

Fountain Care Limited

The Willows Care Home

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 Willows Care Home provides accommodation, care and support to up to seven people with a learning disability. At the time of our inspection six people were using the service.

At our last inspection in September 2015 the service was rated good. At this inspection on 19 October 2017 the service remained good.

Staff understood their role in regards to safeguarding adults and continued to protect people from avoidable harm. The staff regularly reviewed and assessed risks to people's safety and adapted risk management plans to ensure any risks to people's health, safety and/or welfare were minimised. There were sufficient staff to meet people's needs and safe recruitment practices continued to be followed. Medicines were stored securely and people received their medicines as prescribed.

Staff continued to refresh their knowledge and skills through regular training and supervision. Staff adhered to the principles of the Mental Capacity Act 2005 and conditions stipulated through the Deprivation of Liberty Safeguards. Staff provided any support people required to ensure they ate and drank sufficient amounts, and they had access to healthcare services when they required them.

Caring, friendly relationships were evident between staff and people. Staff spent time building trust with people. Staff were aware of people's communication methods and enabled them, as much as possible, to make choices about their care. Staff respected people's privacy and dignity, and supported people to maintain relationships with friends and family.

Staff provided people with the level of support appropriate to their needs. Detailed care records were maintained about people's needs and how they were to be supported, taking into account people's preferences. Staff encouraged people to participate in a range of activities at the service and in the community. A complaints process remained in place to ensure any concerns raised were dealt with appropriately.

A new manager had recently been appointed. They were clear about their expectations and how they would like the service to develop. Staff felt listened to and there was an open culture within the staff team. There continued to be mechanisms in place to obtain feedback from staff, people and relatives. Processes remained in place to review the quality of service delivery. The provider adhered to the requirements of their registration with the Care Quality Commission.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Willows Care Home

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 checked 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 19 October 2017 and was unannounced. A single inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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 improvements they plan to make.

During the inspection we spoke with four staff, including the new manager. People were unable to speak with us so we observed interactions between people and staff. We reviewed three people's care records and staff records relating to recruitment, training, supervision and appraisal. We also reviewed medicines management arrangements and records relating to the management of the service. After the inspection we received feedback from an advocate who supports one person using the service, a social care professional and three people's relatives.

Is the service safe?

Our findings

One relative told us their family member was kept safe and their "safety was paramount". Staff continued to safeguard people from avoidable harm. Staff had received updated safeguarding adults training and were knowledgeable in recognising signs of abuse and reporting procedures. Staff were aware of any harm people experienced in their past and how that impacted on them and their behaviour. At the time of inspection there were no ongoing safeguarding investigations. The manager and staff knew how to report any concerns and the new manager was beginning to build links with the local authority safeguarding team.

There were sufficient staff to meet people's needs. Staffing levels were flexible and the number of staff on duty depended on people's routines and the activities they participated in. The majority of people needed one to one support either at the home or in the community and this level of support was provided.

Safe recruitment practices remained in place to ensure appropriate and suitable staff were employed to support people. This included checking people's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks.

Staff continued to assess, review and identify risks to people's safety. Management plans were developed to instruct staff about how to support people to minimise and mitigate risks to their safety. This included risks at the service and in the community. Staff also supported people who at times displayed behaviour that challenged staff and which may pose a risk to other people's safety. Staff told us they were tracking and recording this type of behaviour and were supporting people to undertake steps to reduce this behaviour. This included supporting people to have regular sleeping patterns. From talking with staff they understood what measures to take to protect people from harm and what to do if an incident or accident occurred. One staff member said, "We always follow the procedures." We saw reporting procedures were followed in regards to incidents to ensure appropriate action was taken to support the person.

There were processes in place to review the safety of the environment and the provider continued to ensure appropriate checks were undertaken to review gas safety, electrical safety, safe water temperatures, protection from the risk of burns through covering radiators, and protection from the risk of falling from height through installing window restrictors.

People continued to receive their medicines as prescribed. Staff adhered to systems to ensure accurate records were maintained of all medicines administered and to enable stock checks to be undertaken to ensure all medicines were accounted for. When people required their 'when needed' medicines there were protocols and systems in place to ensure this was done safely. Medicines were stored securely and at safe temperatures. There were systems in place to ensure any unused medicines were either returned to the pharmacy or disposed of appropriately.

Is the service effective?

