

Kings Residential Care Homes Limited

Willow House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 30 July 2015 and was unannounced.

This is the first inspection for Willow House since it was registered on 14 October 2014.

Willow House provides accommodation for up to five people who are aged over 18 and who have learning disabilities or Autistic Spectrum Disorder. The home has five single bedrooms, a lounge, dining room, and kitchen. The home had a large garden. At the time of our inspection there were two people using the service.

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 2008 and associated Regulations about how the service is run.

Arrangements were in place to ensure that staff had all of the relevant information they required before they people moved into the service. Detailed care plans were then put in place that provided staff with information about

Summary of findings

people's likes, dislikes and preferences and guidance on how staff were able to meet these. Risks associated with people's care were assessed and actions taken to ensure that risks were reduced. We saw that the service promoted positive risk taking and supported people in this way.

People were supported to attend activities of their choice and to pursue their individual hobbies and interests.

There was a robust recruitment procedure in place to ensure that staff were suitable to carry out their roles. A recent photograph of staff had not been kept as is required. There were no clear records in place that showed what training staff required, had started or had completed.

The service was in its infancy and there were a number of areas where practices need to be embedded. These included regular staff meetings and staff supervisions. The registered manager was working on these areas.

We found that people's capacity to consent to their care and treatment and others areas associated with their care had been considered, there had not been any decision specific capacity assessments carried out.

The registered manager understood their responsibilities and they were supported by the provider in their role. Staff were all aware of the aims and vision of the service and spoke highly about the care that was provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Positive risk taking was promoted and there were risk assessments in place to ensure that people were kept safe. People knew that abuse was wrong and should be reported to staff. The service could not be assured that they were complying with the temperature requirements for the storage of medicines. The service did not have recent photos available of staff members.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff said they had received adequate training to enable them to carry out their roles. Decision specific mental capacity assessments had not been carried out. People were provided with a balanced diet and had access to health professionals as they required.

Requires improvement



Is the service caring?

The service was caring.

Staff knew people's preferences and needs. Staff offered people reassurance in an appropriate manner. Staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were assessed and detailed information was provided for staff about how they were able to meet people's needs. People were supported to follow their hobbies and interests. People felt able to raise any concerns or complaints.

Good



Is the service well-led?

The service was well led.

The registered manager understood their responsibilities and they were supported by the provider in their role. Staff shared an understanding of the aims of the service and spoke highly of the service that was provided.

Good



Willow House

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 inspection took place on 30 July 2015 and was unannounced. The inspection was carried out by two inspectors.

We looked at and reviewed the provider's information return. This is information we asked the provider about

how they are meeting the requirements of the five key questions. We had not received any notifications from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authorities who had funding responsibility for people who were using the service.

We spoke with the registered manager, three members of care staff and one person who lived at the service. We met two people who used the service and spoke with one of their relatives. We looked at the care records of two people who used the service and other documentation about how the home was managed. This included policies and procedures, staff records and records associated with quality assurance processes.

Is the service safe?

Our findings

People and a relative told us they felt that the service was safe. A person that used the service told us that they would talk to the manager if anybody did anything to them that they did not like. Staff had a good understanding of the various types of abuse and were able to tell us how they would report any safeguarding concerns. There were whistleblowing and safeguarding policies in place for staff to follow and these also reiterated the responsibilities upon them. Staff were aware of their responsibilities and told us that they would feel confident to raise any concerns.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. Information relating to identified risks was included in people's care plans. This included detailed information about how staff were able to provide support to minimise the potential risks. We found that the service promoted positive risk taking for example by supporting people to use sharp knives. We spoke with the registered manager of the service who told us how they continually reviewed people's risk assessments to ensure that people were kept safe.

Personal emergency evacuation plans were in place so that staff had access to relevant information should an untoward emergency arise. There was a fire risk assessment in place and checks relating to fire equipment carried out.

There were regular checks on the temperature of the water carried out. There were three hot water taps in communal areas where the temperatures had been identified by the service as being too hot. The registered manager told us

that an external contractor was going to be called in to resolve the issue. As an interim measure caution signs stating 'very hot water' had been put in place. At the time of our inspection only one person that used the service was able to access these taps independently and they were aware that the water was very hot.

