Willowbeech Ltd

Willowbeech Limited - 33 Ophir Road

Inspection report

33 Ophir Road, Bournemouth,
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Tel: 01202 200 910

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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

Overall summary

This was a comprehensive inspection, carried out on 9 and 12 June 2015. The first day was unannounced.

Willowbeech Limited – 33 Ophir Road is a care home registered for up to five adults with learning disabilities. Nursing care is not provided. When we inspected, there were four people living there. Accommodation in four single, ensuite bedrooms is arranged in two 'flats', each with their own communal kitchen, on the ground floor, and on the first and second floors. The fifth bedroom has been adapted into a lounge for the person living downstairs, and there is a further shared lounge on the first floor. The first and second floors are accessed by stairs. There is a small parking area at the front of the house, and a large lawn at the back.

The previous registered manager had left Willowbeech in November 2014. A new manager was in post and was in the process of applying to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 had complex needs and were not able to tell us about their experiences. We observed they were comfortable in the home environment and with the staff who supported them. Relatives told us people were happy at the home.

People were protected from abuse. Staff understood what might constitute abuse and how to report any concerns they might have. Staff were aware of the whistleblowing policy, although they were confident the manager would act on any concerns raised.

The premises and equipment were maintained and managed to keep people safe. The building looked clean and smelt fresh throughout, and the décor was modern and intact.

There were enough staff to meet people's support needs. Recruitment procedures included checks on applicants' safety and suitability for working with people at the home.

Medicines were stored securely and managed safely so that people received their medicines as prescribed.

People received the assistance they needed, in a way that respected their individual preferences, from staff who were well supported through supervision and training.

People were supported to maintain their health. They saw health and social care professionals when needed and had varied diets that reflected their preferences whilst promoting healthy eating.

Staff were caring, with a good understanding of people's individual needs, and respected people's privacy and dignity. They promoted people's involvement with the local community.

Where people lacked the mental capacity to make particular decisions about their care, staff were guided by Mental Capacity Act 2005 principles to ensure decisions they made on the person's behalf were in the person's best interest. When people's freedom of movement needed to be restricted to protect them from harm, there were systems to ensure this was done in the least restrictive way for the shortest time possible.

The manager and staff understood their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS). People's deprivation of liberty had either already been authorised under DoLS, or was awaiting assessment by the local authority. DoLS are part of the Mental Capacity Act 2005 ensuring people's rights are upheld and their freedom is not inappropriately restricted, where they lack the capacity to consent to living in a care home but this is in their best interest.

There was a positive, friendly and person-centred culture. Relatives and staff felt able to speak with the manager about any concerns. Complaints and incidents were seen as learning opportunities, driving improvements in working practices. There was a system operating to monitor the quality and safety of the service and address any changes needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood what might constitute abuse and how to report any concerns they might have. When people displayed behaviour that challenged others, staff managed this in the least restrictive way possible.

There were enough staff to meet people's support needs. Recruitment systems were robust.

The premises and equipment were well maintained.

Medicines were stored and managed safely.

Good

Is the service effective?
The service was effective.

Through supervision and training, staff were well supported to meet people's needs.

Staff involved people as much as possible in making decisions. Where people lacked the mental capacity to make particular decisions, staff ensured decisions they made on people's behalf were in their best interest.

People received healthcare when they needed it and were supported to have varied and healthy diets.

Good

Is the service caring?
The service was caring.

Staff were friendly and supportive, and had a good understanding of people's needs and preferences.

People's privacy and dignity were respected.

People were supported to have contact with their families and people important to them.

Good

Is the service responsive?
The service was responsive to people's needs.

People were supported to enjoy a range of activities, went out regularly, and used local facilities, such as sports centres, churches and pubs.

Staff understood and responded consistently to people's individual support needs.

Complaints were addressed and used as an opportunity to make improvements.

Good

Is the service well-led?
The service was well led.

The home had a positive, friendly and person-centred culture.

