

Midland Heart Limited Willowbrook

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service: Willowbrook provides personal care and support to people who live in their own home within a shared building of 61 flats. This can be older people or younger adults who may have a physical disability or may be living with dementia. At the time of our inspection visit there were 14 people living at Willowbrook who received personal care support.

People's experience of using this service:

- People felt safe living at Willowbrook and with the staff that supported them.
- The provider's recruitment procedures had not been followed consistently to ensure staff were safely recruited.
- Risks related to people's health and the environment were identified and acted upon. However, records were not always clear about the management of risk.
- Staff knew how to protect people from potential abuse and avoidable harm to keep them safe.
- Medicines were managed safely and people received them as prescribed.
- There were enough staff to support people's needs including any emergency care needs.
- People's needs were assessed before they lived at Willowbrook and staff completed training to ensure people's needs could be met safely and effectively.
- People said staff were caring.
- Staff knew people well so they could provide them with care and support in ways they preferred.
- People were provided with support to access healthcare professionals when needed.
- People's right to make their own decisions about their care were respected and supported by staff who understood the principles of the Mental Capacity Act 2005.
- People's care plans contained instructions for staff to follow to ensure people received the personalised care and support they had agreed.
- Staff understood the importance of respecting people's privacy and dignity and aimed to support people to be as independent as possible.
- The provider had various quality monitoring systems to check people received safe care and support in accordance with the providers policies and procedures.
- Overall, people were happy living at Willowbrook. People knew of the complaints process should they have any concerns about the service.
- At the time of our visit there was no registered manager in post. The service was being supported by two management staff, these being an area manager, and scheme manager.

Rating at last inspection: This was the first inspection to this service since they were registered under the current provider in August 2018.

Why we inspected: This was a planned inspection although it was brought forward due to information on risk reported to us that we needed to be assured had effectively been managed.

Follow up: We will continue to monitor information we receive about the service until we return to visit as

per our inspection programme. If any concerning information is received, we may inspect sooner.

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 always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

Willowbrook

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by notification of an incident which impacted on some people who used the service. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk in regards to recruitment practices.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Willowbrook provides personal care and support to people living in their own home. CQC regulates the personal care provided.

At the time of our inspection, there was no registered manager in place.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because we needed to be sure a manager and staff would be available to speak with us.

The inspection visit took place on 8 March 2019.

What we did:

We reviewed information we held about the service such as statutory notifications about incidents that had

occurred at the service. We looked at two care plans, staff duty rotas, staff call allocation sheets, records of accidents and incidents, quality monitoring records and medicine records. We spoke with seven people that used the service and 4 care staff members. We spoke with the area manager, scheme manager, head of retirement living and the quality & outcomes manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were met.

Staffing and recruitment

- Procedures for the safe recruitment of staff had not always been followed to confirm staff were suitable to work with people. The manager told us in response, and since they had started, they had reviewed all staff recruitment files. This was to ensure any information lacking was obtained and reviewed.
- Staff arrived to support people at the times they expected. One person told us, "Always on time, they come three times a day." Another said, "Sometimes they are held up due to accidents but usually come on time. They are very good."
- Staff had the time they needed to provide the support people required which ensured people received the service they expected. One staff member told us, "Yes the care is getting covered. Staff have been reduced to two because the care we provide has decreased. It is working ok."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and assessed but assessments had not always been regularly reviewed. For example, one person's moving and handling risk assessment was dated August 2018. It was not evident this had been reviewed to assess if there had been any changes to this risk. The manager said this had been reviewed but a copy had not been placed on the person's file.
- Information about risks associated with people's care was not always accessible to staff to ensure a consistent approach by staff in managing risk. For example, one person had lost weight and did not always eat. Their care plan did not clearly state the actions staff needed to take to manage this risk. The manager told us the wellbeing nurse employed at the service had been supporting this person to address nutritional risks.
- People told us they felt "quite" safe at Willowbrook. One person told us, "Yes quite safe, I have a good laugh with them (staff) sometimes."
- Each person had a personal emergency evacuation plan (PEEP) and most contained clear information about how people needed to be supported to leave the building. However, one we viewed did not make it clear the person could independently walk out of the building. This was important so that the emergency services would know who needed what support. The manager said they would address this immediately.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to protect them from the risk of abuse.
- Care staff had completed training on how to recognise abuse and understood their responsibility to report any concerns they identified to their manager.
- The managers and senior staff understood the procedure for reporting concerns to the local authority and to us (CQC) and had followed this procedure when concerns had been identified.

Using medicines safely

- Staff completed medicines training so they could administer medicines safely and in accordance with good practice.
- People supported with their medicines received them on time.
- Medicine administration records were kept to show how medicines had been managed. The manager completed regular checks of medicine records to make sure people had received their medicine and staff followed safe practice. One staff member told us, "We get spot checked and they (management) come around with us and oversee us administering medicines."