Staff told us that there were enough staff on duty and that staffing levels were flexible to meet people's needs. We discussed staffing levels with the registered manager who advised us that as the occupancy levels at the service changed staffing levels would be reviewed and adjusted as required to ensure that people's needs were met.

There were safe recruitment processes in place which meant that were safeguarded against the risk of being cared for by unsuitable people. All pre-employment checks were carried out as required. However there were no recent photographs kept of staff which is a requirement under Schedule 3 of The Health and Social Care Act 2008. The registered manager advised us that she would ensure that these were obtained.

We observed a person being provided with their medicine. We saw that staff explained what it was, what it was for and talked to the person to offer reassurance while they were taking it. There were policies and procedures in place to support the safe management of medicines. However the temperature of where the medicines were stored was not being recorded. This meant that the service could not be sure that medicines were being stored appropriately. We discussed this with the registered manager who advised that they would order a thermometer to ensure that the temperature of the medication cabinet was within the acceptable guidelines.

Is the service effective?

Our findings

One person told us, “The staff know what they are doing.” Staff told us that they had received the training that they needed to enable them to carry out their roles, although they did say, “It would be good to have practical moving and handling training when all new staff had started.” We looked at the training records for staff that were kept. We found there were no clear records in place that showed what training staff required, had started or had completed.

We found that some staff did not have any training certificates in place. This was because they had completed training courses in their previous employment. We discussed this with the registered manager who told us that staff had been asked to provide copies of their previous training certificates. Staff were also completing distant learning course books to further their knowledge.

Staff told us that they were able to talk to the registered manager, the director or the registered manager of the sister home if they had concerns and they felt supported in their roles. The registered manager told us how they met with people regularly during their induction period to review how they were getting on. Two staff told us that they had not received any supervision. Supervision is a meeting with a more senior member of staff to support people in their work and discuss any problems. We saw records that showed that some supervisions had taken place. The registered manager told us that they were going to ensure these were carried out frequently with every staff member once the new staff team was fully established. Staff told us that no staff meetings had taken place, the registered manager confirmed this.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they

receive. Other staff members had limited understanding of it and the requirements of it. However, although we found that people’s capacity to consent to their care and treatment and others areas associated with their care had been considered, there had not been any decision specific capacity assessments carried out. We found that best interest decisions had been made without any consideration of the principals of the act.

The registered manager told us that they had recently had an emergency Deprivation of Liberty Safeguards (DoLS) granted as a person that used the service was under constant supervision. The DoLS require assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. The registered manager explained that a longer term application had been submitted to the local authority.

People were supported to eat a balanced diet. One person told us that there was a weekly food menu in place but they didn’t have to eat what was on the menu and they were able to ask for something different or cook something else themselves. We saw that where risks to people’s eating and drinking had been identified referrals to the Speech and Language Therapy (SALT) team and dietician had been had been made. Professional advice was then followed by staff to ensure that people’s nutritional needs were met. Although we observed staff supporting in line with this advice and their knowledge of it was good, specific details had not been about incorporated into the person’s care plan. We discussed this with the registered manager who advised that they would ensure that this was done.

We saw that people were supported to maintain good health as they had access to healthcare professionals as they required. We saw that people were supported to attend appointments with the dentist, GP and physiotherapist. A person’s relative told us how staff had provided support for them during short stay in hospital.

Is the service caring?

Our findings

People who used the service told us that they liked the staff. A relative at told us, “I am made to feel welcome.” Staff had a good understanding and were knowledgeable about people’s preferences and needs.

The registered manager told us how they operated a key worker system to provide people with a named person to be a main contact and oversee their care. They had allocated key workers based on people’s needs, staff experiences and the interactions they had observed.

Staff members knew people that used the service well and were able to tell us about their likes and dislikes. We saw that information about people’s likes and dislikes were recorded within their care plans. We saw that one person liked tomatoes and another person liked gardening. We were told that people had been supported to grow fruit and vegetables in the garden including tomatoes. We saw that fruit and vegetables were being grown.