People and their relatives were involved in and consulted on the running of the home. Their feedback was used to bring about changes in practice.

Good

Summary of findings

Staff found their manager and colleagues supportive and received regular feedback about their work.

Willowbeech Limited - 33 Ophir Road

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 was a comprehensive inspection, carried out by one inspector on 9 and 12 June 2015. The first day was unannounced.

Before the inspection we reviewed the information we held about the home, including notifications of incidents the provider had sent us since our last inspection in May 2013. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During our inspection, we met all but one of the people who lived at the home. People had complex needs and were not able to tell us about their experiences. We therefore observed staff supporting people in communal areas and used pathway tracking to help us understand two people's experiences. As well as meeting them and speaking with their relatives, this involved reviewing their care records, including their current medicines administration records. We also looked at records relating to how the home was managed, including three staff recruitment files, the staff training database, the current staff rota, property maintenance records and the provider's quality assurance records. We spoke with three members of staff and the home manager. Following the inspection visits we spoke with five relatives. We requested feedback from other health and social care professionals in contact with people at the home and obtained this from four of them.

Good

Is the service safe?

Our findings

People looked comfortable with the staff who were supporting them and relatives gave positive feedback about the home's safety. Two relatives drew favourable comparisons with previous homes their family members had lived in, where there had been safety concerns. One said, "It's one of the best places XX has been at." Relatives and a health and social care professional also commented that the home had been decorated recently.

People were protected from abuse. Staff understood what might constitute abuse and how to report any concerns they might have, both within the provider's organisation and to outside agencies. The provider had a whistleblowing policy and staff were aware of the provider's whistleblowing hotline. Controls were in place to protect people against the risk of financial abuse, including cash balance checks each shift, as well as when money was added to or removed from a person's float.

Some people's freedom of movement sometimes needed to be restricted to varying degrees in order to protect them from harm. When and how this should be done was clearly set out in support plans. Staff were aware of the importance of using the minimum restraint possible for the shortest possible time and of recording the use of restraint. A health and social care professional confirmed that staff had worked with them to ensure that extensive paperwork for one individual was properly completed.

There was a plan in place for responding to emergencies or untoward events, such as power failures or damage to the building. Incidents and accidents were reviewed by the manager and were monitored by the provider through a monthly reporting system, to establish whether there were any themes and actions that could be taken to address these.

The premises and equipment were managed to keep people safe. The building was clean and the décor was modern and intact. The manager explained that the home had smelt better recently since new flooring had been laid. Fire equipment was regularly checked by staff and periodically inspected by a contractor. The local fire and rescue service had been booked to attend a forthcoming fire drill involving staff and people who lived at the home. There were up-to-date contractors certificates for gas safety, electrical hard wiring, portable appliance testing and legionella testing (legionella are water-borne bacteria that can cause serious illness). Water temperatures were monitored to reduce the risk of legionella growth in warm water stored at the wrong temperature. Hazardous substances were locked away when not in use.

There were enough staff to meet people's support needs. Staff supported people in a relaxed, unrushed way. People required varying levels of staff support to help ensure they and others remained safe. Everyone needed at least one dedicated staff member with them when they went out. The staffing rota allowed for this, with sufficient staff on duty between 7am and 10pm to support people to go out as and when they wished. At night, a member of staff was on duty awake and a further staff member slept in. The manager had changed the way they rostered staff to accommodate staff work-life balance, and said they always tried to ensure there was a driver on duty during the day.

Appropriate checks were undertaken before staff started work and recruitment records contained the information required by the Regulations. New staff had been recruited in recent months to fill several vacancies, with further new staff due to start work when their pre-employment checks were complete. The manager and another member of staff said agency staff regularly worked in the home, and that they had just had their first week without needing any agency staff. Agency staff were only used after the agency had confirmed they had undertaken the necessary recruitment checks.

Medicines were stored securely, in sufficient quantities. Measures had been taken to address risks associated with the location of the medicines cabinets. There were suitable arrangements in place to store and record controlled drugs, should these have been required. A staff member was able to explain the process for ordering medicines and confirmed there were always sufficient medicines in stock.