Preventing and controlling infection

- Staff completed training in the control and prevention of infection and understood their responsibilities in relation to this.
- Staff wore personal protective equipment, such as gloves and aprons, when necessary to protect people from the risks of infection.

Learning lessons when things go wrong

- Lessons had been learnt from incidents at the service. For example there had been a recent incident where recruitment records had not been fully checked and potential risks to people had not been identified. This had resulted in a change of practice in how records were completed and reviewed to reduce the risk of this happening again.
- Accidents and incidents were recorded and monitored to identify any concerns that may need to be acted upon to reduce reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this. Regulations were met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments included people's physical and mental health needs, what they could do independently and what they wished to receive support with.
- Care records documented the support people required and people's needs were kept under review to identify any changes, so these could be met.

Staff support: induction, training, skills and experience

- Staff received an induction when they started work at the service although one staff member told us their induction had been delayed due to staff and management changes at the service. However, they had worked along other experienced staff when they started to get to know people and understand how people wished their support to be provided.
- Staff felt supported in their role and received ongoing training as well as supervision meetings with their manager to support and guide them with their work.
- People felt staff were sufficiently trained to support their needs. One person told us, "They always seem to know what they are doing, no complaints about that."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people with meals or drinks as required during pre-agreed care calls at specific times of the day. There was a restaurant in the building people could access for their main meals although at the time of our visit, this was being refurbished. People therefore either ate meals in their flats or used the "hobbies" area based on the first floor of the building.
- Risks associated with people's eating and drinking were assessed, and agreement sought, for them to receive support from a wellbeing advisor employed by the service. The wellbeing advisor monitored people at risk of malnutrition and regularly checked people's weight. They provided nutritional advice to people and staff to ensure people maintained good health.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health and knew to report any concerns to the manager such as signs of illness, that might indicate the person needed healthcare support.
- People accessed the wellbeing advisor at a 'drop in' clinic each week to discuss any health concerns. The wellbeing advisor completed checks such as blood pressure and general health, they relayed any concerns to the person's GP with their consent.

- People's relatives or staff supported people to make contact with their GP or make other appointments with health professionals. One person told us, "They (staff) arrange the doctor. A chiropodist comes once a month. They arrange eye tests. I have my own dentist, my daughter takes me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

- The manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People using the service made daily decisions for themselves, or if appropriate, with the support from relatives and staff.
- People told us staff asked them for consent prior to providing a shower and care plans showed people had signed consent forms to confirm their agreement to personal care. This included consent for staff to administer medicines as appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Regulations were met.

Ensuring people are well treated and supported; equality and diversity

- People described staff as caring but felt staff did not have time to sit and talk with them. One person said, "On the whole they are caring and good at their job, very respectful." Another told us, "They are caring, yes. They are usually in a hurry, no time to chat."
- The manager had recognised the importance of people being supported by staff they were familiar with through the period of change to the current provider. Staff had worked together to try and ensure there was minimal impact on people.
- Staff always acknowledged people when they walked past them and people shared with us examples of how staff had been caring. One person told us, "The staff are very good, I can't fault the staff. One made me that" (pointed to an item), which clearly had pleased them.
- The manager told us of a Lesbian, Gay, Bi sexual, Transgender (LGBT) network at Willowbrook where they hoped people would feel encouraged to be open and share information about their sexuality. There was recognition of the importance for staff to understand equality and diversity and ensure people's individuality was recognised and respected.
- An 'Equali-tea' event was held at the service to celebrate LGBT history month in February 2019. Leaflets had been given to people about how the law had changed over the years for LGBT rights and how Midland Heart had a dedicated LGBT group. The tea event gave people the opportunity to talk with one another and enjoy a cup of tea and slice of cake.
- People said they were asked about the gender of the staff providing personal care to them to ensure they were happy with this.

Supporting people to express their views and be involved in making decisions about their care

- People made day to day decisions about their care and staff respected people's right to refuse support.
- People were involved in discussing their care and support needs when they started to use the service and periodic reviews took place to ensure the support provided continued to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information on what they could do for themselves and what they needed staff support with. One person told us, "I'm quite independent, they leave me to it."
- People felt staff were respectful towards them and spoke positively of staff who supported them. People acknowledged the different approach from agency care staff because those staff did not know them as well.
- Staff knew what was expected of them to maintain people's privacy and dignity. This included keeping people appropriately covered prior to and following personal care. However, one person told us they didn't