Staff gave examples of how they protected people’s privacy and dignity. These included people having a key for their room, knocking on doors, closing doors to maintain privacy and providing reassurance and explanation during personal care. We observed that when a person wanted to use the toilet, staff responded to them discreetly and assisted them into a bathroom where their privacy was maintained.

Staff told us how they supported people to make every day decisions. People’s plans of care provided staff with

guidance on how to include people and how to help them to make a choice by giving them the information in a way that they would understand. We observed staff provide people with information and offer them choices in their preferred way.

People told us that staff listened to them. One person said “I can make a choice where I want to go”. We observed someone being asked what they wanted to do and then being supported to complete their chosen activity.

We observed positive interaction between staff and people who use the service. One person was anxious and staff offered reassurance and support to them. It was obvious that staff knew what the person was communicating and demonstrated that staff knew the people who used the service well.

Staff demonstrated they knew people’s needs and preferences well. They were observed chatting to people about things of interest. When people returned from outings staff were talking with them about where they had been, what they had done, and what they would like to do for the rest of the day.

People were encouraged to be as independent as possible. We observed staff assisting people to carry out tasks around the home, allowing the time required to complete things for themselves. The registered manager, staff and people using the service told us that people were involved in cleaning and cooking in the house and within the care plans it described how to support someone to develop their skills in these areas.

Is the service responsive?

Our findings

One person told us that they knew they had support plan in place and that they were able to go through it when they wanted to. A relative of a person told us that they had been included in all of decisions relating to their relatives care.

Feedback from the local funding authority on how staff had supported a person to move into the service was positive. They advised us that staff from the service had attended briefings they held to ensure that they were fully aware of the person's individual support needs prior to them moving in.

People's care and support needs were assessed and detailed information was provided for staff about how they were able to meet people's needs. We saw that staff provided people with support that was in line with their care plans and personalised to meet their individual needs.

A person and a relative told us how the service supported people to carry out activities of their choice. A relative told us, "[Persons name] does everything he can within his range of abilities." We saw that people were supported to undertake activities of their choice at times when they wanted to. However we saw that where a specific activity

had been recommended by a health professional for a person and the usual sessions had been postponed during the summer holiday period an alternative had not actively been sort. We discussed this with the registered manager who advised us that there were looking at sourcing an alternative venue.

People were supported to follow their hobbies and interests. We saw that a small area had been developed in the garden to enable people to follow their interests in growing fruits and vegetables. We saw that a person was supported to watch a horror movie at the cinema in the evening. We saw that people who used the service had a choice over what was on the TV.

A person told us that they would be happy to raise any concerns with the registered manager. Staff members told us that they felt able to raise any concerns with the registered manager. The service had not received any complaints. We looked at the provider's policy for dealing with complaints and although it provided details of the process it did not provide any details of where people were able to refer their complaints to for further investigation if they were not satisfied with the provider's response.

Is the service well-led?

Our findings

A person who used the service told us they were able to make decisions about things at the service. Staff told us that they and people who used the service were involved in making decisions.

We received feedback from a local funding authority who told us that there was a high level of communication at the service and that the, “the management level is good.” Staff told us that they were able to raise any concerns with the registered manager or provider. The registered manager told us how they worked at various times throughout the week to ensure that they had a good understanding of the service and people’s needs throughout the 24 hour period. This also enabled them experience the requirements on staff throughout different periods of the day.

A relative told us how staff at the service ensured that they were kept up to date with things at the service. We saw that weekly updates were provided.

The registered manager understood their responsibilities and they were supported by the provider in their role. Staff were all aware of the aims and vision of the service and spoke highly about the care that was provided. One staff member told us, “People are receiving the best quality care.” Another staff member told us, “the staff team are hardworking and Willow House is a work in progress.”

We saw that a number of checks were carried out to ensure that people and the environment were kept safe. For example we saw environmental checks and cleaning schedules that were in place. There were however no established system to ensure that these were being used. The registered manager had been quite involved in the day to day running of the service so was able to oversee that these were being done. The registered manager told us that as the service becomes more established they will need to look at the introduction of a system to ensure that these are completed regularly.

The registered manager advised us that the service would be sending out quality assurance questionnaires to obtain people’s feedback about the service.