

Oldham Care and Support Ltd

New Willow House

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

New Willow House provides a short stay respite service for adults with a learning disability. The home is a two storey building with a number of adaptations to meet the needs of people who use the service. Accommodation comprises of four bedrooms and spacious communal areas. The home is close to transport links and is within easy reach of local amenities.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

New Willow House was registered by CQC on 18 November 2016. This was the homes first rated inspection.

Relatives told us they were confident that people were safe at New Willow House.

There were systems and processes in place to protect people from harm. They had their medicines administered safely. Risks to people's health and well-being were identified, planned for and managed. There were sufficient competent and experienced staff to provide people with appropriate support when they needed it.

Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. People's needs were assessed before and when they moved into the home and on an ongoing basis to reflect changes in their needs.

Clear and well thought out arrangements were in place for people planning to access the service which helped to reduce anxiety about this change.

Relatives knew how to make a complaint and were sure they would be listened to and have any concerns acted upon.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain good health and had access to health and social care professionals when necessary.

The registered manager and staff had created a warm welcoming atmosphere for people and their families. There were close relationships with social and healthcare professionals and the quality of the service was reviewed regularly.

We observed excellent relationships between people and observed the senior management team and staff interacting with people in a caring, good humoured and friendly manner. Management and staff demonstrated understanding of people's personal preferences and needs. People appeared happy and relaxed during our visit.

A robust system for staff recruitment, induction and training was in place. This enabled the staff to support people effectively and safely.

The home was clean, tidy and homely in character. There were systems in place to prevent the spread of infection. Staff were trained in infection control.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

The managers and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decisions.

Effective quality assurance audits were in place to monitor the service. The service regularly sought feedback from the people who lived there and their relatives. Staff had regular supervisions and were invited to team meetings. Staff told us that they enjoyed working at the service and felt that they were listened to by the managers.

The service had been developed and designed in line with the principles that underpin the Registering the Right Support and other best practice guidance; these values include choice, promotion of independence and inclusion. This policy asserts that people with learning disabilities and autism using a service should live as ordinary a life as any citizen. This policy can be found on the Care Quality Commission website.

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

The service used the local authority safeguarding procedures to report any safeguarding issues.

Staff had been trained in safeguarding themes and were aware of their responsibilities to report any possible abuse.

Staff had been trained in medicines administration and managers audited the system and checked staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was and how they must protect people's rights.

People were supported to take a nutritious diet in a way that met their needs.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff were helpful and kind.

Visitors said they were welcomed into the home.

We saw that people were offered choice in many aspects of their lives.

We saw people were treated with kindness, care and dignity and had a relaxed and easy relationship with the staff members who clearly knew them well.

Is the service responsive?

The service was responsive

There was a suitable complaints procedure for people to voice their concerns. The manager of the home and area manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were supported to engage in community and individual activities as they preferred.

Care plans were regularly reviewed and contained sufficient details for staff to deliver care.

Good ●

Is the service well-led?

The service was well-led

There were systems in place to monitor the quality of care and service provision.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Relatives and staff we spoke with told us they felt supported and could approach managers when they wished.

Good ●

New Willow House

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 comprehensive inspection was carried out by one adult social care inspector on 21 February 2018 and was announced. The provider was given 48 hours' notice because we wanted to make sure the registered manager and staff would be available to speak with us.

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 services, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of notifications received from the service.

We spoke with four relatives, four members of staff, the registered manager, associate director and the operational manager. On the day of the inspection we were unable to talk to the people who used the service due to their range of complex needs. We contacted six professional visitors to seek their views of the service. We also contacted the local Healthwatch team and the local commissioners of care to find out what they thought about the service. We did not receive any negative comments. We looked at a range of records held by the service, including four care plans, three staff files, audits, training records, policies and procedures and team meeting minutes.

Is the service safe?

Our findings

The service provided safe care to people. Relatives told us they were confident their family members were safe at the service. One relative told us, "I feel happy to go away on holiday knowing that [name] is safe, I have total faith in the staff." We observed people looked relaxed and comfortable at the service.

