

Voyage 1 Limited

# Willowbrook

## 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

Willowbrook is a residential care home for six people with an acquired brain injury or associated needs and rehabilitation. The service is a modern purpose built accommodation with level access throughout and adapted to promote people's rehabilitation. At the time of our inspection there were five people in residence.

At the last inspection in March 2015, the service was rated good.

At this inspection we found the service remained good.

People told us they felt safe using the service and with the staff. Staff understood their role in protecting people to stay safe. People received support that was tailored to their needs and rehabilitation in order to achieve their aspirations and goal to live independently as possible.

People received their medicines at the right times. People were provided with a choice of meals that met their dietary needs to maintain their health. People had access to a range of specialist health care support. The registered manager and staff worked closely with relevant health care professionals to ensure people's ongoing health needs and goals to live independently were met.

Staff were safely recruited. Staff received comprehensive ongoing essential training which included training in an acquired brain injury. Staff worked closely with health care professionals to support people with complex needs. Staff received support and guidance through supervision and meetings in order to meet people's needs effectively.

People were supported to have maximum 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. Support plans provided staff with clear guidance and information about the support people required. People took part in activities that were important to them both at home and in the community, including their faith, which promoted their quality of life.

Staff were kind and caring. Staff had developed positive trusting relationships with people who were skilful in their interactions with people and focussed on their rehabilitation and promoting their independence. Staff treated people with dignity and respect. The design of the environment helped to ensure people's privacy was promoted.

People's relatives were confident to raise concerns. Relatives had regular contact with the registered manager and staff which meant any issues could be discussed and ideas shared for the benefit of those using the service.

Staff spoke positively about the registered manager in relation to the support provided and their leadership.

They told us that there were effective systems which enabled them to communicate well with their colleagues to ensure that people received the support they needed. Staff were confident to raise any issues with the registered manager and their views were sought in how to improve the service and the lives of people who used the service.

The registered manager was committed to providing quality care and showed an awareness of their legal responsibilities. They promoted a culture of openness and promoted staff's learning and professional development. The provider's governance system to monitor and assess the quality of the service was in place. Information gathered as part of the quality audits was used to continually develop the service and look for ways in which people using the service could achieve greater autonomy.

## 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 remains good.

People's safety was protected and promoted by trained staff who knew what to do if they had concerns about their welfare. Risks to people's health and wellbeing were managed safely and positive risk taking was promoted. People received their medicines as prescribed in a safe way. People were supported by a dedicated staff team who were safely recruited. The level of support provided was reflective of the person's assessed needs.

### Is the service effective?

Good ●

The service was good.

Staff were trained and supported to enable them to support people safely and effectively. Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions and choices. Support plans reflected the decisions people had made covering all aspects of their care and support.

People's dietary needs were met. People had access to a range of healthcare support. The service worked in partnership with other health care professionals involved in meeting people's needs, their individual goals and aspirations towards independent living.

### Is the service caring?

Good ●

The service remains good.

People were supported by kind and caring staff. People and their relatives had developed positive relationships with the staff and were actively involved in planning and making decisions about their care. Staff empowered and promoted people's independence, respected their dignity and maintained their privacy.

### Is the service responsive?

Good ●

The service remains good.

People received personalised care and support that met their needs. Staff were knowledgeable about people's needs and aspirations and worked closely with other health care professionals in order to achieve their goals as part of their rehabilitation.

Staff encouraged people to take part in activities that were important to them and meaningful and maintained contact with family and friends. People knew how to complain and were confident that their concerns would be addressed.

### **Is the service well-led?**

The service remains good.

A registered manager was in post. They understood their responsibilities, kept their knowledge and training up to date and provided clear leadership. People, relatives and staff gave us positive feedback that the service was well-led. The provider's quality assurance systems was used to monitor the quality and drive improvements effectively.

**Good** ●

# Willowbrook

## 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 checked whether the provider was 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 which took place on 15 February 2017 and was unannounced. This inspection was carried out by one inspector.

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 reviewed the provider's statement of purpose. This document sets out information about the service and the support people can expect to receive. We reviewed the information we held about the service and the notifications. A notification is information about important events and the provider is required to send us this by law.

We contacted health and social care professionals and commissioners for social care responsible for the funding of some people's care that use the service. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We used a variety of methods to inspect the service. We spoke with five people using the service and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also spoke with four relatives on the telephone and asked them for their views about the service. We spoke with the registered manager, deputy manager, four staff involved in the care provided to people.