feel comfortable having a shower. They said, "They constantly ask me about a shower. I strip wash generally. You never know who is going to walk in, so I don't have one."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support was planned with them when they started using the service. An 'ability profile' detailed what people could do independently and what they needed staff to support them with.
- Each person had a care plan in their flat and this provided staff with information about how to support people in ways they preferred. For example, in one care plan it staff should make the person a hot drink of their choice and make sure this is put on the person's tea trolley.
- People chose how they spent their day. They spoke of being 'happy' about the care and support they received and told us of activities that took place at the service which they could participate in if they wished.
- People received information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given. The manager told us the communications team at Midland Heart could complete care plans in braille and translators were available if needed.
- Staff recorded the care and support they provided in records held within each person's flat and recorded any changes in their health. This meant staff always had up to date information about people to provide the care people needed.
- People had telephones in their flats so they could keep in regular contact with their families and maintain relationships with people important to them.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns but most people said they were happy living at Willowbrook and did not have any complaints. One person told us, "I think there is complaint information in the lift. I just go to the office. I'm quite happy that they deal with my concerns." Two people said they would feel uncomfortable raising a concern. One of these told us, "No complaints or concerns. I wouldn't feel comfortable raising anything in case they asked me to leave."
- Staff told us the managers working at the service were very approachable and had taken people's concerns seriously and responded to them promptly when raised. One staff member told us, "Complaints have gone in to [manager] she tends to deal with them....she does not sit on things, she acts on them." They went on to tell us people had raised a concern about staff smoking at the front of the building and how the manager had arranged a separate smoking area away from the front of the building for staff.
- Records of complaints showed they had been responded to. One of these was in relation to not having condiments on tables at mealtimes. We saw this had been addressed.

End of life care and support

- People were given the opportunity to discuss end of life care and their wishes for how this should be managed. Care plans confirmed information people had shared about this so that staff could respect their

wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Regulations were met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Overall, people were happy living at Willowbrook. One person told us, "I'm quite happy with the service here." Another told us, "Yes overall, I suppose so (happy). I think they do the best they can."
- People spoke positively of the management of the service. One person told us, "I think it's well managed." Another said, "Seems to be well managed." People said there was usually somebody in the office if they needed them.
- Staff told us any changes to people's care were written into care plans which they were required to read each day to ensure they provided care in accordance with people's needs.
- The manager understood and followed their regulatory responsibility to inform us about significant events that happened in the service such as serious incidents and accidents.
- Staff said the accessibility of the new managers had meant they were starting to feel valued and supported and enjoyed working at Willowbrook.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Information about areas of risk related to people's care was recorded in a 'handover' book and shared with staff at the beginning of their shift to ensure these risks were known about and managed.
- There was a clear structure within the service so that staff were clear about their roles and what was expected of them.
- The management team consisted of an area manager and scheme manager. They led by example and were committed to providing high quality care and support to the people that lived at Willowbrook.
- The provider had a quality assurance monitoring tool based on CQC standards to ensure the service provided safe, good quality care, that supported people's needs. This tool ensured both manager's and staff took responsibility, and were accountable, for meeting these required standards.
- Midland Heart had a Quality Assurance Team that independently reviewed each of their services, including Willowbrook. They identified if the required standards were met and ensured staff followed good practice.
- An audit completed by the quality team showed it had been effective in identifying areas for improvement and good practice. It showed the managers at Willowbrook had been responsive in taking the action necessary to undertake improvements identified to benefit the people who lived there.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke of going through a period of change when the new provider had taken over which they were

still adjusting to. One person told us, "I'm not happy about the disruption. How long will it take? They don't tell you anything." However, meetings had taken place with people where they had been advised of the proposed changes. One person told us, "We have a calendar with the meetings. Quite a lot go. We discuss problems, repairs. You can bring up anything you like."

- Staff also attended meetings with management staff where they were given opportunities to discuss and make decisions related to the service. One staff member told us, "We have had a couple since [manager] started. You can comment and make suggestions and say what you think or go to her with a problem." They told us how staff had requested duty rotas to be provided more in advance and how the manager had ensured this had happened.
- The provider had reduced care staff numbers in response to the reducing needs of the number of people needing personal care support. Plans were in place for personal care to be provided by a separate provider from within the building with a new manager to be appointed to manage this service.

Continuous learning and improving care

- The provider and manager understood their responsibility to be open and honest when things had gone wrong. Learning was shared and discussed with staff, to prevent reoccurrence.
- The manager told us how visits from the provider ensured there was continuous learning and improvement within the service. This was because the provider issued the manager with an action plan following their visits to make any required improvements. Records showed prompt action had been taken by the manager to address the actions indicated. The quality manager told us, "Since [manager] has been here she is absolutely brilliant, she is on it, she is very proactive (ie takes initiative). I speak to customers and they seem really happy with [scheme manager and area manager]."

Working in partnership with others

- The provider worked in partnership with other professionals such as local authorities and health care professionals to ensure people experienced positive outcomes in relation to their care.