People were protected from harm by trained staff who knew how to keep people safe and knew what action to take if they suspected abuse was happening. Potential risks to people had been identified and assessed appropriately. We saw that safeguarding was discussed in staff supervision and at team meetings. A policy was in place that staff could refer to if they needed to report an incident. One staff member told us, "We all know how to report concerns, I am trained regularly and we often discuss safeguarding in our team meetings."

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. The registered manager explained that any complaints or safeguarding issues raised would be investigated thoroughly. We saw there was a robust system in place to capture these concerns. This meant people were safeguarded from the risk of abuse. No whistleblowing or safeguarding concerns had been raised regarding New Willow House prior to our inspection.

The provider had a policy in place for investigating accidents and incidents. The service explored why the incident had occurred and identified any action that could be taken to keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents, to learn from these and make improvements.

Staff knew about risks to people's health, and completed a range of assessments. Measures were in place to reduce any identified risks. We looked at a range of Individual risk assessments which included; support when showering, using a wheelchair in the community, risks around vulnerability and epilepsy. Health and social care professionals were involved in assessing risks to people's health and provided guidance to staff.

There were regular checks of fire safety equipment and fire drills were completed, which included evacuations involving people who used the service. Staff explained the procedures they would follow in the event of a fire. Health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery.

The service had an emergency contingency plan, and very detailed Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that staff had set guidance in place about how to respond in case of an emergency, in order to promote and support people safely.

Staff told us there were always enough staff to meet people's needs and to enable people to do activities outside of the service if they chose. One relative said, "They [named the service] always seem to have enough staff, and the same people have worked there for years and years so they know [named relative]

really well."

The service had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

Staff were trained, and systems were in place to support people to take their medicines safely. People brought their medicines into the service when they arrived for their stay. We saw these medicines were recorded and stored safely. One staff member said, "We lock people's medication away safely in their own rooms and everybody has their photograph on their medicines to help us avoid errors." We saw that controlled drugs were locked away following organisational policy. We saw that the service had considered risks around people's medicines; people had individual risk assessments that included allergies, background information and a risk matrix.

People stayed in a clean and well-maintained environment. There were systems in place to help promote infection control. These included cleaning regimes, schedules and training for staff as well as hand washing and use of gloves and aprons when appropriate. There were regular audits of the cleanliness of the service and planned deep cleans of the bedrooms. One relative told us, "The place is always spotless. It's clear the staff take pride in keeping it clean."

Is the service effective?

Our findings

The service provided effective care. People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "The training gave us useful information and explained how we should always presume that someone has capacity unless informed otherwise." Another staff member said, "I give people as much choice as possible to increase their independence and treat them in a dignified way." Information was available in an easy read format to make it more accessible to people using the service.

The care plans we saw included mental capacity and best interest's decisions that had been completed with relatives and the local authority. One care plan read, "[Name] has a good appetite but may choose not to eat or drink at times, staff should respect their wishes, and offer alternatives, they really enjoy fresh fruit. Regular drinks should be offered as they do not have the ability to request one if thirsty. Staff should ensure they are familiar with [name]'s mannerisms as to whether they want something when offered." This meant that the service had considered the capacity of each person that used the service and worked in a person centred way, tailoring the support to the individual.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 the service was meeting these requirements.

Staff we spoke with told us they received formal appraisal and supervision twice a year (supervision is a one to one meeting with a manager). Competency was checked regularly to make sure staff continued to work with people safely. The working practice of staff was regularly observed and assessed by the managers at the service. The staff told us the registered manager checked their knowledge, observed them administering medicines, checked they were suitably dressed and that they wore appropriate protective equipment to promote good hygiene. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities competently. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, epilepsy awareness, safeguarding, equality and diversity and Mental Capacity Act.

We observed how people were supported to choose what they wished to eat for dinner. People's preferences and any dietary requirements were noted in their care plan and were available to view in the

kitchen. Staff told us, "We look who is coming to stay and we get the food in that we know they enjoy, we have a list of their requirements and preferences, so it's like home from home." The service supported people who follow specific diets, for example several people who used the service ate halal foods, and other people followed a diabetic diet. We saw useful guidance displayed in the kitchen that staff could refer to promote good food hygiene.

