

Oakview Estates Limited

Willow House

Inspection report

229 Portland Road
Edgbaston
West Midlands
B17 8LS

Tel: 01214200210

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19 April 2016

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24 June 2016

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We inspected this home on 19 April 2016. This was an unannounced inspection. The home was registered to provide personal care and accommodation for up to eight people who may have a learning disability or mental health support needs. At the time of our inspection seven people were living at the home.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People we spoke with told us they felt safe. Staff that we spoke with understood their responsibilities to protect people from harm and abuse. Risks had been assessed to keep people and staff safe.

Staff were available to keep people safe and there were enough staff to allow care and support to be provided flexibly and to consistently meet all people's needs. People could be confident they would get their medicines safely

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently to meet people's individual needs. Staff were inducted and prepared for their roles.

We observed staff seeking people's consent before providing any care and support. Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences. People were supported when necessary to access a range of health care professionals.

People were able to make decisions about how they wanted their care provided. Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible. People were supported to take an active role in running of the home. Activities were provided to meet people's individual interests. We saw people were engaged in day to day living skills.

People and their relatives knew how to share their experiences and raise any complaints or concerns. The complaints procedure was available in different formats to meet the communication needs of people living at the home and advocacy services had been made available to people.

People and staff we spoke with were complimentary about their experience of the home and the quality of the leadership. People told us they were encouraged to express their views and experiences about living at the home. Systems for monitoring the quality and safety of the service were being used to drive

improvements within the service.

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.

People told us that they felt safe living at the home. We saw that care was delivered in a way that ensured people's welfare and safety was considered.

Staff understood the risk of potential abuse and how to report it to keep people safe. Risks had been appropriately assessed to keep people safe.

Appropriate systems were in place for the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff received regular training and had the appropriate level of skills and knowledge to enable them to support people.

Staff understood how to effectively gain people's consent before providing care and support to people.

Is the service caring?

Good ●

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

Staff were aware of and responded to people's individual needs. Care planning identified people's personal preferences and set

out personal goals and aspirations that people wanted to achieve.

People were supported to engage in activities of interest to them.

People and their relatives knew how to make a complaint or raise a concern.

Is the service well-led?

Good ●

The service was well-led.

People and staff spoke positively about the leadership of the registered manager and told us they were approachable and available to speak with if they had any concerns.

There were effective quality assurance systems in place to monitor and improve the quality of the service.

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 inspection took place on 19 April 2016 and was unannounced. The inspection team comprised of one inspector and an expert-by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to complete 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. This information was received when we requested it. We also received information from service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views.

During our inspection we met and spoke with seven of the people who lived at the home. We also spent time observing day to day life and the care and support people were offered. We sampled some records including three people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files including the recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

We spoke with the registered manager, senior nurse, two support workers, activity co-ordinator and the administrator. We spoke with one relative to ask them about their experience of the service and received information from two care professionals.

Is the service safe?

Our findings

All the people we spoke with told us they thought the service was safe. One person living at the home told us that they felt really safe and staff checked them regularly and ensure they were safe and well. Another person told us, "Of course I feel safe here." We spoke with a relative of a person living at the home and they told us, "Regarding safety there are no concerns."

People living at the home were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently told us how they would respond to safeguarding concerns. Staff that we spoke with told us who they would report any concerns to both within the organisation and to external agencies. One care staff told us, "I'm very protective of the people here, they are so vulnerable." Staff were aware of whistle blowing procedures. One care staff told us, "It's all about stamping out bad practice and we have support for that."

During our visit one person displayed some behaviour towards another person that caused them to flinch. Whilst staff took action to prevent the behaviour escalating the incident caused some anxiety to visitors at the home who felt staff could have communicated more effectively to them and other people to ensure they felt safe. The registered manager told us they would ensure the circumstances of the incident were discussed with staff. Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to raise concerns about the safety of people who lived in the service. We noted that action had subsequently been taken to help prevent the same things from happening again.

