled 'About me' which outlined important family relationships, hobbies, the person's employment history and social history. This enabled staff to understand the background of the person and promoted rapport building between staff and the people they support. Care records also demonstrated a consideration of people's individual diversity and cultural needs, for example, religious beliefs.

People using the respite service had access to a wide range of activities which were provided through the day centre service which was based on site. One relative told us, "[Relative] is up dancing, doing bingo, and whatever else depending on their mood, they are certainly not bored during the day."

We spoke to the activities co-ordinator at the service who told us about the many activities in which people could engage in order to promote their social stimulation needs such as arts and crafts and baking. The activities co-ordinator had a minibus to facilitate access to community activities and enjoyed day trips to local garden centres, an accessible gardening club and museums. They also told us about their links with other partners such as local primary schools, church networks and an older person's voluntary organisation to enable activities such as hymn services and complimentary therapies to be offered in the home. We saw that an era specific newsletter was circulated to those living in the home which contained information on historic events, politics and entertainment news from previous time periods.

The service had a complaints policy and process in place which was visibly displayed in the home. The procedure was clear in explaining how to make a complaint. Relatives told us they had good, positive relationships with both the scheme leader and deputy manager and therefore would raise any issues informally rather than formally.

At the time of our inspection, the respite service was not supporting anyone on end of life care. Some staff including the deputy manager and scheme manager had participated in the 'six steps' programme relating to the provision of quality care for people at the end of their lives. Care records contained information in respect of whether people had completed 'Do Not Attempt Resuscitation' (DNAR) forms.

Good

Is the service well-led?

Our findings

People's relatives spoke positively about the staff, management team and service in general. One relative told us, "I'm happy with the service, I've not had to ring them once over any issues."

Regular audits were completed in respect of the health and safety of the building, maintenance, human resources, infection control and care plans. We saw that action taken in response was clearly recorded, for example, maintenance audits outlined when repairs or replacement equipment was installed. Care plan audits were completed by the operations manager and identified areas for improvement such as risk assessments that needed to be updated.

We saw that the service regularly gathered and analysed the feedback of the people using it and their family members. We reviewed the latest service user and staff survey results and saw that the responses were mostly positive, for example, 86% of staff respondents said they would recommend the service. One staff member told us, "It's fantastic here, I would recommend it, in fact, I have recommended it to someone who came here."

Staff felt well supported by both the scheme leader and deputy manager of the service. One staff member told us, "The scheme leader is very approachable, professional, knows her stuff and is friendly at the same time." Staff meetings were held regularly and minutes showed discussion was held regarding policies and procedures, moving and handling and fire evacuation. Staff spoken with told us they felt confident to raise any issues informally.

There were policies and procedures in place for staff to follow, in respect of topics such as confidentiality, reporting of incidents and complaints and the staff were aware of these and their obligations with regards to these polices.

The service worked in partnership with other organisations to make sure they were following current practice, and providing safe, effective and compassionate care. These included social services, healthcare professionals and community groups. We reviewed the registered provider's business plan and saw there was a clear focus on continuing improvement through working collaboratively with other partner agencies and developing the service through better communication and enhanced record keeping.

The registered manager notified CQC (Care Quality Commission) of events and incidents that occurred in the service in accordance with our statutory notifications. The ratings from the last inspection were clearly displayed in the home and also via a link on the registered provider's webpage.