We saw there were appropriate risk assessments and care plans in place to assist people to eat and drink safely. One care plan read, "[Name] should be sat in their wheelchair / kirton chair to have anything to eat and drink. [Name] should be sat in an upright position. If [Name] is leaning to one side, use cushions to support them into an upright position. [Name]'s bottom should be at the back of their seat. Ensure their feet are supported by a footrest. They must sit upright for at least 30 minutes after food and drink". This meant that staff had very detailed guidance in place to ensure they could support people effectively.

People were supported to maintain good health and access relevant healthcare services where necessary. The registered manager gave examples of how they had worked together with social and healthcare professionals to promote people's health. Relatives confirmed staff would follow up on any health concerns and were good at making sure they had all the necessary information about someone's health before they began their respite stay. All relatives said staff would contact them if they had any concerns and would contact a GP if necessary. This showed that the service contributed to the overall health and wellbeing of their guests.

People's care files held communication guidelines. These recorded how each person was able to communicate and how staff could effectively support individuals. People had a 'Hospital Passport' in place which would be taken to hospital in an emergency and provided details on how each person communicated. This assisted hospital staff in understanding people. Staff demonstrated they knew how people communicated and encouraged choice wherever possible in their everyday lives. This showed that they were looking at how the Accessible Information Standard would benefit the service and the people who used it.

We saw that people's care files included guidance to support people with their behaviour. Each person had an assessment that considered any notable behaviour, triggers, signs, people's cognitive ability and risks around physical aggression. The plans we looked at recommended the least restrictive measures possible to support people.

The service is designed to accommodate people with mobility difficulties and has four bedrooms. There was specialist equipment in place to support people such as hoists, a stand aid and height adjustable beds. The service had a wet room that was accessible for every people to use with appropriate bathing equipment. The registered manager had completed an audit of the environment in January 2018 with timescales for any actions that required attention. We looked around the property and saw that the environment was adapted for wheelchair use which enabled people to access all areas of the home freely. The home was clean, spacious and uncluttered.

Is the service caring?

Our findings

People benefitted from caring relationships with staff. Relatives said how kind and caring the staff were to their family members and to themselves. One relative said, "I feel so relaxed when I leave [name] at [New] Willow House, I can actually do what I like for the weeks that they are being cared for by the staff and not worry about them."

We saw people were treated with kindness, care and dignity and had a relaxed and easy relationship with the staff members who clearly knew them well. We observed staff being patient and not rushing people. Staff told us, "We encourage people to be themselves here and support them with whatever they like to do. Some people just want to chill out and have a rest, other people want to watch television or play games, we are led by them really." A person had fed back to the service using a quality assurance questionnaire for people using the service, "I like it here just the way it is. I like to just chill out with the staff at my weekends here at willow house". A relative told us, "I look forward to these weekends because I am a single carer and I am sure she looks forward to a rest from me also." Another relative said, "I'm absolutely delighted with the care at New Willow House."

We observed that the structure of the day was determined by people receiving support. People were supported to get up when they were ready or attended their usual day service. Staff showed us that although people had a suggested schedule of activities these were flexible, and staff altered the programme for the day in response to how people were feeling. A relative told us, "[name] talks about it and is very happy with the staff."

People were involved in their care where possible. Where they were unable to participate in the planning of their care, their relatives and health and social care professionals were involved in making best interest decisions appropriately on their behalf. People's preferences for their leisure and support needs were clearly recorded and staff spoke about how they enabled people take the lead in their care and support.

We observed staff provided people with privacy when delivering personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. A professional told us, "The staff are very professional in their manner, warm and welcoming when I visit the home."

Staff morale was positive and they were enthusiastic about the service they provided. All the staff we spoke with told us they would be happy for someone close to them to be cared for at New Willow House

We saw that confidentiality was maintained throughout the service and information held about people's health, support needs and medical histories was kept secure.

The service sent out annual questionnaires to help ensure people were satisfied with the service delivery.

The feedback received was generally good and any areas for improvement were actioned accordingly. One relative feedback recorded, "[My relative] is well cared for", and another said, "A great service that makes such a difference to our lives."

Equality and diversity was respected and people's religious beliefs, culture and other diverse needs were recorded within their care plans. Staff were aware of dietary restrictions pertaining to religion and culture and were careful to adhere to each person's requirements. This showed that the service were flexible and committed to meeting people's needs.