We looked at the ways the home managed risks to people. We saw individual risk management plans were in place to keep people safe. Staff told us how they encouraged people to be as independent as possible and gave examples of measures they had put in place to reduce risk. For example, one person at the home went out without staff support. The staff had an agreement with the person that when they arrived at, and when they left their destination they would telephone staff to let them know their whereabouts. We saw staff using this strategy and this meant there was a system to help check the person was safe when out of the home without staff support. The service used an online system of recording accidents and incidents. These were then assessed to identify patterns and trends. The nature of the incident, the dates and the people involved were included on the online report.

People benefitted from a staff team that understood what actions to take in the event of an emergency. We saw emergency plans in place for people. For example, if there was a fire there was a clear procedure in place for each person. Staff spoken with confirmed they had received fire training.

We saw that there were enough staff to provide support to people when they needed it. We observed staff supporting people in communal areas. People told us there were enough staff to meet their needs. One person confirmed that they received the one to one staffing support that they needed. A relative told us, "There are enough staff and they know [person's name] needs."

Staff told us that current staffing levels were safe. The registered manager told us that there had been some recent use of agency nurses but that vacant positions had now been recruited to. Where agency staff were used we were told that the same ones were used for consistency. The staff rota for April showed that nine of the twelve shifts had the same agency member of staff. This maximised the times that people were supported by staff they knew.

The provider's recruitment and selection process ensured that the staff who were recruited were done so safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought. Effective systems were also in place to check that nurses were appropriately registered to practice.

People needed assistance from staff to take their medicines. We looked at the systems in place to enable people to receive their prescribed medicines safely. People told us they were supported with their medicines. One person told us that staff ensured they had their medication on time. We saw medicines being administered; this was done in a safe and dignified manner.

We sampled the Medication Administration Records (MARs) and found that they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when they should be administered. This was supported by an independent medication audit by the community pharmacist who supplied the service.

Only nurses employed at the home were allowed to administer medication. We found that competency assessments had been conducted to ensure they were able to administer medicines safely. We asked one member of staff how they would respond if a medication error was made. They were able to describe actions they would take to protect the person's well-being and this also included telling the person about the error.

Is the service effective?

Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they supported and described people's care needs and preferences. All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to enable them to carry out their jobs effectively. One care staff told us, "I get regular refresher training and the training is good." Records we saw confirmed that regular training had taken place. Specialist training had been provided or scheduled to help the staff meet the specific health conditions for individual people.

Staff were provided with and completed an induction before working for the service. The registered manager told us this now included the Care Certificate if required. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills they need to provide safe and compassionate care.

Staff told us they felt supported and the majority of staff told us that they received regular supervision sessions. Supervision's are one to one meetings that focus on staff members work and performance. They provide the staff the opportunity to raise issues if they need to. There were also regular staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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 applications had been made to the local supervisory body for DoLS as required and in line with the legislation. All the staff we spoke with about this were aware of the reasons behind the applications made.

We observed staff seeking people's consent before providing any care and support. Staff we spoke with understood and had received training about their responsibilities to promote people's rights in relation to the MCA. For example one staff told us that they would need to get a person's consent for medical treatment to take place. They told us that to ensure the person understood the proposed treatment they may consider using a story board to explain what was planned. Staff were aware that a best interest meeting would need to be arranged if a person did not have capacity to consent.

People told us they enjoyed the meals provided. One person commented, "The food is lovely here. I eat healthily because I have a health condition." One person told us if there was something that they did not like they would tell the staff and they would offer a choice of something else from the menu. Another person told us they had been involved in menu planning with the chef and that they had been asked about their meal

preferences.

A menu was on display in the home in a pictorial format so that people knew what food was planned for the day. Meal times were a social occasion in the home and staff joined people for the lunch time meal. People were given a choice of healthy and well-presented meal options.

People were supported to maintain and look after their health. One person told us if they were feeling unwell they would tell staff who then would make an appointment with the GP. Another person told us that sometimes the staff would book them a GP appointment if they were feeling unwell. They told us that staff would always ask ahead of the appointment to check if it's suitable and what times were better.