Our findings

People continued to be supported by staff that had the knowledge and skills to perform their duties. The majority of staff were up to date with the provider's mandatory training, including training in relation to people's specific needs such as epilepsy and autism. This was completed through a combination of eLearning and face to face training. On the day of our inspection the newly appointed manager was attending their induction training. A full induction was provided to all staff ensuring they completed the provider's mandatory training requirements as well as supporting staff to complete the Care Certificate, a nationally recognised tool which gives staff new to a care setting the knowledge and skills to undertake their basic duties. Staff were also receiving regular supervision and an annual appraisal to review their performance and have open discussions about their role and responsibilities.

Staff continued to adhere to the principles of the Mental Capacity Act 2005. Staff obtained people's consent prior to providing any care or support. Where people were unable to consent due to a lack of capacity, staff held best interests' meetings in liaison with relevant health and social care professionals and people's relatives and/or advocacy support. 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 is called the Deprivation of Liberty Safeguards (DoLS). Staff continued to support people in line with the conditions authorised through the DoLS process in order to maintain their safety. The manager was aware of when people's DoLS authorisation expired and arranged for people to be reassessed by the relevant authority.

People had access to sufficient amounts of food and drink to meet their needs. Staff provided people with any support they required with food and drink preparation and at mealtimes. Some people were able to help themselves to food and drink in the kitchen, whereas other people needed staff to provide them with meals and drinks. There were systems in place to give each person the opportunity to contribute to the weekly menu, this included showing people pictures of different meal options so they could indicate what they wanted. Staff were knowledgeable about people's dietary requirements, including in relation to any risks to their health through choking, and provided meals in line with people's religious preferences. We observed staff supporting people at lunchtime, including using pureed meals and thickened drinks when required. We observed staff had purchased adaptive cutlery and crockery to enable people to eat and drink independently.

Staff supported people to access healthcare services when they needed them. This included making appointments for people to access primary health care services, through their GP, dentist or optician. Staff also supported people to attend hospital appointments and to attend regular appointments with specialist healthcare professionals, including consultant psychiatrists and members of the learning disability mental health team. Staff liaised with people's relatives about any changes in their health and the outcome of any health appointments. Health action plans were in place and regularly reviewed outlining any support people required with their health.

Is the service caring?

Our findings

A relative said, "The staff are brilliant...I cannot fault them...[Their family member] has fun and enjoys herself." A social care professional told us, "The staff are approachable, kind, and seek to improve the quality of life of the [person using the service]." Staff continued to have caring and friendly relationships with people. We observed the new manager had already started to build relationships with the people using the service. We observed the person who had moved into the service since our last inspection had built friendly relationships with staff. When the new manager came to the service this person's behaviour changed included smiling and laughing indicating they were happy to see them. Staff were also aware of the importance of building trust with people and that some people found it more difficult to trust people due to experiences in their past.

A variety of communication methods were used to give people the opportunity to inform staff what they wanted and express their views and opinions. Most of the people at the service had limited to no verbal communication. Staff were aware of what key words people used and what they meant. Staff were also aware of the non-verbal communication people used to express their needs. This included identifying how people expressed whether they were in pain or discomfort.

Staff offered people choice and encouraged them to make choices about what they did and when they did it. A relative told us, "[The staff] do allow them as much as possible to make choices." Staff respected people's preferences and provided support in line with people's preferred daily routine. An advocate supporting one person said, "[The person] is listened to and in the last four years I have seen their behaviour change for the better because she knows that her wishes are acted upon."

Staff respected people's individuality. Staff provided people with any support they required in relation to their culture and/or religion. We observed that separate cooking equipment and food storage was maintained for people who followed a halal diet. Staff respected people's wishes to practice their faith and provided any support required to visit places of worship.

People's privacy and dignity was promoted and maintained. We observed staff respecting people's wishes and provided any personal care support in the privacy of the person's room or bathroom. We observed staff knocking before entering a person's room. On inspection we entered a person's bedroom accompanied by staff with the person's permission. Staff noticed that the person had spilt liquid on their top. The staff member asked us to leave the room so they could support the person to change their top in privacy.

One relative said the service was very accessible and that they were "very involved" in their family member's care. Relatives felt communication from the staff was good and they were always informed of any changes in people's care, health or support needs. People were encouraged and supported to maintain relationships with friends and family, and visitors were welcomed at the service. Relatives confirmed they were welcome to visit and able to spend time with their family member. The staff were supporting two siblings who both had care support needs to live together at the service and maintain that family contact.