We looked at the records of three people, which included their risk assessments, support plans and medicine records. We also looked at the recruitment records for four staff and staff training matrix. We looked at some policies, procedures, complaints and records that showed how the provider monitored the quality of the service.

## Is the service safe?

### Our findings

People told us they felt safe and secure at home and when accessing the wider community. One person said "I'm always joking with the staff. They [staff] help me to stay safe. I have a book that helps me to remember what I need to do." Staff told us that the person used a notebook which had information to help remind them to plan their day around their daily routines and how staff would help them stay safe.

Relatives told us they were assured that their family member was safe and protected from harm. A relative said, "[person's name] is in the right place. He's happy, safe and is getting the support he needs to get back on track."

Safeguarding procedure and information displayed around the service was easy for people and staff to understand. Records showed staff had their annual safeguarding training. The registered manager and staff were aware of the role of external agencies and knew what action to take if they had any concerns about people's safety. Procedures were in place and records were kept of people's expenditure and receipts, which were signed and audited regularly. That meant people could be assured they were protected from potential risks and their finances were safe.

We found risk to people was managed so that they were protected and their freedom supported and respected. A health care professional told us that the staff promoted positive risk taking. They said staff were proactive in their approach in assessing risks and sought advice if they were unsure or had any concerns about people's safety. One person said, "I have a map that I use to go to the shops and to get home safely." This was an example of the proactive approach managing risks whilst promoting people's safety and their confidence to access local amenities safely.

Staff member told us that they promoted someone's safety by observing them when they engaged in specific activities at home and accessing the wider community. This was consistent with the information in this person's support plan. Another person's records showed a risk assessment was completed for them as they wanted to learn how to use an iron. The support plan provided clear guidance to staff to help them support this person could use the iron safely.

Records showed risks assessment for rehabilitation and behavioural issues were comprehensive and identified the number of staff required to support them. Measures identified how to manage risks to people whilst taking into account their comprehension and communication. This included the guidance from health care professional such as the occupational therapist and physiotherapists which helped to ensure measures to support people were appropriate. They ensured that staff had the information they needed to keep people safe in a variety of circumstances.

All the staff we spoke with were knowledgeable about their role to support people. They were keen to emphasise that, as far as possible, the service was 'user-led' and that their role was to support people to determine their own lives while at the same time staying safe. We observed staff gave someone information about risks in preparing their meal and actively supported them in their choice so that they had as much

control as possible. We saw the staff member remained in the kitchen with the person which showed positive risk taking and strategies in place meant people's independence was promoted.

The provider information return (PIR) stated that the service had effective systems in place for the maintenance of the building and its equipment. Records we viewed confirmed safety checks were carried out. We saw people were encouraged and supported to keep their bedrooms clean and tidy.

The PIR stated that all staff were subject to a robust recruitment process to ensure people were safe to work at the service. Staff recruitment records showed that the relevant background checks had been completed before staff commenced work. A further check with the disclosure and barring service was carried out on all the staff every three years. That meant people could be confident that staff employed were suitable and safe to work at the service.

People told us that there were enough staff to support them at home individually to regain their daily living skills and to access the wider community. The registered manager told us that the staffing levels were regularly reviewed and adapted them to ensure people's needs were met. Staff said there were enough staff on duty to support people. Staff were aware of people's specific needs and spent meaningful time with people to support them to regain skills and achieve their individual goals to live independently.

People told us they received their medicines at the right time. We observed two trained staff administering medicines. Staff members checked the medicines and their records with the person and informed them what the medicine was for. Staff member completed the records to confirm medicines were taken. All the medicines were stored securely. Daily checks were carried out of the medicines and records, which helped to further assure people that their medicines were managed safely.



## Is the service effective?

### Our findings

People told us they continued to be cared for and supported by staff who had the skills and knowledge to meet their needs. One person said, "She [staff member] sometimes has to remind me to read my 'orientation book' [note book with key information that they understood about their daily routines]." We saw the staff member's approach had a positive impact on the person who was then able to continue with their task that they had planned for the day.

A relative said, "Staff know what's happened to [person's name] and know how the brain injury has affected him, even if he thinks he's ok. I know they [staff] get a lot of training. The staff are always positive in the way to help him learn and so that he takes control of his life." Another said, "The manager and staff are really good at motivating him to try to do more for himself."

