Willowbeech Ltd

Willowbeech Limited - 33 Ophir Road

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?	Requires Improvement

Summary of findings

Overall summary

Willowbeech Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Willowbeech Limited was registered for up to five people. There were four young adults living in the home at the time of our inspection. People had a range of support needs related to maintaining their mental and physical well-being and needs related to the impact of their learning disabilities or autistic spectrum disorders. The people living in Willowbeech Limited had difficulties communicating their needs or managing their emotions and their experience of their environment. This meant at times they could become agitated and anxious. At times this resulted in verbal and physical aggression towards themselves or staff.

This announced inspection took place on the 4 and 5 May 2018. We made further telephone calls to gather evidence up until 11 May 2018 and received further evidence from the provider following our visits to the home.

There was a manager registered with Care Quality Commission at the service. 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 person registered to run the service was no longer working there and a new manager was in the process of applying to take on this function.

At our last inspection in April 2017 we found breaches of regulation because staff had not been recruited safely, notifications had not been made and the oversight of the home was not sufficient. At this inspection we found improvements had been made and there were no longer regulatory breaches.

People were supported by staff who liked and respected them and understood how to support them. Measures to reduce risk reflected people's preferences and people spent their time in ways they enjoyed and were meaningful to them.

Staff also knew how to identify and respond to abuse and told us they would whistleblow if it was necessary.

Staff encouraged people to make decisions about their lives. And this was supported and promoted by systems that reflected the principles and framework of the Mental Capacity Act 2005. Staff reflected on communication and discussed their interpretation of people's wishes to promote the least restrictive option

available.

People were supported by safely recruited staff who were committed, kind and enthusiastic. They had received appropriate training although some staff needed to learn to use person's expressive communication tool. The provider told us this was being addressed.

Oversight structures and ethos of care were clear and quality assurance systems were largely effective. Changes were made to oversight in response to our inspection findings.

The environment was clean and well maintained reflecting the needs and preferences of people.
People ate food they liked and there were systems in place to ensure people had enough to eat and drink and that they were supported with this safely.

Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

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 was safe although people's medicines had not always been administered safely. This was addressed immediately during our inspection.

People were supported by staff who had been recruited safely and had the necessary skills and knowledge to support them.

People were supported by staff who spoke competently about how they reduced the risks people faced. Risk assessments were in the process of being updated.

Is the service effective?

Good

The service was effective. Staff had the knowledge necessary to deliver effective care although some staff needed training in a person's communication system.

Deprivation of Liberty Safeguards (DoLS) had been applied for appropriately but where additional restrictions were in place they had always been considered in line with MCA. Staff had a good understanding of the principles of the MCA and incorporated these in their work.

Is the service caring?

Good

The service was caring.

People received care from staff who cared about them and liked and respected them. Staff developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and were involved in making decisions about people's day to day care.

Is the service responsive?

Good

The service was responsive. People received the support they needed.

Relatives were confident they were listened to and knew how to complain if they felt it necessary.

People spent their time involved in activities that they enjoyed and were meaningful to them.

Is the service well-led?

Requires Improvement

The service had been through a period of unsettled management.

There were systems in place to monitor and improve quality including seeking the views of relatives. However, audits and oversight of incidents had not always been robust.

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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 the 3 and 4 May 2018 and was announced. We announced this inspection to be sure there would be staff available in the home. We made further telephone calls to gather evidence up to 11 May 2018.The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. We had not requested a Provider Information Return (PIR).This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.

During our inspection we observed care practices, spent time with three people living in the home, spoke with two relatives, five members of care staff, and a registered manager from one of the provider's other services. We also looked at records, including medicines administration records, related to three people's care, and reviewed records relating to the running of the service. This included staff records, quality monitoring audits and accident and incident records. Following the inspection we asked for information about plans related to recruitment and information related to communication training to be sent to us. We received this information as agreed.

We also spoke with or received feedback from social care professionals and a GP who worked with the service.

Good

Is the service safe?

