

Willowbeech Ltd

Willowbeech Limited - 33 Ophir Road

Inspection report

33 Ophir Road
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ophir Road is a residential care home providing personal care to people with learning disabilities and/or autism. The service can support up to five people. At the time of the inspection four people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Relatives, staff and professionals felt people were safe living at Ophir Road. Relatives said that staff had a good understanding of their loved one's needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, team leader and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 9 June 2018).

Why we inspected

We received concerns in relation to the monitoring of the records staff kept daily on people's wellbeing, self-harm and the use of mechanical restraints. As a result, we undertook a focused inspection to review the Key Questions of safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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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 completed by one inspector.

Service and service type

Ophir Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service. This included details about incidents the

provider must notify us about, such as abuse.

During the inspection

We met with one person who used the service. We spoke with the registered manager, team leader and two support workers. We 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 with us.

We reviewed a range of records. This included two people's care records and four people's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including health and safety and quality audits.

We walked around the home and observed care practice and interactions between support staff and people.

After the inspection

We looked at policies. We contacted two professionals who had experience of the service and two relatives of people who lived at Ophir Road.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse including recruitment

- Relatives, professionals and staff were confident people were safe. Comments included; "Yes the home is safe for people to live there, it's lovely" and "[Name] is safe at Ophir Road. The way staff are with them and the fact they are always happy to go back tells me this".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. A professional said, "I have no safeguarding concerns what so ever".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated people employed were safe to work with vulnerable adults and had satisfactory skills and the knowledge needed to care for people.

Assessing risk, safety monitoring and management;

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; bathing, chocking and accessing the community. A relative told us, "There are good risk assessments in place to keep [Name] and others safe".
- We found positive behaviour support plans were in place. These were up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge others or the service.
- Mechanical restraints were used for some people whose behaviour included self-harm. Mechanical restraints refer to any restrictive device used to restrict a person's free movement, for example, chest plates, arm and leg splints.
- These types of restraint had been fully assessed and were only used in people's best interest. For example, during times of extreme behaviour and when people posed high risk to themselves and others. A relative said, "[Name's] restraints mean [person] is safe and so are others around them. We understand that all decisions to use restraints are in [name's] best interest".
- Staff kept detailed daily records on self-harm and the use of mechanical restraints. Post incident debrief meetings were held with staff following behavioural incidents. This gave staff an opportunity to reflect and discuss what happened and if there was any learning to be had.
- Regular fire and health and safety checks were completed by the staff and registered manager this included a fire risk assessment. These were up to date and accurate.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances. During the inspection an external contractor was also conducting an annual health and safety audit. We were told that no concerns had been found.

- People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

Staffing levels; Learning lessons when things go wrong

- There were enough staff on duty to meet people's needs. A staff member commented, "Yes I am confident there are enough staff. We have a good team here".
- A relative told us, "I believe there are enough staff. There are always plenty when I visit. We would like [name] to have more funded hours for activities but understand this lies with the local authority. The home is supporting us with this".
- The management team responded appropriately when accidents or incidents occurred. There was an effective online system in place which meant these were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions and staff meetings. Recent learning for the management team was around implementing a better system to monitor records staff kept daily on a person's wellbeing, self-harm and the use of mechanical restraints. The registered manager and team leader explained that this new system was going start in January 2020.

Using medicines safely

- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- Medicine Administration Records (MAR) were completed and audited appropriately by the registered manager monthly.
- The service had safe arrangements for the ordering and disposal of medicines. Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- The inside of the home was visibly clean and odour free. Wherever possible people were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised. Staff had received infection control training and understood their responsibilities in this area. A professional told us, "The home always appears clean and well kept. I have no concerns at all".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- A new registered manager had been recruited since the last inspection. A relative told us, "The manager has worked hard to turn the service around. They manage the home well and have a good staff team"
- The registered manager and team leader promoted an open, person-centred culture and were both visible within the home.
- Staff, relatives and professionals were positive about the management of the home. Comments included; "[Registered manager name] is fantastic and manages the home well which is reassuring", "The registered manager is very good and knows the people well" and "[Registered manager name] is wonderful. Good team player. They support us well and give us opportunities to learn. A great communicator".
- Staff comments included, "The registered manager is fine. A good manager and approachable. [Team leaders name] is amazing she can and does everything. They know people well and will bend over backwards. Great. Brilliant and fair" and, "[Registered managers name] is really good. Very person centred and allows us to try new things".
- Ophir Road worked in partnership with other agencies to provide good care and treatment to people. A relative told us, "[Name's] occupational therapist and physiotherapist have given some excellent training to staff".
- Professionals fed back positively about partnership working with the home. Comments included; "The service works well in partnership with me. Information is shared, and the registered manager knows the people really well" and "We want the same goal and that is what is best for people".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. For example, local professionals delivered training to staff.

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; Continuous learning and improving care

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager said, "It's all about being open, honest and presenting the facts".
- Learning and improving the delivery of care was important to the registered manager and staff. We were told that reflective learning was part of staff supervisions and meetings.
- The service sought people's feedback through questionnaires. The results of those were positive. The registered manager told us they send these out to people, their relatives and stakeholders once a year.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had ensured they had communicated all relevant incidents to CQC as required by law. Recording systems had improved since the last inspection. These captured incidents and accidents on an online system which allowed the service and provider to draw analysis reports from to identify trends.
- The management and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Staff meetings are facilitated well here. We [staff] can bring ideas, share opinions or raise concerns in these. It is also a good time to look at what is and may not be working well".
- The management team demonstrated a commitment to ensuring the service was safe and of high quality. Regular checks were completed by the registered manager and team leader to make sure people were safe and that they were happy with the service they received.
- Regular areas audited included; care files, health and safety, medicines and infection control. Shortfalls and improvements were listed, and actions taken were recorded and completed in a timely manner. For example, broken fridge shelf led to new fridge being purchased and portable appliance tests due and now completed.
- During the inspection an internal quality checker came to the home and completed an audit with support from their staff. The auditor told us they were happy with the home. An internal quality checker is a person who receives support from the provider who visits homes and makes sure people are happy living there. The outcomes are then fed back to the senior management and home.