Medicines were recorded properly. Medicines administration records (MAR) were kept with a photograph of each person. They were pre-printed by the pharmacy and contained details of any allergies. Following a recent audit by the pharmacist, a staff member had contacted the GP to request more precise prescriptions for any medicines that had vague instructions, such as 'as directed'. Where medicines were prescribed on an 'as required' (PRN) basis, there were written instructions in place so staff could recognise when a person might need the medicine, how much was safe to give in a 24 hour period and the

Good

Is the service safe?

minimum interval between doses. Staff had initialled the MAR to record giving a medicine, or coded it with a reason for omitting a medicine, on each occasion that regular medicines were due. MAR for skin creams and lotions contained instructions for staff about how and to which areas to apply the cream, and staff had signed the MAR indicating that people had received their creams as prescribed.

Good

Is the service effective?

Our findings

Relatives gave positive feedback about people's quality of life at Willowbeech. One commented that their family member was happy there, and more settled than at previous care homes. Another relative also drew a favourable comparison with their family member's previous placement and said that staff "help him to achieve as much as he can". A further relative said that staff were very able to support the person when they were upset. One relative had been involved in delivering staff training about their family member's complex needs and expressed confidence in the person's support.

Staff were effectively supported through supervision. A relative commented that staff were able to support their family member because they were well supported themselves. Another relative described staff as enthusiastic. Staff spoke eagerly about their work and said they felt well supported by their manager and colleagues. Supervision meetings, where staff met with someone more senior to discuss their work in a supportive way, took place every month or two. Staff told us they could always approach the manager for further support between meetings, should they wish.

Staff received the training they needed to perform their roles and this covered the areas expected for staff working in residential care. New staff underwent induction training aligned with nationally-recognised competencies and all staff had mandatory training periodically. This included training in safeguarding adults, fire safety, food hygiene, first aid awareness, manual handling, infection control and the Mental Capacity Act 2005. In addition, there was site-specific training in areas including epilepsy and autism. Staff who handled medicines were trained to do so and had been assessed as competent.

Where people lacked the mental capacity to make particular decisions about their care, staff were guided by the Mental Capacity Act 2005 principles to ensure decisions they made on the person's behalf were in the person's best interest. Support plans specifically addressed decision making, setting out how staff should support people to make decisions for themselves wherever possible, and how to involve them in the decisions where they lacked the capacity.

Where people needed to be restricted for their own safety, staff understood the importance of using the minimum restriction possible. One person frequently needed particular restrictions for their own safety. A mental capacity assessment and best interest decision in relation to this had been recorded in the person's care records. Their support plan had been devised in consultation with their family and health and social care professionals. It emphasised the need for the least possible restriction and set out detailed steps for staff to follow, including how the restrictions should be reviewed when in use.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 and ensure that where people need to be deprived of their liberty in their best interests, this is lawful. At the time of the inspection, DoLS authorisations were in place for two people. Applications had been made for the other two people; these awaited assessment. The manager understood when DoLS were required and was aware of their responsibilities when DoLS authorisations were due for review.

People had varied diets that reflected their food preferences, and staff promoted healthy eating. Fresh fruit was readily available. Staff encouraged people to be involved to some extent in choosing and preparing their meals. With staff support, one person routinely devised their own menus, compiled a shopping list and went shopping. Another person sometimes needed support to eat without choking. Staff were familiar with the person's safe swallow plan devised by a speech and language therapist. People were monitored for any unexplained weight loss or gain.

People were supported to maintain their health. Relatives and professionals commented that people received healthcare when they needed it. Each person had a Yellow Health Book that set out their health needs in an easy read format to show health professionals. They were registered with a local GP and with dental services, either locally or with their family dentist, and were supported by staff to attend appointments unless their families preferred to do this. They were also in contact with other health and social care professionals according to their needs, such as physiotherapists, speech therapists, social workers and dieticians.