Our findings

When we last inspected Willowbeech Ltd in April 2017 we found that recruitment processes did not ensure that appropriate checks had been made on candidates' suitability. There was a breach of regulation. The provider wrote to us and told us they would comply with the regulation by 30 July 2017. We found that these improvements had been made and there was no longer a breach of regulation.

People were not able to tell us if they felt safe, however, we saw that they were relaxed in each other's company and with the staff supporting them. Staff were trained to respond to incidents of aggression using an accredited positive behaviour support system. The organisational philosophy was to reduce incidents of this nature through positive behaviour support. This is a research-based holistic approach that focusses on people as individuals and creates opportunities for people to live meaningful lives. Staff understood the risks people faced and were able to describe confidently the measures in place to address these. Some risk assessments had not been reviewed since the end of 2017. We spoke to staff who explained that where risks had changed these would have been updated, and a senior member of the team was currently reviewing all the risk assessments.

There were procedures in place to support good safeguarding practice. Staff had received training in how to follow the safeguarding process and were able to describe how they would report suspected abuse. They were confident concerns would be taken seriously by managers. One member of staff told us: "I would make sure the person was safe and report it straight away." Staff had access to the telephone number for the safeguarding authority. Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and to report these.

People went out throughout our visits and were supported to make their meals and undertake household responsibilities as appropriate. Staffing deployment reflected the needs of people and when agency staff were used this was accounted for by permanent staff who made decisions on where staff were deployed to ensure people's safety. We noted that a number of different agency staff had been used, which did not reflect the needs of the people or staff team. We discussed this with the provider and the manger. They told us they had plans to manage recruitment to ensure the stability of the staff team.

Staff understood their responsibilities to ensure infection control was effectively managed and we saw they used appropriate protective clothing when supporting people with personal care or cleaning. People's rooms and communal areas were clean throughout our inspection.

Equipment owned or used by the registered provider was suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. These systems were being developed to ensure that where equipment was vital for people's wellbeing spare parts were kept in the home.

Staff who supported people with their medicines had undertaken training and had their competency assessed. Medicines administration was not robust. This was because staff had not always given medicines in order or signed for medicines given. This meant it was not possible to tell if people had received their

medicines or if medicines were missing. A change in medicines had not been recorded clearly and this meant a medicine that had ended still appeared on the person's medicines administration record. We spoke with a senior member of staff and the manager who supported staff from Willowbeech during our inspection. They acknowledged the risks inherent in these practices and began to address them immediately.

Good

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where appropriate.

MCA assessments and best interests decisions were in place to determine the least restrictive way to provide people with the care and support they needed. Staff had received training in MCA and DoLS and reviewed their assumptions about people's choices with staff. This approach to decision making promoted people's rights. Staff all spoke passionately about promoting people's choices and ensuring their care was provided in the least restrictive way.

Records showed staff were expected to undertake training to enable them to carry out their roles. This training was comprehensive and up to date. One person used a communication system that not all staff were familiar with. Some staff had received training on this and one of these staff described its importance as a means of expressive communication. We asked for information about when this training would take place for all staff. The provider sent us information assuring us that this was being addressed.

Staff told us they felt supported by their colleagues. They acknowledged that they had been through an unsettled time with management changes but commented on how they were all working hard to secure the team. One member of staff reflected on the support of the whole staff team saying: "I am proud of the staff team." Another member of staff commented: "I feel supported by the team leaders and the new manager." Staff took part in regular supervision and appraisal sessions. This gave them an opportunity to discuss any concerns, reflect on how their values impacted on their work, highlight any training needs and discuss their career.

Some of the staff who had recently joined the team were new to care work and had started the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an understanding of good working practice within the care sector. Staff also learned about people's needs through a shadowing period and by working alongside more experienced staff.

People were supported with their day to day health needs in conjunction with health care professionals. Records showed that people had regular contact from a range of health professionals such as: GP's, psychologists and consultants. We spoke with a visiting GP who commented on the commitment of staff to ensure that families remained well informed about health and medicine changes. They told us they were

always called appropriately and that the staff they spoke with knew people well.

