Willows Lull

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Inspection report

22 Weydale Avenue
Scarborough
YO12 6AX

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Willows Lull is a residential care service providing personal and nursing overnight care for up to five children aged 0 to 18 years. At the time of our inspection there was one child using the overnight service.

The service was provided in one adapted building, with bedrooms and communal spaces on the ground floor and office space on the first floor. The service specialised in providing support to children with complex needs and life limiting conditions on a short stay (respite) basis.

People's experience of using this service and what we found
Managers needed to do more to assure themselves of the quality of care and support provided by staff at the home, such as monitoring that staff training had been effective and practice was appropriate. This would help reduce risk to children's health and safety. We have made a recommendation in the report about this.

Staff did not receive level three safeguarding supervision or face to face, multi-agency or multi-disciplinary element training. This does not meet current intercollegiate guidance (January 2019, safeguarding children and young people, roles and responsibilities). We have made a recommendation in the report about this.

Safety checks and documents were not always in place. This included water temperature checks, risk assessments for bedrooms and management plans where restraints, such as wheelchair lap and foot straps, were used for children's safety. The registered manager worked with us during the inspection and took immediate action on all issues raised.

Parents said the service was safe and staff were caring and compassionate with their children. They said staff were very supportive of families and children alike.

The registered manager followed recruitment checks to employ suitable staff, and there were sufficient staff employed to ensure care and support were carried out in a timely way. Children's medicines were managed safely.

Staff received appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on medical conditions such as epilepsy and learning disabilities. Staff received supervision to fulfil their roles effectively (this was not specific to safeguarding) and had yearly appraisals to monitor their work performance.

Parents and carers were kept well informed about their child's progress and were able to access further support for themselves through the service-led support group called 'The Hub'.

Staff were caring, kind and patient with children. Person-centred care was being given and children were

given the opportunity for learning and development. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Activities were tailored to the needs and abilities of each child. Appropriate play equipment was used to aid child independence and learning. Children had access to outside space, which was secure and allowed creative play.

Voice of the child was well recorded, and the service had identified and written good specific care plans such as for epilepsy. Children had input from health care professionals and the service engaged well with other agencies; attending meetings where invited to do so.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection
This is a new service which has yet to be rated.

Why we inspected
This was a planned inspection based on our programme of inspections for new services.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Willows Lull

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by two inspectors on the first day and completed by one inspector on the second day.

Service and service type
Willows Lull is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because the service is small, and we wanted to be sure that children were receiving a respite service at the time of our inspection.

What we did before the inspection
We reviewed information we had received about the service since it registered with CQC. We sought feedback from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We observed staff interactions with one child in the service. We spoke with the registered manager, a second manager, the chair of the board of trustees, a nurse and two care staff.

We reviewed a range of records. This included two children's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We received written feedback from three families and spoke with two relatives on the telephone about their experiences of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that children could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding training was not in-line with current intercollegiate guidance (January 2019, safeguarding children and young people, roles and responsibilities. Managers we spoke with advised face-to-face level three safeguarding training for nurse qualified practitioners was difficult to procure in the local area. Currently, all initial and review level three safeguarding training was provided online and contained no face-to-face or multi-agency or multi-disciplinary element. This increased the risk of harm for children.

We recommend that the provider reviews their safeguarding training, in accordance with current guidance, and implements best practice.

- By day two of the inspection the manager had approached the local authority to source appropriate face to face safeguarding training for staff, but courses were full. In the interim they had introduced safeguarding discussion at a team meeting, and this had worked well. Also, they informed us there was a safeguarding section in the supervision formats which would be used more effectively going forward.
- Managers at the service engaged in child protection meetings, including child in need meetings, where invited to do so. Although they were not routinely provided with minutes arising from these meetings, we did examine evidence of the registered manager's recording notes at the meetings which were then transferred to individual children's records to better inform care planning processes.

Assessing risk, safety monitoring and management

- The management team monitored and analysed accidents, incidents and safeguarding concerns to aid learning and reduce the risk of them happening again. One parent said, "I have no worries when I leave [Name] there and can completely relax knowing they are in safe hands, having fun and a great time."
- The environment and equipment on the whole were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure children were protected in the event of a fire. Water temperatures were not being checked on a regular basis to reduce the risk of scalding, but temperature regulation valves were in place. The registered manager said this was an oversight and checks would start immediately.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were carried out to protect children from the employment of unsuitable staff.
- There were sufficient staff on duty to meet children's needs and to enable them to take part in social activities and play.

Using medicines safely

● Medicines were administered safely. The recording of medicines coming into and out of the service was not well recorded on the first day of inspection. Immediate action was taken by the registered manager and staff to change practice. We observed staff measuring and counting incoming medicines on day two and accurate records were kept of all medicines administered.