Staff told us they were satisfied with the training they had received and had benefited from the knowledge gained by working with the health care professionals involved in people's ongoing care and rehabilitation. Staff felt that the service provided a good learning environment for them. Staff were completing a professional qualification in an acquired brain injury and personality disorder to help them understand the affects and the support needs of the people who used the service. A health care professional told us they found 'Staff were engaged, keen to learn and knew they would make a difference to people's lives'. This showed staff were trained, had the knowledge and motivation to ensure people were supported effectively.

The provider information return (PIR) stated that staff received annual training in health and safety matters such as moving and handling, fire awareness, and safeguarding. Records we viewed confirmed this and additional training in specific health conditions. Staff member told us they training had helped them understand their condition and how to approach and support people. The registered manager was aware of the 'Care Certificate' and this training was planned for the staff team. This a set of standards for staff that upon completion should provide them with the skills, knowledge and behaviours to provide good quality care and support.

Staff told us they were supported by the registered manager through supervisions, meetings and had their work appraised. A staff member said, "I found the meetings really useful, it helps me to reflect on my role and the difference it makes to people. I see myself as an enabler to help people learn to do things for themselves."

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

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 found conditions on the DoLS authorisation to deprive a person of their liberty were being met. Records showed people were involved in decisions made about all aspects of their care, their aspirations and the role of staff and health care professionals.

We saw staff sought consent and people made informed decisions. For instance, people made decisions to go to the shops and café for lunch, whilst others decided to stay at home. People told us they had plenty to eat and drink and that their dietary needs were met. We saw people made their own drinks throughout the day.

One person told us they cooked their own meals and we observed this to be the case. A member of staff remained in the kitchen to support the person if required. Another person told us that they brought the ingredients from the local shops and that staff helped them to prepare meals that met their cultural dietary needs. They also said, "I have to make my drinks a little bit thicker so that I don't cough." Their support plan reflected the advice provided by the speech and language therapist with regards to the use of thickeners to prevent them from the risk of choking.

People's nutritional needs had been assessed and support plan reflect their dietary needs and preferences. Staff told us that most people prepared their own meals and drinks and some were supported by staff to do so. That showed people's health was maintained.

People's healthcare needs were documented in their records. Some people had complex healthcare needs and had input from health care professionals to meet people's ongoing rehabilitation and healthcare needs. These included physiotherapist, GP and occupational therapists who were involved the development of the support plans.

Health action plans contained comprehensive information about the person's health needs, their communication needs, the health care professionals involved and their various appointments they need to attend. The 'health action plan' would be taken with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

Record keeping and communication between staff and health care professionals was good helped to provide effective care. Health care professionals told us that staff provided continuity of care and treatment, for instance, ensured someone did their daily exercises to improve their mobility. One health care professional told us staff understood how an acquired brain injury affected people and were committed to supporting people to improve their quality of life.

# Is the service caring?

## Our findings

People spoke positively about the staff and their caring attitude and approach. One person told us, "The staff are alright, they help me a lot." Relatives we spoke with praised the registered manager and staff for the way they supported their family member. A relative said, "Most of the staff are brilliant. They've got a good relationship with [person's name] and they genuinely care. He's improved so much thanks to the staff at Willowbrook."

Staff had developed positive caring relationships with people. They were respectful of people's individual needs, lifestyle choices and cultural needs and took an interest in them in order to promote their independence. A member of staff said, "[person's name] initially needed a lot more support but now we just need to remind him. We have brain training games to help him with his memory and speech and it's made such a difference to him."

People looked relaxed at home and with the staff. They made decisions about how they wished to spend their time and spoke with staff who listened and encouraged people to have as much control of their life as possible. We observed staff showed care towards people and encouraged them to make decisions. For instance, one person was vacuuming their room and another person was being supported to do their own laundry. Staff showed care and attention to support people to achieve their goals at a pace that suited them. When someone said they wanted to play a word game staff joined in. There was laughter and positive engagement whilst the activity was enjoyed by all it had a positive impact on this person's confidence and their rehabilitation to help them recognise words and improve their speech. That demonstrated a person centred approach whereby people made decisions about their care and day to day lives which promoted their wellbeing.

Information in people's care records was of a good standard and produced easy read format to help promote people's understanding of their care and the role of support to help them regain life skills. Some information was displayed in the dining room to help people plan their day with regards to their individual activities of interests, accessing the wider community and supported to observe their faith, which was important to them. Staff told us people made decisions about the type of information they needed to support them and this was reviewed as their needs changed.