People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners and community nurses. People were encouraged to attend health appointments and staff were available to accompany people. Written records of the outcomes of these had been kept to enable staff to meet people's health care needs. A care professional told us that people's healthcare was seen as a priority and addressed appropriately.

Is the service caring?

Our findings

People told us that they were happy living at the home. People told us the staff were kind and caring. A person told us that if they felt unwell they could approach any of the staff and they would take time out to listen. They told us staff had always been very supportive and always made their day feel much better. Another person told us that all the staff were very caring and kind and that they always noticed when they were feeling low. A relative told us, "The staff are very kind and caring, they are very good in that sense." A care professional told us that staff appeared motivated, proactive and caring. A second care professional told us that staff appeared friendly and helpful.

During our visit we saw that staff supported people in a caring and sensitive manner. During our visit one person became upset and was crying. Staff spent time on a one to one basis reassuring the person and making sure they were okay.

Staff that we spoke with told us they enjoyed supporting people. They were able to describe people's preferences and things that mattered most to them. People told us that they were able to express their own opinions and make decisions that were important to them. One person told us, "Staff ask me about what I want to do." One person told us that they had a lot of freedom around their home and that they could go to their bedroom at any time and that the doors were kept unlocked to the garden. They told us they enjoyed sitting out there in the warmer weather.

People's privacy and dignity was respected. People told us they were treated with dignity and respect. We observed all staff knocking before entering people's rooms and they waited for permission before entering. During our visit staff gave a person a letter that had arrived for them. Staff had respected the person's privacy and given them the letter unopened. Another person using the service told that staff will bring them their mail to open and that they will then ask staff for support to understand what the mail is about.

At lunch time people in the home used plastic cutlery and plates to eat their meal. These were also used by staff and visitors to the home who ate with people. The registered manager and staff told us these had only been used in the last few weeks and were being used to reduce risk due to behaviour from people. The registered manager told us it was hoped these would not be needed long term but that meantime everyone was using these, to include staff to make sure people were not singled out and people's dignity was protected. The registered manager acknowledged that the appearance of the cutlery and plates was not ideal but that so far, they had been unable to source a more appropriate design.

People described how they were supported to be independent, this included being involved in household activities such as cooking and laundry. A rota was in place and people had responsibility to do tasks such as setting the dining tables on their agreed day. People told us that they cooked a meal for themselves with staff support on a weekly basis. One person told us that they really looked forward to this day as they also go out to shop for the ingredients at the local supermarket. People were also supported by staff to complete a budget for their personal monies on a weekly basis. One person told us, "It is better here than where I used to live. I can be more independent here." People we spoke with told us that they could have visitors at any

time.

Is the service responsive?

Our findings

People told us they had been involved in the planning and reviewing of their care and support needs. One person commented, "Staff sit with me and go through my care plan. They ask me if I am happy with everything and if there's anything I would like to change. Staff here are very good at involving me in my care." Another person told us that they sat with their keyworker and went through their care plan to discuss their needs and any changes needed to the plan. One person told us that they had the opportunity to visit and have an overnight stay before they had moved in to make sure they liked the home.

We saw care plans included people's personal history, individual preferences and interests. Staff we spoke with were responsive to the needs of people because they knew people well. Staff could describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives. One person told us that their religion was important to them and that staff supported them to attend their chosen place of worship every week.

We looked at the arrangements for supporting people to participate in their expressed interests, education and hobbies. We saw the home was flexible and responsive to people's individual needs and saw activities were planned with individual people. One person told us, "I don't get bored as there is plenty to do." They then told us that they had recently been making pancakes with staff support and that they had enjoyed this. People had their own activity planner and this was made easier to understand through the use of pictures. There were lots of photographs in the home of people taking part in activities in which they looked very happy.

We received very positive feedback from a care professional about how staff had supported a person to access their local community. They told us that staff had worked closely with other care professionals to support a person who may display some behaviours to access the local community. Eventually the person was able to access college due to the commitment and flexibility of the staff. They told us that maintaining the placement had been challenging, but that the staff were able to see the benefits and remained determined to support the person. Another care professional told us that people were supported by staff to engage in meaningful activities.