Preventing and controlling infection

● The service was clean and tidy throughout. Staff had received infection prevention and control training and followed the provider's policy and procedure to ensure children were protected from the risk of infections spreading.

Learning lessons when things go wrong

● Leaders at the service had learnt from previous experiences, which had led to service re-design. For example, referral forms submitted by local authorities and social services had been developed to prompt the referrer to include more detail regarding the child's needs, including social needs and personal/family circumstances. This meant that the service was better informed at the earliest stage as to the specific needs of children referred; so appropriate decisions could be made as to the suitability of Willows Lull being able to provide care and support to the child referred.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that children could be harmed.

Staff support: induction, training, skills and experience

- The quality of staff training and practice was not monitored or assessed by the management team. For example, where staff were provided with specific training to support a child's medical needs, there was no method for managers to follow that assured them staff remained qualified to undertake those procedures; or were undertaking those procedures as trained to do so. We could not evidence any quality assurance of staff by managers by way of observational supervision. However, we did not see any evidence to suggest a child had come to any harm.

We recommend that the provider seeks advice from a reputable source, about best practice in relation to monitoring and assessing staff training and skills.

- A staff induction and training programme was in place. Staff were up to date with training that the provider deemed as mandatory. Nurses had yet to start clinical training, but those we spoke with were new in post and were up to date with their clinical skills.
- Specialist training based on children's specific needs had been completed. Where appropriate, managers at the service requested additional training from external providers. We examined one case where a child required specific medical interventions to support their condition, so an external practitioner attended the home and provided training to those staff who would be offering care and support to the child. The training given, the date of the training and the staff members receiving that training was recorded for future reference.

Adapting service, design, decoration to meet people's needs

- Individual risk assessments had not been undertaken to assure managers that children who used the bedrooms, who might be in some previously unknown mental health distress, were unable to self-harm. For example, potential ligature points had not been identified and recorded. By the second day of our inspection risk assessments had been completed for each room. Work had been done to ensure all cables were moved to safe areas and trunking now covered them. Window blinds had their cables secured to prevent ligature. Monitors were fixed high onto walls and their cables were covered.
- Individual bedrooms were available for children and young people to use at the service. We saw that each room was appropriately decorated in a theme that those children might choose as a preferred place to spend time or to sleep. Each room was warm, clean and well decorated.
- Children had access to a sensory room and a play room. There was a large outdoor play area, this was designed to be safe and secure for children. One parent told us, "Toys are tailored to meet the needs of each

child. [Name] loves the front garden especially the swings and the sensory equipment inside. [Name] can be quite lively but the environment both inside and out is totally safe for them."

Ensuring consent to care and treatment in line with law and guidance
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.

We checked whether the service was working within the principles of the MCA.

● Care records did not clearly document how the use of restraints such as wheelchair body and ankle straps, were being used to keep children safe during transit. This was discussed with the registered manager. By the second day of our inspection every child's file had been updated to say what restraints were used with equipment to keep the child safe and why.
● Parents or carers acted as an advocate for all the children using the service. Parents signed a consent for medicines being administered form, each time their child came into the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The service had a detailed process of referral and assessment for new children. Initially they stayed for short visit such as tea with their parents. This was followed by a phased induction to the service. Assessments included input from social workers, parents, carers, schools and heath care professionals. The information was used to plan person-centred care for each child.

Supporting people to eat and drink enough to maintain a balanced diet
● During mealtimes staff sat with children and ate with them as a social learning exercise.
● As children attending the service had multiple health conditions and allergies, staff did not prepare their food. Children were on blended diets or specialist feeding regimes, so parents sent in their meals. The majority of the children being cared for were on pump feeds.
● We observed staff encouraging one child to drink and recording their intake on a chart. This was part of their care and support plan.

Staff working with other agencies to provide consistent, effective, timely care
● Managers at the service had identified the importance of being involved in the Special Educational Needs and Disabilities (SEND) Education, Health and Care Planning (EHCP) process. An EHCP is a multi-agency plan highlighting how needs are identified and met and outcomes improved. Managers sought permission from parent's and carers to access children's EHCPs and then aligned the contents to care and support as provided at the service, thus better meeting need and improving outcomes.
● Managers and staff at the service engaged well with 'Looked After Children' processes when invited to do so by children's social care workers. Staff reported to, and attended, meetings to discuss individual cases that might impact on care and support provision. Staff providing that care and support were then updated as to identified additional vulnerabilities which might influence their interactions with those vulnerable children and young people.

Supporting people to live healthier lives, access healthcare services and support
● Managers were aware of the importance of external care providers being allowed access to the service, including for example, speech and language practitioners, physiotherapists and occupational therapists.