The physical environment was used effectively and allowed people to develop their relationships and spend their time meaningfully. People used communal areas and their bedrooms and there was access to a secure garden. During our visits there was decorative work going on in the upstairs flat. Staff explained how visiting decorators worked with them to ensure minimal impact on people.

Before moving into the service people had their needs assessed across a wide range of areas. This assessment process identified initial support needs and enabled the service to determine whether or not they could meet those needs. Staff all highlighted the importance of people being well matched with each other and this was evident where people shared the flat upstairs.

Assessments and the resultant care plans were written with respect and promoted people's human rights. This translated into the way staff spoke about people with respect and without judgement. This meant people were protected from discrimination on the grounds of their gender, race, sexuality, disability or age.

People were involved in decisions about what they ate and drank and this included any dietary, cultural or religious needs. Meals were flexible to fit in with people's lives and were a basis for developing relationships between people when meals were shared. People were encouraged to have a balanced diet that supported their health and well-being whilst respecting their rights to make unwise decisions. There were systems in place to ensure people had enough to eat and drink and that they were supported safely. Where necessary safe swallow plans drawn up by a speech therapist and one person had guidance in place that staff all understood and followed.

The Food Standards Agency had awarded a top rating of five following an inspection in 2011.This meant they had met standards of hygiene and safety. The kitchens were clean at the time of our inspection and food was stored safely.

Good

Is the service caring?

Our findings

The service was caring. Kindness, compassion and enthusiasm were evident across the staff team who described people in very positive ways. These included: "We support four amazing people" and "The people here are fantastic." People could not use words to tell us their views of the staff, however, we saw they responded positively to individualised communication and reassurances. They were also able to express when they were not happy with something and this was 'heard' and acted upon. Whilst attentive the staff also respected people's space. We spoke with two relatives who commented on how caring the staff were.

People used the communal spaces in ways that suited them with staff assisting and enabling them to do so without impinging on their house mates.

Staff were able to tell us how people communicated. They described how a combination of facial expressions, movements, vocalisations and eye movements alongside speech provided them with clear information about a person's mood state and what they wanted. They also referred to communication tools used to aid choice and communicate routine. For example, one person used a pictorial exchange system to understand the structure of their day and to support two way communication with staff.

Staff mostly respected people's privacy and dignity although we were able to overhear people's plans being discussed in another person's flat. We spoke with the manager attending the inspection about this and they told us they would address it with the team. We did not hear this during our second visit. Staff respected people's space and their use of their home. People's bedrooms were personalised with belongings, such as hobbies, pets, photographs and ornaments. People were encouraged to make decisions about their appearances, for example what they wished to wear in ways that were meaningful to them. People appeared well cared for and staff supported them with their personal appearance in ways that promoted their individuality and dignity.

Staff supported people to maintain and develop control over their lives and the impact of this support was evident throughout our inspection. Staff were not rushed and described the parts of daily life people could undertake themselves.

We heard about support for people's personal relationships. People were supported to contribute meaningfully to their family relationships both at special events and as part of the usual rhythm of their lives. Care plans identified how people should be supported to retain autonomy over their sexuality. These care plans were written in language that reinforced human rights and promoted dignity.

Good

Is the service responsive?

Our findings

Staff described people's needs consistently and confidently, emphasising people's strengths and individuality in all their discussion with us. Care plans had been reviewed and covered a range of areas including personal care, communication, sexuality, spirituality. They were individualised with information about people's likes and dislikes and referred to people who were important in people's lives. Staff were aware of each individual's care plan and had the opportunity to read these during their induction period. Where care plans had been updated the reasons for the change were recorded. This meant it was possible to monitor people's changing needs.

Care plans detailed people's preferences regarding the skills and personality of staff who supported them. Whilst people could not communicate this information verbally information had been gathered from people who knew them well and staff reflected on what worked. We saw that this matching was effective in promoting trusting relationships.