Is the service responsive?

Our findings

One relative said in regards to the care their family member received that it was "better than I ever thought. [The person's] needs are met 100%...The care is second to none." An advocate supporting one person told us, "The staff at the Willows are very respectful and knowledgeable about their clients." Staff continued to provide a responsive service that met people's needs. Care records provided detailed information about people's support needs. This included in relation to their physical health, emotional and mental health, their personal care and their social and financial needs. Care plans were regularly reviewed and updated in line with any changes in people's health or support needs.

People were allocated a key worker, a member of staff dedicated to lead on their care and support. People met with their key worker monthly and reflected on what had been achieved in the previous month. This included reviewing their support needs, activities they participated in and reflections on their behaviour and/or mood.

Staff were knowledgeable about the people they supported. They were able to describe to us the person using the service, their support needs, their interests, likes and personalities. If staff identified a change in people's needs, the new manager liaised with the person's social worker and funding authority to have their care needs reviewed and re-assessed.

Staff supported people with their specific support needs, including in relation to their physical health. For example, one person had epilepsy. Staff used equipment to monitor signs of a seizure, particularly at night, and were aware of the behaviour the person displayed indicating they were about to have a seizure so appropriate support could be given. Staff recorded all seizures and had noted that the person's seizure patterns were starting to change. Staff liaised with relevant healthcare professionals about these changes. Staff made changes to the environment in relation to changes or deterioration in people's health and support needs. For example, the staff had a ceiling hoist installed in one person's room and had changed their en-suite bathroom into a wet room to help with their mobility needs. Staff also considered sensory stimulation when supporting people including arranging for reflexology and aromatherapy to be delivered at the service.

Staff supported people in line with their interests and people had weekly structured activities. People were supported to undertake activities at the service and in the community. The staff had access to a number of vehicles in order to support people to travel to the activities and amenities they wanted to visit. On the day of our inspection a number of people were being supported to attend early Halloween celebrations held by a local group. Staff encouraged people to undertake a range of activities, including physical activity as well as more relaxing and creative activities.

A complaints process remained in place. Staff asked people and observed any changes in people's behaviour and/or mood to identify if they had any concerns or were upset. If complaints were received there continued to be processes in place to review and investigate the concerns raised, and as much as possible resolve the concerns to the complainants' satisfaction.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager. The registered manager had left the service a few weeks prior to our inspection and a new manager had been recruited. The new manager had begun the process to apply as the 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.

The new manager had been in post for two weeks prior to our inspection. They had already held meetings with staff to outline their expectations for staff performance and for the service, including what their priorities were for the service and what they wanted to achieve. The manager had also welcomed staff to express their opinions about the service and suggest any developments they felt would be beneficial. Staff told us there was high morale and all colleagues worked well together and supported each other. One staff member said, "Staff are very supportive. We're all working together." Another staff member told us, "[The directors] know everyone personally" and in regards to the working environment they said, "It's just lovely. There's no stress." They said in regards to the new manager, "First impressions, he seems really good and on top of everything."

The provider welcomed feedback from people, their relatives, staff and health and social care professionals. Each were asked to complete annual satisfaction surveys and the findings of these were incorporated into the service's annual report. Feedback included, "The staff are respectful and make sure the residents dignity is preserved at all times" and "Since I first met [the person] their confidence has increased and their vocabulary, thanks to staff's attitudes." The annual report reflected on the achievements the service and staff had made over the last year. We saw this included installing a stair lift to meet people's specific needs. The annual report also outlined priorities and actions for the upcoming year which were being worked on. The new manager told us their priorities were to further empower people to develop their skills and interests, as well as building links with local and national groups and good practice schemes.

The staff continued to complete the provider's processes for reviewing the quality of service delivery. This included a programme of regular audits to review the quality of care records, medicines administration, health and safety and staff support. The provider also organised for the pharmacy to undertake a full medicines audits at regular intervals. There were processes to review and mitigate service level risks. If improvements were identified as being required these were addressed promptly.

The provider was aware of the requirements of their registration with the Care Quality Commission and statutory notifications were submitted about key events that occurred at the service. The provider had also adhered to the requirement to display the rating given at previous inspections both at the service and on their website.