This was in recognition of the benefits of such care and support being provided in a setting in which children and young people felt comfortable.

● The service liaised with parents about communication with medical specialists. The service received copies of letters for example, which indicated a change to the children's treatment / medicines.

● Care files contained information about each child's health needs and the support they required. The registered manager said in an emergency, staff would send the whole care folder with the child and the accompanying support worker; plus the child's rescue medicine. The folder stayed in the care of the support worker whilst they were in hospital.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant children were supported and treated with dignity and respect; and families were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care and support was tailored to meet each child's specific medical condition and needs. Enough staff were in post to give each child one to one input or more depending on their needs.
- Parents and carers were positive about the care and support given to their children. One relative said, "I don't know what I would do without the service. [Name] has special needs; staff are absolutely amazing with them. It takes time to build bonds with autistic children, but staff have managed to do this. I am confident about leaving [Name] in their care and trust them 100 percent. [Name] loves every minute they spend at the service and the facilities are great."

Supporting people to express their views and be involved in making decisions about their care

- Children were asked about their preferences on a day to day basis. This was observed during our inspection.
- Parents and carers were involved in reviewing their child's care and support. One relative spoke highly of the support the families received. They told us, "I attend the support group (Willows Lull Hub) which is held every Wednesday at a local church. All parents and carers of children are made welcome and it is a relief to be able to talk with other carers who have the same type of problems. We celebrate our children's achievements as well. The support we receive is amazing. It feels like we are part of one big family and also part of a community."

Respecting and promoting people's privacy, dignity and independence

- Due to their complex medical conditions, where children were assessed as at risk of having seizures, they were monitored via camera when in their bedrooms alone. The camera was turned off when care was being given. We saw staff carried the hand monitor with them wherever they went to ensure children were safe. One relative said, "Because the nurses are trained it doesn't matter if [Name] has had a fit or is out of sorts, they can still go to respite and will be looked after well."
- Staff promoted children's independence through teaching them life skills and good daily routines to follow. This included toileting regimes, washing hands and mobilising independently where possible.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant children's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The 'voice of the child' or individual children's 'lived experiences' were seen to be well recorded in care plans. This evidences staff understanding of individual needs, likes and dislikes. In one case examined for example, a young person did not like staff to use specific words that might cause them distress. This was well recorded within the care plan ensuring that staff providing care and support interacted with the young person in a way that best met their needs and personal preference.
- Specific care plans, such as epilepsy emergency care plans, were seen to be detailed, relevant and up-to-date. Plans examined demonstrated that, where a young person was at risk of, for example, multiple seizures than staff providing care and support were in receipt of appropriate information to aid them in supporting the young person.
- Parents and carers gave positive feedback about the social activities and opportunities that their children experienced at the service. One parent told us, "All I can say is the place is amazing and my child loves going there. They get very excited when we pull up and sometimes cries when they have to leave."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records included information about how each child communicated. We observed staff effectively using verbal and non-verbal communication with children. One relative told us, "[Name] communicates by using Makaton which they learnt at school, and Widget Symbols which are new and they are just starting to learn these. They can talk but prefer to communicate using sign language as it is easier for them. [Name] loves their time at Willows Lull as they can socialise with others and is always mentioning to us who they saw there."
- Parents and carers were kept well informed of children's progress and activities at the service. We examined evidence of 'Willows Lull to Home' documentation which clearly articulated individual children's experiences at the service and, where appropriate, also included photographs of individual children undertaking specific activities for example.

Improving care quality in response to complaints or concerns
- Relatives and children were informed of their right to complain and processes were in place to support

them to raise any issues.
● No complaints had been received in the last 12 months.

End of life care and support
● No child was receiving end of life support. The registered manager told us that if a child had reached that stage in their life then a more suitable placement would be sought.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The assessment and monitoring of quality was not a robust system as it did not identify the issues we picked up around safeguarding training and supervision, health and safety checks, risk around restraint use and ligature points. There was no evidence to suggest any child had come to harm as a result of this. The management team immediately took action to address the issues we raised.
- The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a welcoming and friendly atmosphere. Staff morale was high, and the atmosphere was warm, happy and supportive. One relative said, "The manager and staff are fantastic."
- Staff told us they felt listened to and the registered manager acted straight away if concerns were raised. They understood the provider's vision for the service and told us they worked as a team to deliver high standards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was conscientious about its duty of candour. There had been no incidents so far in the service that required reporting.
- Staff looked for every opportunity and took action to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Children, relatives, staff and health care professionals were asked for their opinions of the service. Meetings, satisfaction surveys and one to one discussion were used to gather feedback. This was analysed and followed up by the registered manager.
- The service had good links with the local community and worked in partnership with other agencies to improve children's opportunities and wellbeing.