Good

Is the service caring?

Our findings

Relatives were effusive about the friendly, supportive and caring attitude of the staff. One said, "[The manager] is very caring – wants the best for people in his care." Another described staff as "a core group of people who care deeply for him. They respect his preferences – we can see it in his body language." A further relative said, "They understand exactly how he ticks." With one exception, relatives felt involved in decisions about their family member's support and were satisfied with communication about day to day matters as well as more significant events. The same relatives felt Willowbeech provided a homely environment for their family member. The dissenting relative was keen to have more regular communication from staff.

Although there had been a turnover of staff in the past year, the manager and staff, including new staff, had a good understanding of people's needs, preferences and histories. Where people did not communicate by speech, staff were familiar with their communication styles. They were swift to respond when people started to show signs of discomfort or distress, and people settled quickly. Staff spent much time with people, interacting with them in a friendly and calm manner and allowing them to communicate at their own pace.

People were encouraged to participate in household tasks and routines, even if this was just to the extent of putting their washing in the washing machine. A relative described how their family member liked to be involved in helping around the premises, particularly watering the garden. Staff ensured that people had safe access to their kitchens. For example, we saw a person go straight to the fridge for tomato ketchup to go with their meal, without having to ask for permission or assistance.

People's privacy and dignity was respected. Staff spoke about people respectfully, to us and to each other. People were clean and dressed in clothes appropriate to their age. Personal care needs were discussed discreetly and people were supported with their personal care in private. Where necessary, staff acted swiftly to promote people's dignity, such as prompting a person to shut the door when they used the toilet.

People had their own bedrooms and ensuite bathrooms. Each person's room was decorated differently, with items of interest to the person such as photographs and pictures. The manager explained that people's preferences had been considered when people's rooms were repainted. Staff checked with people that it was okay to enter their room, rather than just walking in.

People were supported to have contact with their families and people important to them and this was addressed in people's support plans. Relatives were able to visit whenever they wished without advance notice, although some called ahead in case their family member was going to be busy with activities away from the house. People's care records contained lists of families' and friends' birthdays and anniversaries. A relative commented that they had received a beautiful bunch of flowers from the person as a birthday gift, and another relative said that staff had recently been in touch regarding ideas for celebrating Father's Day. Relatives also reported staff involved them in celebrations of their family member's own special events, such as birthdays.

Good

Is the service responsive?

Our findings

Relatives were positive about the support their family members received. One told us about their high expectations for their family member's care and said, "They do as good a job as we would hope". They told us they were involved in their family member's support: "We're included… I'm there as a back up to them [the staff] rather than them dumping everything on us." Another relative commented on how staff anticipated what might cause their family member distress, such as a bout of illness or the recent fitting of new flooring, and supported them accordingly. They also said staff supported the person to develop everyday living skills: "They help him to achieve as much as he can." A further relative told us, "The most important thing is that XX is happy – he is."

Throughout our inspection staff were alert to verbal and non-verbal signs that people needed assistance or support and responded promptly.

Staffing rotas allowed flexibility for people to go out when they wished. Relatives confirmed, as did care records, that people were supported to do a variety of things and often went out. People used local facilities such as churches, pubs, swimming pools, sports centres and shops. One person attended a work placement and regularly went swimming and trampolining. Another had a season ticket for the local football team. When we arrived for our first visit one person was out for the day at a wildlife park; another person had been offered the opportunity to go but had opted to stay at home. On the second day, everyone was out at activities, such as swimming, when we arrived. People also had the opportunity for meaningful activities at home. For example, one person enjoyed being pampered and was just getting ready for a 'foot rub' when we first met them.