The values of the organisation ensured that the staff team demonstrated genuine care and affection for people. This was evidenced through our conversations with the staff team. People received their care from the same group of staff. This consistency helped meet People's behavioural needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered. Staff used appropriate communication aids to support people, one person used pictures to express the activity they wished to do that day.

Is the service responsive?

Our findings

The service was responsive. People's care records contained details of their likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. Staff completed daily records which provided a detailed overview of the care provided and people's general wellbeing.

People who wished to use the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs and considered the compatibility of people when taking bookings. Each person had a care plan that was tailored to meet their individual needs. Highly person centred care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were reviewed very regularly as people's needs changed.

We looked whether the service was working to National Institute for Health and Care Excellence (NICE) guidance entitled 'people's experience in adult social care services: improving the experience of care and support for people using adult social care services.' The guideline covers social care received at home, residential and community care and aims to support people to make decisions about their care and to encourage providers to improve the quality of their services. NICE recommendations include the recognition each service user is an individual and that each person's self-defined strengths, preferences, aspirations and needs are the basis on which to provide care and support to help them live an independent life. We found that the service excelled in implementing these values.

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. A relative told us, "The staff communicate very well with us about any incidents or other important things so we know what has been happening." Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One staff member said, "We get people out and about as much as we can."

Relatives spoke of their confidence in the staffs' ability to relate and respond to their family member's health and social care needs. They were appreciative of the continuity of the staff team who could understand and relate well to their relatives.

One relative said, "I feel that my [Name] is well looked after and their needs are met because the staff have known them for a long time, this year I am going away for a fortnight and it's a lovely feeling knowing that I don't have to worry."

People were supported to participate in activities in and outside of the home which reflected their interests and preferences. The registered manager told us, "We are always looking for new ways to entertain people both indoors and outdoors, we will arrange for more staff cover if people want to do things outside New Willow House." It was noted in one person's care plan that they enjoyed Kerrang music channel which showed that the service had considered people's individual tastes.

Relatives were confident to raise concerns and believed that they would be responded to effectively. One relative told us, "I have no complaints, if I did, I have faith that they would be sorted out, managers and staff are approachable and we keep in touch regularly." The provider had a complaints policy and procedure in place. Records showed that the service had not received any formal complaints. The manager told us that complaints would be responded to in line with provider policy and the service would strive to resolve any issues to the satisfaction of the person making the complaint.

The service was not supporting people requiring end of life care at the time of our inspection. The registered manager told us, "If someone required end of life care we would continue to support them for as long as possible, as we always have done, assuming we could meet their needs."

Is the service well-led?

Our findings

The service was well-led. There was an experienced registered manager in place who had been with the service for 18 months and had a very proactive and enthusiastic approach to service development and improvement.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed. A professional we spoke to said, "I have found the management & staff very accommodating when beginning a transition for a gentleman on my caseload. Managers are very responsive and the staff I have met are very welcoming and experienced. Feedback has been timely and positive and the whole experience for the gentleman has been made much smoother because of their care and experience."

The staff felt they were part of a supportive team and told us the registered manager was approachable and listened to them. Relatives and professionals knew who the registered manager was and felt the service was well led. The provider sought people's views on the quality of service provision during regular reviews and annually using a satisfaction survey. We saw feedback was positive.

Staff told us the service was well-led, open and honest. One staff member told us, "We have lots of contact with the managers and are encouraged to speak out if we have concerns, I feel very well supported."

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

We saw that appropriate policies and procedures were in place at the service and related to areas including; medicines, equality and diversity and safeguarding. The managers demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including; accident reporting, finances, laundry, premises safety, food safety, and risk assessments. Health and wellbeing audits were undertaken which measured how people were supported, both physically and emotionally. Where action was required to be taken, the evidence underpinning this was recorded and plans put in place to achieve any improvements required.

Both the registered manager and assistant manager promoted a positive, open and inclusive culture within the service. Relatives and staff spoke warmly about the support and good atmosphere with the managers within the home. Relatives spoke of how flexible and responsive the staff were to their changing needs. One

relative said, "I do feel that the service is well-led, [manager's name] is very approachable and the service have been flexible enough to help me out caring for [relative's name] when I've had appointments at short notice.