People spent their time meaningfully. One person organised their own menus and planned their weekly shopping trip ensuring they had the food they wanted available. Another person had changed how they behaved when out and this had put them at risk. Staff had worked with behavioural support to ensure that this person still accessed activities that they loved and they continued to work to make all aspects of community life available. During our visits people were out with staff or relaxing at home enjoying music, computers and magazines. A relative told us that they knew their loved one was "happy" observing that they know they are at home both within the house and the community around it. They told us when we go for a walk "people smile at (person's name)". Recording about people's experiences reflected their care plans and detailed the support they had needed.

Any communication needs were identified at assessment before people moved into the service. These were recorded in the care plan ensuring staff had information about people's needs. Staff explained that they used individualised signs and intensive interaction. A person who used sign language had lived in the home previously and some staff retained some signing skills from this time. One person had social stories using symbols they understood to explain important events in their life. Social stories are a way of presenting information to help people with an autistic spectrum disorder to understand and process information.

There was a system in place for receiving and investigating complaints. Relatives confirmed they knew how to make a complaint and felt any concerns raised would be dealt with. Where learning needs were identified it was clear that these had been acted on.

Requires Improvement

Is the service well-led?

Our findings

When we last inspected Willowbeech Ltd in April 2017 we found that notifications had not always been made to the CQC and oversight of accidents and incidents was not robust. There were breaches of regulation. The provider wrote to us and told us they would comply with both the regulations by 20 July 2017. At this inspection we found that staff understood the need for notifications and the provider had an oversight system to monitor trends in incidents and accidents. There were no longer breaches of regulation, although we found that the provider's system had not been fully implemented. Incidents and accidents were being reported monthly rather than weekly and the manager had not made a record of their ongoing oversight. Staff were able to assure us that the manager reviewed all incidents, and acted on them, before the record was filed.

Since the last inspection recording and oversight had been agreed for a person who needed restraint to support them to manage their anxiety and emotions. Agreements had been reached and this had been formalised. A relative who had taken on the relevant person's representative role in respect of the person's DoLS had taken on a monitoring function of these records. We asked about how these records were monitored within the home and there was not a formalised system in place to review the person's use of their restraints against factors such as staffing. This was important to monitor whether the person needed their restraints less or more often and to help identify if any factors were identifiable that would help them further. The manager overseeing the home addressed this immediately.

The registered provider had a quality assurance process that included regular visits to the home. The manager and senior staff also undertook audits. These had been effective in improving the quality of the service people received. For example, omissions in recording had been identified and this had been addressed with the staff team. Records were complete when we inspected. Audits had not picked up the medicines errors. Following the inspection we were sent information we requested during the inspection and were told about changes made to the oversight of medicines including the introduction of a weekly audit.

The manager who was overseeing the home, at the time of our visits, spoke highly of their colleague and the staff team and told us they were all motivated to do the best for people. This was reiterated by the manager on their return from annual leave. Whilst it was a developing team who had been through an unsettled time due to management changes the staff spoke highly of each other and were confident that all their colleagues always had people's best interests at heart. Staff spoke with pride about their own work and with respect for the rest of the team in ensuring good outcomes for people. One staff member told us: "I am proud that we have made sure that people get the lives they deserve… no matter what is going on (referring to changes in management) we do our damnedest to make sure we are going out and doing stuff." They told us they were part of a "great team".

Staff told us that the new manager was visible and available and they were confident in their commitment to the home and the people living there. A relative also commented on the changes in management and the potential impact this had on the staff team. They told us the care staff had maintained consistency for their

loved one. The new manager told us they were not new to the provider organisation and passionately expressed their commitment to supporting the staff team to further develop and improve the quality of the care people received.

The service had a clear management structure with senior staff working within the home and the manager reporting to their line manager from the provider organisation. Within the home staff members were allocated responsibilities and these were reviewed regularly throughout the day to ensure the wellbeing of people and staff.

The registered persons had ensured relevant legal requirements, including registration, safety and public health related obligations had been complied with.

The approach to quality assurance included a surveys and feedback. Relatives told us they were able to comment on all aspects of the service.

Records were stored securely and there were systems in place to ensure data security breaches were minimised. Staff had log ons to access computer based records and rooms containing records were locked when not occupied by staff or the person.