Upward Care Limited

The Willows

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

This inspection took place on 30 March 2016 and 12 April 2016. We gave the provider 24 hours notice of our visit to the office on 30 March 2016. This was to ensure people and staff would be available for us to speak with. On 12 April we spoke by phone to people who use the service, and to their relatives.

Upward Care Limited provides a supported living service to people with a range of physical, learning, and mental health needs. They provide care and support to people who live in eight individual flats at The Willows, and to three other shared homes called Stoney Close, Nethercote Gardens and Greytree Crescent. The provider does not own the properties people live in. The people who use the service have separate tenancy agreements with the property owner. The office for the service is located at The Willows. At the time of our visit, the provider supported 19 people.

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.

People told us they felt safe using the service and the provider had systems in place to keep people safe. Care workers had a good understanding of what constituted abuse and actions to take if they had any concerns. People were supported by care workers they were familiar with, and who supported them to complete the required tasks. There were enough staff to meet people's needs.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people, and people who used the service were involved with staff recruitment. Care workers received an induction to the organisation and a programme of training to support them in meeting people's needs effectively. People received their medicines when required from staff trained to administer them.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they assisted them with care. Staff were aware of when they should seek further support to enable people to make important decisions.

People who required support had enough to eat and drink during the day, and staff worked in partnership with healthcare professionals to support any complex dietary needs. People were supported to attend appointments with external healthcare professionals to ensure their healthcare needs were met.

Care workers were kind and caring and we observed they had the right skills and experience to provide the care required. People were supported with dignity and respect. Staff ensured people's need for privacy was respected.

Staff knew people well and provided care and support which was 'person centred' and supported people in

the ways they preferred. Care plans contained relevant information for care workers to help them provide personalised care including processes to minimise risks to people's safety.

People and their relatives knew how to complain and could share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the management team and they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff. Other checks and audits ensured care workers worked in line with the provider's policies and procedures.

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.

Staff recruitment processes minimised the risks of unsuitable staff working for the service. There were sufficient staff to meet people's needs and staff understood the risks related to people's care. Staff were trained to administer medicines safely, and understood how to safeguard people from abuse.

Is the service effective?

Good

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act (2005) to support people in making their own decisions and gained people's consent before care was provided. People were supported with their nutritional needs and accessed healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and compassionate. Care workers respected people's privacy and dignity. People received care and support from workers who respected them and the choices they made.

Is the service responsive?

Good

The service was responsive

People were encouraged by staff to be as independent as possible, and to enjoy a range of activities both within and outside their home environments. They were involved in regular care plan reviews. People had opportunities to discuss the service provided, and complaints were responded to appropriately by the registered manager.

Is the service well-led?

Good

The service was well-managed.

The registered manager was supportive to the staff group and was open and transparent in their management of the service. There was a culture of learning and development. The provider had quality assurance systems in place to support them in maintaining a good quality of care for people who used the service.

The Willows

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.

The inspection took place on 30 March 2016 and 12 April 2016 and was announced. The provider was given 24 hours' notice of our visit on 30 March 2016 because the location provides supported living to younger adults who are often out during the day, and we wanted to ensure that people and staff would be available for us to speak to. We visited The Willows where the office was located.

We spoke by phone on 12 April 2016 to two people who lived in the other shared houses, and to relatives of four people who lived in the different homes.

This inspection was undertaken by one inspector.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about The Willows. They did not have any concerns about any of the homes Upward Care provided support to.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection.

The Willows consisted of eight self-contained flats, a communal lounge and dining area, and a staff sleep-in room. We spoke with three people who lived in the self-contained flats and three staff who supported them. We observed interaction between staff and people who used the service when people used the communal areas and when we were invited in to people's flats.

During our visit we also spoke with the registered manager, the operations director, and the deputy

manager. We reviewed three people's records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated, including, medication records, the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People who were supported by the service felt safe. One person told us, "I feel really safe with them (staff)." Another person told us, "Staff come out with me because I am not safe. Staff help me to feel safe."

A relative told us, "I feel [person] is safe. They (staff) know the person they are and what they might do that isn't safe." They went on to tell us the care staff ensured the person did not do anything assessed as unsafe. Care workers told us they felt people were safe. One care worker said, "People are safe because we are all trained to the right level and we work together as a team."

We saw information in care records which confirmed that where people had acted in an unsafe way, the relevant safeguarding authorities had been contacted and action taken to minimize the risks of such events happening again.

Care workers confirmed they had undertaken training to know how to safeguard people from abuse. We checked staff understood the training they had received by asking them different safeguarding scenarios. They were clear that if they had any concerns about the safety of the person they needed to report their concerns to the registered manager. One care worker said, "I would inform the registered manager if a person was not hoisting correctly, it is dangerous. " Another told us, "If a tenant said they were frightened I would go and speak with the registered manager straight away." They were both confident the registered manager would act appropriately to keep people from harm.

We saw the information about how to make a referral to the local safeguarding team was available to staff in the office, and the staff handbook gave staff information about where they could find the policy and procedure for safeguarding people. This meant staff could go directly to the safeguarding team if they had any concerns, and if management were not available.

The provider's recruitment practice minimised the risks of recruiting staff who were unsuitable to work with people who used their service. Care workers told us they were not able to start working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services.

People who used the service were involved in the recruitment process. They completed a picture based chart which told the registered manager how the potential member of staff made them feel. For example, this consisted of smiley and unhappy faces. Potential staff were also observed with people, and notes taken of how they interacted and supported people who used the service. This was again, to check that suitable people were employed at the service.

We looked at the arrangements in place to manage risk so that people were protected. We saw that risks had been assessed and plans drawn up to ensure these were minimised. For example, the risk of a person choking, being out in the community, or behaving in a way which might challenge others were identified and

actions put in place to minimise the risk. A person told us that because of their health condition, they were at risk if they went out of the house on their own. Staff provided support to them each time they went out to reduce the risk.

There were sufficient care workers to support people's personal care needs and engage in activities with people. One member of staff told us, "There are enough staff to meet people's needs at the time they need it." The registered manager confirmed there were enough staff to meet people's needs. They acknowledged recently there had been some staff who had left the service, and new staff recruited, but they told us this had not impacted on the continuity of care people received. This was because there was a core team of staff who were familiar with the people who used their service. Two of the relatives we spoke with voiced some concerns about the changes in staff and the impact this had on their individual relations. However, they acknowledged there was probably little the provider could do to stop staff changes, particularly as some of the staff who left were university students.

We looked at how medicines were managed by the service. People were assessed to determine whether they were safe to administer their own medicine or if they needed the support of a care worker to help them. The provider had systems to ensure that people who administered their own medicines, did so safely. One person told us they managed their own medicines, and staff were responsible for reminding them to take them. They told us this worked well.

People who could not administer medicines, received their medicines from support workers who had been trained to administer medicines. One person who was supported by staff, told us, "Staff do the tablets, they make sure I get tablets when I need them." The support workers also had 'competency checks' to ensure they continued to be safe when administering medicines to people.

Each person had their own medicine plan which detailed the medicines they were administered and the reasons for the prescription. We saw medicine reviews had taken place to ensure people received medicines which were appropriate for them. We noted that one person had 'as required' medicines. The medicine plan for the 'as required' medicine told us what the medication was for, but did not inform staff when they should administer this to the person. The registered manager said they would add this information to the plan straight away.

Good

Is the service effective?

Our findings

Staff were knowledgeable about the people who used the service and understood people's different methods of communication. Our observations demonstrated that staff knew how to respond to people, and how to communicate effectively.

New staff received induction and training when they started work for the service. Staff completed The Care Certificate as part of their induction programme. The Care Certificate is designed so staff are assessed to ensure they have the skills, knowledge and behaviours expected to provide compassionate and high quality care and support to people. The induction included training to ensure staff could meet people's health and social care needs; as well as familiarisation with the service, the people who used the service, and the organisation's policies and procedures. A member of staff told us, "I did two weeks of shadow shifts on induction (working alongside more experienced staff); I've completed hoist training, medication training, dementia training. I am now completing my NVQ2."