People's support needs had been assessed before they moved to the home a few years ago and had been kept under review. Support plans, including risk management plans, were also evaluated regularly; the manager informed us that they were due to be rewritten as part of the care review process. The plans gave staff detailed guidance and instructions about the support people needed with different aspects of their lives. They addressed people's individual needs and preferences, for areas such as personal care, waking up, night time routines, maintaining relationships, eating and drinking, finances and medicines. Where people displayed behaviours that were challenging for others, the meanings of these behaviours had been assessed by healthcare professionals and 'traffic light' plans devised to support the person in the least restrictive way possible. Staff understood people's support needs and were familiar with their plans.

Complaints were used as an opportunity to make improvements. Relatives felt they could raise concerns with the manager. For example, a relative said there was a good response to any queries or concerns: "They get back to me as soon as possible." One person's family had some reservations about how effective their communication with the home was. The person's health and social care professional reported that communication had been difficult but had improved considerably. There had been three complaints and four written compliments since November 2014. The complaints had been addressed swiftly, within the time limits specified in the provider's complaints policy. For example, arrangements for staff accompanying a particular individual when they went out had been discussed at a staff meeting and a more experienced staff member now went out with the person.

Good

Is the service well-led?

Our findings

Relatives expressed confidence in the home's management. One described the manager as "brilliant" and another commented that the manager was "very open about things that go wrong". A relative described the manager as "very communicative", although others said they would like to hear more regularly from the manager and staff.

Feedback from relatives, professionals and staff, and our own observations, revealed the home to have a positive, friendly and person-centred culture. People were encouraged to get involved with household activities and there was regular consultation with their relatives. Staff had opportunities to contribute their views through staff meetings, supervision and informal discussion with the manager. Whilst retaining oversight, the manager had shared responsibilities for different aspects of running the home, such as ordering medicines and checking finances, amongst the staff.

The provider had recently conducted a satisfaction survey, sending questionnaires out to relatives. The forms returned contained positive comments. Whilst the results had not yet been collated, action had already been taken in response to feedback received. For example, a relative had commented on the plain appearance of the garden. A plan to address this had been drawn up by a member of staff in consultation with relatives and colleagues.

Staff told us they could easily speak with the manager when they needed and the manager was receptive to their ideas. For example, a member of staff said, "I absolutely love it here… The staff are all friendly. If you have a problem or are confused by anything you can just ask them and they're really happy to help." The manager operated an 'open door policy', welcoming people and staff into the office when they were present, unless they were in a private meeting.

A number of staff had left following the departure of the previous manager and new staff were in the process of being recruited. All the staff we spoke with knew how to blow the whistle if they had concerns that things were wrong at the home. There was information displayed in the office about how they could do this.

Staff received feedback through individual support and supervision meetings and through staff meetings. A staff member gave the example of how they did not realise their body language could appear off-putting to people. This had been pointed out to them in a supportive way and they were making a conscious effort to change it. The manager worked a proportion of the week as a rostered member of staff, which they felt enabled them to understand staff issues better and provide a positive role model.

Accidents, incidents and complaints were monitored and used to improve practice. For example, following a concern about the behaviour of an agency worker changes had been introduced to avoid a similar incident in future. The manager reviewed accidents, incidents and complaints/ compliments and reported them monthly to the provider for analysis. Whilst the manager read accident and incident forms and was able to describe actions taken, they had not signed the accident form to confirm they had done so. They acknowledged that this was an area for improvement.

There was a programme of regular checks on the quality and safety of the service provided. The manager submitted monthly reports and an area manager made regular quality monitoring visits, highlighting any improvements required. Areas checked included overall first impressions of the service, accidents and incidents, compliments and complaints, care planning, record keeping and staff development. For example, the most recent monitoring visit had identified that more evidence was needed of how people were supported to realise their aspirations. The manager was undertaking training in person-centred planning to address this, with a view to rewriting support plans in the coming months. In addition, the staff and manager undertook checks of medicines, people's finances, fire equipment and environmental health and safety. The community pharmacy had recently reviewed how medicines were stored and managed; a senior staff member, with the support of the manager, was taking steps to address the points raised.

There was no registered manager, as the last registered manager had left in November 2014, although the current manager was in the process of applying to register. 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.