People were involved in the decisions made about their care and how they wished to spend their time. We saw people made their own drinks, read the daily newspaper and went out to shops and café independently or with the support of staff. Support plans were personalised and reflected the people's lifestyle choices, preferences, faith and cultural needs, and their goals as they recovered from the acquired brain injury. One person said, "Staff respect me and understand my faith is important to me." Another person told us, "The staff have been good to me; I'm not the easiest person to please but they listen and know what I want."

A relative said, "[Person's name] has always been treated with respect and as a person first. They [staff] do what they can to help him and more, thank you." People told us that staff respected their privacy and dignity. We saw staff knock on people's bedroom door and waited until they were invited to enter. Staff gave

examples of how they promoted and respected people's privacy and dignity. People's support plans detailed the level of support and their wishes with regards to their personal hygiene needs to ensure staff respected their modesty.

## Is the service responsive?

### Our findings

People told us that their care and support was personalised and focused on their rehabilitation goals to be independent as much as possible. People gave us examples of what they had achieved to improve their independence, work and accessing the wider community as a result of the support from staff. Each person using the service were working towards achieving their individual goals. Records showed people's needs and progress to achieve their goals had been reviewed regularly and the support plan amended. Records showed reviews were comprehensive and took account of people's views, concerns and influenced how they wished to be supported.

One person told us they regularly spent time resting in their room. They used the call bell which had a communication facility so they told the staff member what help they wanted. We saw the staff respond using the remote device, which assured the person staff were on their way to assist them. This was an example of proactive approach to promoting people's independence with regards to their day to day lives.

A relative told us that their family member's health and independence had improved as a result of the support provided. Another relative said, "[person's name] has a busy social life and likes to go out so I have to call to check they're in before I visit."

All the health care professionals we spoke with said the staff at the service were responsive and monitored people's health and wellbeing. They were involved in the assessment of people's needs when they first started to use the service, in the development of the support plan and ongoing review. They told us that staff would contact them for support and advice to ensure the matter could be managed positively. They went on to say they had confidence in the staff's abilities as they had worked with staff and provided information and training specific to how to support people who used the service.

The provider information return (PIR) stated that the service used an on-call 24-hour system to support staff should this be required. Staff told us they felt assured that they would be supported in an emergency or if they had any concerns about people's safety. Staff told us they were continuously promoting best practice in relation to rehabilitation by working with health care professionals. For example, individual goals were set with meaningful activities and measures to help monitor the effectiveness of staff's intervention to achieve positive outcomes for people. The registered manager and staff were committed to providing personalised care and to support to achieve people's ultimate goal which was to live independently. The registered manager gave us examples of the positive outcomes had been achieved for people had left Willowbrook to live independently with minimal support.

The registered manager promoted a 'can do' approach to supporting people which meant working with the person, their family representative and health care professionals to find creative ways of supporting and promoting people's quality of life.

People's support plans were personalised to meet their individual needs. These focused on people's strengths and abilities, how the person wanted to be supported and described what to expect on a person's

good day and their views and other key information staff needed to know in order to provide them with responsive care and support. There was clear guidance for staff in promoting and supporting people, which meant the support, could be modified to ensure the person received support they needed.

Records showed people's needs and rehabilitations goals were regularly reviewed. Staff liaised with the relevant professionals regularly and their support plans were amended. This helped to ensure that ongoing good practice and creative working techniques were incorporated into people's support plans. That meant staff and health care professionals were able to provide people with consistent and continuous support that was tailored to their needs and aspirations.

Staff were able to tell us how they supported people in line with their preferences and their cultural needs. They knew the people they worked with well and were familiar with the information in the support plans. Records showed people pursued their interests including contact with family and observed their faith. People were involved in the reviewing and setting of their new goals when positive outcomes had been achieved as part of their rehabilitation. These meetings also involved the registered manager, health care professionals and where appropriate, people's relatives which helped to ensure people's rehabilitation was continuous.

People told us they knew how to make a complaint and were confident that the registered manager would take their concerns seriously and addressed them. One person showed us where the complaint procedure was displayed. They told us, "I'd talk to [registered manager's name] if I wasn't happy. She will sort it out for me I know." Relatives told us the registered manager would ask if they had any concerns about their relative's care. A relative said, "I've got every confidence in [registered manager's name] as she's dealt with issues no matter how small it may seem."

The complaint procedure was easy for people to understand the process and included the contact details for external agencies who could support them. The service had received three complaints. Records showed the complaints were investigated, the registered manager had worked with health care professionals and the complaint procedure had been followed. The registered manager told us that as a result of the complaints the staff team document comprehensively the support provided to people including where the person may decline to be supported.

## Is the service well-led?

### Our findings

People and their relative spoke positively about the service provided and felt the service was well managed. One person said, "They [registered manager and the staff] want to help you. They know I want to have my own place and are helping me to do that." Another person said, "I'm happy here. I'm feeling better about things and do what I can for myself."

A relative told said, "She [registered manager] is honest, approachable and willing to listen and improve things for the better". Another said, "Willowbrook is a good place for him. The manager and staff are brilliant. This place has made a difference to him. He's doing a lot more for himself and is happy, which makes me happy."

Records showed people, their relatives, where appropriate, the staff and health care professionals were actively involved in the review of people's care. This helped to ensure their care and support was amended as people achieved their goals towards independent living. Residents meetings were held regularly. Records showed these meetings were meaningful and people expressed their views and influence how the service was managed. As a result of the feedback a smoking shelter was erected outside to benefit people who used the service. The registered manager told us that surveys had been given to people who used the service and their relatives to gather their views about all aspects of the service and how the service could be improved. That showed people's views were valued.

Staff told us they had regular opportunities to share their views about people care and made suggestions to improve the people's daily lives and support to help them achieve life skills and independence. We found staff meetings were well attended and topics discussed related to health, safety, quality of service provided and areas where the working practices could be improved. This enabled staff to share examples of good practice and keep up to date with any changes.

The service had a new registered manager in post since 1 February 2016 after the previous registered manager had left. 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 understood their responsibilities to manage the service and their legal obligations. They were aware of the CQC approach and gave examples to support the information in the provider return answered the five key questions we ask about services, in that is the service safe, effective, caring, responsive and well-led. They had continued their own learning and development in relation to the management of a service and professional development linked to acquired brain injury.

We looked at a sample of the provider's policies and procedures; these had been updated and provided staff with clear guidance about their role. Records showed appropriate actions were taken whenever incidents or accidents occurred. We found incidents and accidents had been logged, reported to us with

actions plans produced to prevent future risks.

Staff told us that the registered manager provided clear leadership. Staff and people who used the service found the registered manager was approachable, supportive and welcomed ideas and suggestions to drive improvements. Comments included "[registered manager's name] is supportive. She will deal with things if raised and is fair" "She's made a difference in a good way. She wants us to be involved, give ideas to make this place even better" and "It's really nice working here, we [staff] work well together and have made a difference to people's lives."

Staff told us they had individual supervisions meetings with the registered manager or the deputy manager where they discussed their work and identify any training needs. Regular meetings provided staff with opportunities to raise issues, identify solutions and also made suggestions to develop the service. We also found any issues raised by staff at the meetings were monitored by the registered manager and the provider to ensure action had been taken.

There were systems in place to ensure staff maintained their skills and knowledge to provide a high quality service. Staff were clear about their roles and responsibilities, were motivated and understood what was expected of them by the registered manager and the provider. A staff member said, "As staff our role is to enable and promote independent living skills so that people can return home and have fulfilling lives." This was consistent with the visions, values and commitment described by the registered manager and showed there was a positive and friendly culture in which people who used the service could thrive.

We found the provider had displayed the latest CQC inspection report and rating, which is a legal requirement. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The provider had comprehensive systems in place to monitor and assure the quality of service provided was consistent of a high standard that was tailored to people's needs. The registered manager showed us a sample of the electronic analysis carried out which was used to monitor the quality of care provided and any improvements made as a result of an incident. Records showed the area manager for the provider visited the service to check the quality of service provided and monitor the improvements made. We saw these visits also provided support and guidance to the registered manager who was completing the provider's manager's training programme. That helped to assure the provider that the registered manager was provided with the support and skills to manage the service effectively.

Willowbrook has retained their accreditation with the recognised organisation that specialises in supporting people with an acquired brain injury and rehabilitation. This meant the service continues to follow the incorporate the best practice guidance into the support provided to promote people who used the service.

The service worked in partnership with health care professionals and the local authority commissioners responsible for the funding of some people who used the service. They told us that the registered manager and staff were committed to develop and provide joined up care the to meet people's needs. This supported our discussion with the registered manager who understood the importance of forward planning to ensure the service continued to meet its objective and develop to overcome new challenges and meet people's changing needs.