Staff received regular one to one supervision from the management team. The supervision process supported staff to identify any additional training needs. For example, a person using the service had recently been diagnosed with a condition staff were not familiar working with. Care staff had recently undertaken training to help support the person who lived with this condition.

The provider had an 'in-house' trainer who could adapt training to suit the needs of individual staff. They also sought external training when appropriate. For example, staff received training from a MAPA instructor (Management of Actual or Potential Aggression), to support them in understanding how to diffuse and de-escalate behaviours which could challenge others. One of the people who used the service required a PEG (Percutaneous endoscopic gastrostomy). This is a tube which delivers food directly to the stomach and is used when people have problems with swallowing. Staff had received training, or were booked to receive training to support them using this safely.

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 interest 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that where there were concerns a person may not have capacity to make decisions, capacity assessments had been carried out, and where appropriate, best interest decisions made on behalf of the person. For example, a decision needed to be made about whether a person should have a medical procedure. The service had looked at whether presenting information in different ways would help the person in understanding the decision and its implications, but decided that they would not understand. A best interest decision was taken on behalf of

the person.

Staff demonstrated a good understanding of the importance of getting consent from people. During our visit, a worker played the guitar in the communal lounge. Another worker encouraged a person to dance. The person made it clear from their gestures they did not want to do this, and the support worker acknowledged they did not want to do this and left them alone. A person told us, "If I said no to anything they (staff) would respect that."

People were supported with their nutritional needs. One person told us, "They ask me what I like to eat." Another told us, "If I want a meal, they help me prepare it, it is my choice." A third said, "[Care worker] cooks my dinner, I get a nice dinner." A relative told us their relation had put on weight when they first started using the service. They said staff had worked with their relation in helping to educate them in healthy eating, and they now had a clearer understanding of nutrition, healthy meals, and foods to have as a 'treat'. Another relative told us, the staff helped their relation to understand the instructions for cooking, and was supervised when making meals, but did as much as they could by themselves.

People who used the service had differing dietary needs. For example, staff supported people who required a soft food diet or required food to be provided via a feeding tube. Where there were concerns about a person's weight, staff monitored weight and liaised closely with the dietician and speech and language therapists. Advice had also been sought and acted on when a person's behaviours with food had caused some concern.

Staff were knowledgeable about people's individual health needs, and ensured they received the healthcare they needed. Each person had their own health record. These showed there had been good liaison with many different health and social care professionals to ensure people's health needs were met. For example, one person had seen the occupational therapist, physiotherapist, and continence team; another had seen speech and language therapists, had screening for a potential health condition, and an eye check. Alongside these, were routine visits to other healthcare professionals. One person told us they had a bad foot, and, "Staff help to get me to the doctor." Another told us they had been to see the doctor and the optician. A relative told us, "If [person] is not well, they (staff) telephone the doctor and get an appointment quickly. They go to the doctor with [person] to help them understand what the doctor said, and relay back the information about what needs to be done."

We saw in some files were 'hospital passports'. These documents provided healthcare staff in hospitals 'at a glance' information about people's health needs, and how they could communicate with and effectively support people whilst in hospital. They had been written by hospital staff, but we found that people's needs had changed since they had been written, and could potentially mean healthcare professionals received the wrong information in future. The registered manager acknowledged this and decided to put together their own hospital passports which could be reviewed at the same time as staff undertook reviews of people's needs. After our visit, the registered manager sent us their newly revised 'passports to health' which gave very clear, up to date information about the person's individual health needs and how they could be best supported in a health care environment.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received. One person from The Willows said, "Staff are nice, I like it here." A person from Nethercote Gardens told us, "Staff are really good." And a person who lived at Stoney Close said, "Staff are lovely. I love it at Stoney."

The PIR told us, "Too often we underestimate the power of a touch, a smile, a kind word, a listening ear. We support our staff to understand person centred approaches and how to apply them and ensure privacy, dignity and respect are underpinned in all actions taken."

During our visit we saw staff provide the care and support identified by the provider in their PIR. We saw staff being kind, smiling at people, and being patient and supportive of people's needs. One member of staff told us, "I absolutely love working here, the day to day routine, making sure everyone is smiling. It's a job that makes you feel better about yourself."

We saw that people mattered to the staff who worked at the service. For example, one person communicated more effectively with the use of pictorial cards to help them express what they wanted to say. Staff ensured the cards were available and used by the person to support them in making sure their views were heard. Another person's health care needs had recently changed and they required a lot more support from staff to meet their psychological needs. We saw staff supported the person with kindness and patience, and ensured the person's anxiety was minimised as much as possible.

As well as being treated with kindness, we saw staff and people had developed relationships with each other where they could have fun, and share a joke. Staff told us they learned about people's needs through observation, talking with people, and through reading detailed care plans. We saw each person had a key worker and they spent time with people to review their plans. Key worker's played an important role in people's lives, they provided one to one support, kept care plans up
to date and made sure that other staff always knew about the person's current needs and wishes.

In January 2016 the service sent a questionnaire to people and their advocates to ask them whether the service was 'caring'. There was a high completion rate of the survey. This showed that all people who responded either 'strongly agreed', or 'agreed' that the service treated them with kindness and compassion, and dignity and respect.

During our visit we saw staff knock and wait before entering people's flats, and check with people whether they agreed to us visiting them in their flat. This meant staff respected people's right to a private life, and respected their rights to make their own decisions. A person who lived in one of the shared houses told us staff knocked on her bedroom door and waited before entering. They also told us staff respected their wishes. They gave an example of times where they needed to be alone. They told us staff respected this, and left them to have their "own space."

People had 'communication passports'. A communication passport is a way of supporting a person who has

no, or who has limited verbal communication. It draws together information about the person and their views, in a clear and easy read format. This helped staff to get to know the person and respond consistently to help the person and get the best out of the communication abilities they had.

The service was active in supporting people to have advocates. Advocates support people to speak up about what they want, working in partnership with them to ensure they can access their rights and the services they need. The service had four independent advocacy organisations supporting people who used the service, with decision making.

Good

Is the service responsive?

Our findings

People and relatives told us staff supported people how they wanted them to. One person told us, "Staff support me with medication, they help me make my lunch and with every day chores and they help me if I need to talk." Another told us they were able to have support when they wanted it, and could do what they wanted. A relative told us, "Overall it is very good. [Person] is very happy." Another relative told us, "Staff support [Person] well."

A service user guide contained easy read information about the service to support people who used the service to understand their rights and responsibilities. The PIR told us the provider undertook 'active participation with people at assessment' to ensure they understood what was important to people and their likes and dislikes. Relatives and people confirmed this. They told us they met with staff prior to using the service to ensure the service could meet their needs. One relative told us, "They came and interviewed us and asked lots of different things. They took time to speak with [person] and find out what they wanted." A person told us they had been living with their parents prior to moving to a shared house. They told us staff met with them before they moved. They said, "Staff were welcoming when I first came, they helped me relax by greeting me well."

Staff understood people's personal histories, their likes, dislikes and preferences. Care and support records had detailed information from the person's perspective about how they wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. These were encapsulated in 'Listen to Me' workbooks. People were regularly asked if their views had changed, and their needs were reviewed to ensure staff provided support which was what people wanted and needed.

Each day, care workers, and where possible, people who used the service, completed a 'My choice, My Voice, My care' record. This informed what the person had done during the day and how they felt. For example, what they had eaten, or drank, the medicines they had been given and the activities taken. They also completed a 'My Independent Skills' booklet. This recorded what progress the person had made with daily independent living skills such as vacuuming, washing dishes, bed making, cooking etc. These records were checked at review to see how staff could support people further in gaining independence.

The registered manager had daily briefings based on the 'value of the day.' On the day of our visit the value discussed at the briefing was 'Promoting service user independence.' We attended the briefing and saw staff were asked what promoting independence meant to the individual people they supported, and were asked to consider how they might promote this further. This briefing gave staff time to reflect on their practice with a view to improving the outcome for people.

People were involved in developing the service through monthly tenant meetings, individual reviews, and through satisfaction questionnaires completed every three months. Relatives also had opportunities to express their opinions through the review process, and through satisfaction questionnaires designed for their use.

People were supported to undertake a range of activities and encouraged to be as independent as possible. One person told us they undertook voluntary work, and enjoyed going to the cinema and bowling. They said, "I do a lot of activities, they are so good to me here." Another person told us how much they enjoyed working on a farm. A relative told us their family used to take the person out on trips and outings, but since using the service, the person was now going out more with their friends and staff from the service and gaining the independence they had hoped for them.

Staff also volunteered their time to provide activities within the communal areas of each home they supported. For example, staff supported people to have a Halloween party, celebrate St Patrick's day, and a winter wonderland party. On the day of our visit, one of the workers at The Willows, played guitar and encouraged people to sing along with them. We saw people enjoyed this activity. Others had gone to a safari park for the day.

People and their relatives told us they knew how to make a complaint. Complaints were recorded and the registered manager took action to resolve these. Two relatives we spoke with had complained in the past about the previous management of the home. One relative told us, "We are very happy. There were concerns to start off with but the people who owned the company listened to us." Another relation told us they had previously not been happy with the number of activities their relation was involved with. They told us the person was 'just sitting" all day in their accommodation. They told us this had been dealt with by the new manager and now the person had a range of activities they were involved with. A person told us they had not needed to complain but would feel able to talk to staff if they had any concerns.

The PIR told us the service had received nine compliments and three complaints in the last 12 months. We saw one of the compliments had been received from one of the neighbouring houses which said that the service had, "Become a special part of Shirley."

Good

Is the service well-led?

Our findings

Since our last inspection in February 2014, the service has had two new registered managers. The current registered manager was registered with the CQC in July 2015. The management team consisted of the operations manager, the registered manager, deputy manager and senior care workers.

Relatives told us they had not been satisfied with the way the service had been managed by the previous registered manager, however they were pleased with the improvements made since the current registered manager came into post. One relative told us, "Since the middle of last year when [registered manager] took over, things have been great." They told us the atmosphere had improved when they visited their relation and they felt this was because staff were happier. Another relative, who gave us examples of the previous manager's style, told us, "Since [registered manager] has come in things have improved."

Staff told us they found the management team supportive. A care worker told us, "The manager is brilliant. She's approachable, and she'll help with anything. If we need her she'll come straight to us." Staff told us there was good team work, and we saw this in action during our visit to The Willows. One member of staff said, "Staff interact well with each other. They are good at problem solving, sorting things out quickly. Good at bringing service users together to interact – so like a family."

The provider had a set of principles and values which underpinned their service. Their website informed us that these included supporting people to live an 'ordinary life' as independently and as safely as they could within their own home. Supporting people to maximise opportunities for independence, to exercise choice and control over their lives and be recognised as valued equal citizens in the community and be encouraged to establish meaningful friendships and relationships.

We found by talking with people and their relatives and by looking at records, that the management team strove to make sure the service met their principles and values. For example, one relative told us their relation had "Never been happier." They told us the person was supported to be as independent as possible, and had made new friends. A person, who had lived at home with their parents prior to using the service, told us, "I'm enjoying it, I can't believe I've lived there a year."

Staff were supported by the management team with monthly, one to one meetings. These meetings provided staff with an opportunity to discuss their practice, identify any training needs, and deal with any issues of concern. Staff meetings were held monthly, in each location, and gave staff a formal opportunity for discussion. We noted that the promotion of independence and ensuring people had sufficient activities to meet their interests were important agenda items.

Compliance monitoring was undertaken on a monthly basis by the operations manager and registered manager. Monitoring included checks on medication, care records, advocacy arrangements, the premises, activities undertaken, and engagement of people who used the service. Where issues were identified, these were followed up with actions. For example, we saw it had been noted that two people were not able to attend a tenants meeting because of work placements, there was an action to look at changing the time of

the meeting to provide the tenants with the opportunity to attend if they wished.

The registered manager understood the responsibilities to submit statutory notifications to us and they had completed the provider information return (PIR). These are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.