It was a very positive initiative that a person who lived at the home took on the role of activity lead and assisted the staff member who was the activity co-ordinator for the home in organising events and outings. Where people indicated a preference for an activity the activity lead would then research options for this. The person told us that their role included them in seeking people's views on the things they wanted to do. They told us that they were currently assisting in organising an awards night at the home and were doing the invitations for this. Another part of their role included the production of an events calendar and newsletter that was sent out to people and their relatives. Regular outings and trips took place dependant on where people wanted to go. This had included visits to the new library in Birmingham, seeing a show at Symphony Hall and a planned visit to the Sea Life Centre. One person told us about a forthcoming holiday that had been arranged, another person told us they were still planning with staff where they would like to go.

People were supported to maintain relationships with people that mattered to them. People told us that visitors were made welcome. One person was talking with staff about making arrangements to go and visit a friend. Staff told them once they had decided when and where they wanted to meet they would help them to do this. Staff organised various events at the home where people could invite family and friends, for example a New Year's Eve party. One person had recently moved in to the home and were part of a sports team close to where they previously lived in a different town to Willow House. It was very positive that staff were enabling the person to maintain this activity even though it meant them driving some distance to get them there. This showed a commitment from staff to helping the person to maintain activities and links with friends that were important to them.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or complaints. The provider had a Family Carer Forum that was independently run by a group of family carers and there were representatives from every region of the UK. The forum facilitated family carers to ask questions, discuss worries and support one another. National events were organised and we were told that all people at the home received invitations to attend the forum but not everyone at the home chose to attend these. We saw that minutes of these events were available to people. We asked if there had been any issues raised that had led to changes within the home and the registered manager told us there had been no concerns. They gave an example of how feedback from the Forum had led to changes in the staff induction and that a set of key statements had been developed about how people should be treated in line with their rights.

Staff had regular meetings with people living in the home. This provided an opportunity for them to raise issues and discuss plans such as the meals people preferred and the activities they wanted to undertake. It was an area of innovative practice that before each meeting one person who lived at the home had the role of asking people if there were any issues they wanted to raise. This meant that if a person was reluctant to raise the issue themselves then another person would raise it on their behalf.

The complaints procedure was accessible and available in formats to meet people's needs. People we asked confirmed that the procedure had been explained to them. One person told us, "I have always had feedback and my complaints have always been looked at." Another person told us, "There are staff that I can talk to if I am not happy." One person commented, "I would tell the staff if I was not happy or had a complaint but everything is looking good here." A relative told us they had not had any cause to make a complaint. They commented, "They [the manager] are very open to discuss any issues." The registered manager told us that no complaints had been received in the last 12 months.

Information about advocacy services was made available to people. It was good practice that the provider had made arrangements for an advocate from a local advocacy organisation to visit the home every week and speak with people should they wish. This meant there was an independent person that people could share any concerns with.

Is the service well-led?

Our findings

People told us and we saw that the service held regular meetings providing opportunities for people to express their views and experiences of life at the home. Minutes were made available in an easy to read format with pictures so that they were easier for people to understand. The home had a suggestions box in place which was located in the entrance hall of the home. We discussed with the registered manager that the location of this was not independently accessible to all people at the home due to a locked door and they would need staff support to access this. The registered manager told us they would consult with people at the home about where they wanted the suggestion box to be located.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the provider. The registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015.

Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly. We saw records about safeguarding incidents had been shared in monthly meetings with staff which demonstrated the registered manager had systems in place for sharing and learning from incidents. Staff told us that the registered manager was approachable. One member of staff we spoke with said they had raised an issue in the past and that action had been taken to address it. Another member of staff told us, "We all work as a team. The manager is approachable and all issues are dealt with and not left to fester." When the registered manager was not working on site there were nurses in charge of the home. A care professional told us that the nurses in charge were able to provide strong leadership and direction to staff.

The provider had processes for monitoring and improving the service and obtaining people's views of the quality of the care they received. The registered manager had ensured checks had been conducted as planned. When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements were needed. There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. Care records had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs.