

Mrs Karen Godwin

The Willows

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	

Overall summary

The inspection took place on 20 November 2014 and was unannounced so no-one knew we would be inspecting that day. At the last inspection on the 17 December 2013 the regulations inspected were met.

The Willows is registered to provide accommodation and support for six people with a learning disability or autistic spectrum disorder. There was a registered manager in post at the home. 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 (2008) Act and associated Regulations about how the service is run.

Our observations showed that people were safe. The staff knew how to keep people safe and people who were able to share their views told us they were safe living in the home. People who were unable to communicate verbally expressed how they were feeling through the body

Summary of findings

gestures and smiling. Records showed that staff had received the appropriate safeguarding training in order to have the skills and knowledge to keep people safe from harm.

We saw enough staff to keep people safe and relatives we were able to speak with confirmed that there was always enough staff to meet people's needs. The staff we spoke with told us there was always enough staff and if a number of people wanted to go out then extra staff would be brought in by the manager to ensure the correct levels of staff to meet people's needs.

We found that there was a procedure in place to manage the administration of medicines and only staff who had been trained would administer medicines. Staff confirmed this and records showed that medicines were being recorded appropriately to show whether it was administered or not.

We saw people were able to make choices over the meals they had to eat. The menus were created through regular meetings with people where staff asked people what they wanted in the menu. The menus that was displayed in the kitchen was created using pictures to illustrate the meal choice on a particular day. People and relatives told us that the meals were good.

Most of the people who used the service were unable to verbally communicate decisions about the care they received. All the staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager confirmed due to the supreme court decision and impact upon DoLS, a DoLS application had been successfully applied for with the Supervisory Body for five people living in the home who were unable to leave the home without supervision.

We saw staff shutting doors while people used the toilet as part of ensuring their dignity and privacy was promoted. One person told us that their dignity, privacy and independence were always respected by staff and our observations of how staff interacted with people confirmed this.

People's preferences and interests were being met. A number of people living within the home liked to listen to music. Staff we spoke with told us their interests were identified in their care plans. One person told us they were able to take part in things that interested them. Relatives we spoke with told us that people were able to take part in regular activities and on some occasions they would visit the home to find people had gone out on trips or a planned activity. We saw photographs displayed in the home of the many trips people had taken part in. The manager told us that whatever people wanted to do they would endeavour to make it happen.

Relatives we spoke with told us they had never had to complain, but would be happy to raise any concerns or complaint with the manager. Staff we spoke with were able to explain how a complaint would be managed and who would deal with any complaints. We found that there was a process in place to manage and action complaints, but there had not been any complaints for some time. Records showed that there were a number of compliments from relatives and other professionals.

We found that the manager who was also the provider was regularly carrying out audits to ensure the quality of the service was being maintained. All the staff we spoke with told us that the manager was always available to support them or monitoring the support they gave people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The relatives we spoke with told us that they felt people were being supported safely. Records showed that staff had the appropriate training to keep people safe and were able to tell us what action they would take if people were at risk of harm.

The provider had appropriate procedures in place for the management of medicines and staff were appropriately trained to ensure people received their medicines as prescribed.

There was enough staff to meet people's needs.

Good



Is the service effective?

The service was effective. People were able to make choices about the meals they had and be supported by staff to eat a healthy diet.

Staff were able to demonstrate a good understanding of the Mental Capacity Act. People were able to give their consent to care in a number of ways due to staff ability to understand people's sign language and body gestures.

We found that people's health care needs were met by professionals.

Good



Is the service caring?

The service was caring. Staff took the time to sit and talk with people. We observed the interaction between people and staff and at all times people were made to feel important and part of a family unit.

Relatives we spoke with told us that people were happy living in the home because they were able to live their lives as they wanted to.

All the staff we spoke with knew how to meet people's needs and we saw how friendly and caring staff were with people.

Good



Is the service responsive?

The service was responsive. People received a service that was personal to their needs. The provider had systems in place to enable people to share their views as part of service improvement processes.

People were able to take part in interests and hobbies. The provider ensured that people were enabled and encouraged to live their lives as they wanted.

Good



Is the service well-led?

The service was well led. The provider had systems in place to enable the quality of the service to be maintained. People were able to share their views by way of an annual questionnaire on the service quality.

Relatives told us that questionnaires were made available to gather their views on the service, to enable service improvements to take place.

A registered manager was in post as required within the legislation and they ensured the service was well led.

Good



The Willows

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.

Our inspection took place on 20 November 2014 and was unannounced so no-one knew we would be inspecting that day. The inspection was conducted 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 also reviewed information we held about the home, this included notifications received from the provider about deaths, accidents/incidents, safeguarding alerts which they are required to send us by law, and we spoke with commissioners from the local authority.

On the day of our inspection there were six people living in the home, only one person was able to speak with us. The other five were unable to share their views due to their communication needs.

We spoke with two relatives, two members of staff and the registered manager/provider. We looked at the care files for two people, the recruitment and training records for two staff and records used for auditing the quality of the service.

We observed how people were supported to help us understand the experiences people had.

Is the service safe?

Our findings

People and relatives we spoke with told us that people were supported safely within the service. One person said, “I feel so safe”. Staff we spoke with were able to explain how people were kept safe in the home and when they were out on trips. The provider had the appropriate policies and procedures in place to direct staff as to the right course of action if people were at risk of harm. Staff told us that they were aware of the policies and procedures and were also able to explain the action they would take if they saw that people were at risk of abuse or were being harmed. We asked one member of staff what they would do if they saw abuse taking place and they replied, “I would contact the police or yourselves at CQC”. Training records showed that staff were able to access the relevant training in order to know how to keep people safe. The staff we spoke with confirmed that training was provided on a regular basis.

Risk assessments were in place as part of the care planning process. This was being used to identify where there were potential risks to how people were being supported and what action was needed to reduce the risk. We found where a lap belt was being used in a wheelchair to keep people safe when they went out of the home; there was no risk assessment in place. The lap belt was being used to ensure the person was kept safe from falling out of their wheelchair rather than being used as a restraint. This was discussed with the manager who agreed a risk assessment would be completed and the person’s capacity would be taken into consideration.

Relatives we spoke with confirmed that there was always enough staff to support people and that the staff knew how to support people. Our observations were that there were

sufficient staff working to meet people’s needs. The manager confirmed that staffing levels were constantly being reviewed and where people’s needs changed or they were going out of the home staffing levels were increased accordingly. The staff we spoke with confirmed this. When people needed more than one member of staff to support them this was always available in a timely manner. One person we spoke with said, “Staff are fantastic, when I need help they support me”. We found that the provider had a system in place to ensure staff were recruited appropriately. All the staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check and did not start work until this was done. This check was carried out to ensure staff were able to work with people and they would not be put at risk of harm. We found that appropriate checks were being sought as to character of staff and their ability to support people.

One person said, “Staff do support me with my medicines on time”. Relatives we spoke with told us they had no concerns with how people’s medication was administered. We found that Medication Administration Record (MAR) chart were being used to record when medicines were administered and the records checked showed that they were being completed appropriately with no gaps. We found that all the appropriate checking processes were in place to ensure people were not put at risk by the poor administration of medicines. Records showed that medicines were administered by trained staff only. The staff we spoke with all told us that they could only administer medicines once they had received the appropriate training. Records showed that a medication policy was in place and where people required medicines as and when required (PRN), we saw that the appropriate protocols were in place to ensure that these medicines were administered safely.

Is the service effective?

Our findings

One relative we spoke with told us their relative had improved since moving into the home. They put this improvement down to the knowledge, skills and how staff had supported them on a one to one basis. We spoke to staff who had recently been employed who told us they were not able to support people until they had completed their induction program. Other staff we spoke with who had been employed much longer told us they received regular supervision, yearly appraisals and mandatory training. Records confirmed that staff were receiving regular supervision and attended a range of training sessions to give them the skills and knowledge they needed to support people appropriately. Staff were able to show a good understanding and identify clearly where people were at risk and what action was taken to ensure people's support needs were met. One staff member said, "Working here is like being with my family, the manager lives on the premises and is always there working with us". The atmosphere within the home was friendly and relaxed.

We observed people being asked if they wanted to go out, what they wanted to eat and drink and if they were generally okay. People were seen giving their consent in a range of ways; body gestures which staff clearly understood, some people used signing to show their consent which staff again understood and signed back to show they had understood what the person had signed. Staff were able to explain how best interest decisions were made about people with their relative's involvement as part of the Mental Capacity Act 2005. A member of staff said, "X would eat sweets and chocolate all day, so we have to explain to them why they shouldn't" and try to direct them to more nutritious meals. This showed that where people lacked capacity staff had the skills and knowledge to support them in a way that was in their best interest.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

We saw that people's mental capacity varied and that capacity assessments had taken place to establish this. The

MCA and the DoLS was an integral part of the service delivery ethos. There was a procedure in place to support how staff supported people and their rights and choices were promoted. The manager confirmed that a DoLS was in place for a number of people. Records we saw confirmed this with a review date in place as part of ensuring where people no longer required this restriction it could be removed. The staff we spoke with were able to explain the MCA and DoLS and were knowledgeable about the people who were on a DoLS. Staff told us they had received training in the MCA and DoLS and records we saw confirmed this. There was no one in the home who used bedrails but lap belts were used as a way of ensuring people did not fall from wheelchairs when these were used on trips out.

We spoke with one person who told us that they were happy with the food available in the home. This person showed us the meals menu and the assorted meals in the fridge that were available to them. They also explained that everyone living in the home were able to make their own choice as to what they had to eat and drink. The menu was varied and balanced allowing people to have access to a range of meals. We observed people during lunch time and they were relaxed and happy, where staff needed to support people to eat their meal this was being done appropriately.

We found that people's health needs were identified within the care planning process. Records showed that where people had seen a dentist or other health professionals this was recorded. Where professional support was needed from a Speech and Language Therapist (SALT) records showed this was being done. A SALT is a health professional who provides treatment, support and care where someone has difficulties with communication, eating, drinking or swallowing. Where people needed a puree diet this was being made available by way of an outside company who specialised in meals of this sort to ensure the quality of the food was at its best for people.

Records also showed where people had seen health professionals for annual health checks and attended follow up sessions as required. Relatives told us that they had no concerns with how staff ensured people were kept healthy. The home was proactive in involving health professionals to resolve concerns. Where people needed health

Is the service effective?

intervention staff ensured this took place and supported people to get to appointments. Communication passports were being used to log critical information and people's health history along with health appointments.

Is the service caring?

Our findings

All the relatives we spoke to told us the service was caring and they were happy with the quality of service provided. Our observations showed that people were happy and relaxed around staff. We observed people on arrival to the home sitting in the kitchen diner listening to music. Their body language and facial expressions showed they were happy with some people smiling and saying hello to us as we observed the situation. When people needed support for example to go to the toilet this was done promptly. We saw staff throughout our time at the home supporting someone to the toilet who had gestured to staff they needed support and staff knowing the person reacted instantly to support them. The staff we spoke with were able to explain what support people needed and how people communicated their needs to them.

We found that people's privacy, dignity and independence was promoted. Staff told us that when people were being

supported they would knock doors before entering and make sure people were covered over appropriately when supporting people with personal care. We observed people being supported to the toilet and staff ensured doors were closed once people were using the toilet. One person said, "I have my own room where I can go if I want and my own key". Records showed that some people were able to wash and dress themselves without the support of staff. Relatives we spoke with confirmed this and told us that people [relatives] lived their lives as independently as possible.

All the relatives we spoke with told us that they were kept regular informed about any changes to people's support needs. They were involved in the assessment and care planning process and were able to share any concerns they had about people's support needs. We saw that people were communicated with in the way they were most comfortable. We observed staff interacting with people at their level showing a good understanding for people's support needs through this process.

Is the service responsive?

Our findings

One relative said, “I was involved in the assessment and the drafting of the care plan”. They also confirmed they had a copy of the care plan. Another relative said, “I am always invited to reviews”.

All the relatives we spoke with confirmed that communication was good and that any changes to people’s support needs were always communicated to them. One person we spoke with said, “I was involved in my care plan and I have a copy of it in my room”. They went on to tell us that when they needed support from staff, it was given. We observed staff supporting people when it was needed, but they were also seen encouraging people who were able to do things for themselves. Staff we spoke with confirmed that reviews were carried out and relatives were invited. Staff also confirmed that communication between themselves and people’s relatives was good in that any change was always reported to relatives.

One person said, “I love to knit and I am able to do this”. People’s care records showed that their preferences and interests were identified. We observed someone outside in the garden walking and looking like they were doing the gardening and sweeping. Staff were able to explain the person’s interest and describe why they were outside in the garden doing an activity they found enjoyable. Records showed where another person’s interest in puzzles was recorded on their care plan, and staff were able to explain how this person was supported. We saw other people leaving the home with support from staff to go out. We saw evidence on display in the kitchen/dining area to show that people took part in a range of outdoor activities, such as trips to the sea side. There was a games machine in the front hall way so people who liked games machines could use it. In some people’s rooms they had displayed some of the interest they like to take part in. We were able to see

how happy people were and the atmosphere in which they lived in was relaxed and easy going. The manager told us that whatever people wanted to do they would endeavour to make it happen.

Relatives told us the home had a flexible visiting policy which meant they could visit whenever they wanted. This ensured people were able to see their family members whenever they wanted to.

The relatives we spoke with told us they knew who to complain to if they had a concern, but never had cause to complain. One person said, “I would speak to the manager or staff if I had a concern”. The staff we spoke with were able to explain how they would handle complaints. They told us they had seen the complaints process and knew the manager would be the person to resolve them. Records we saw confirmed there was a complaints procedure in place, which was also available in other formats to support people make complaints. There was also a process for recording all complaints, concerns and compliments. The home had received 10 compliments since the last inspection thanking staff for the support they had given people.

We saw that pictorial aids to support people in understanding and sharing their views so their preferences could be met were being used. One person said, “We have weekly meetings with staff to share any concerns we have”. Records we saw confirmed these meetings took place and where actions were taken. People also met with staff to discuss the menu and what sorts of meals they wanted to eat and the menu was then displayed. We saw in people’s bedrooms that they were all given a card with a smiling and unhappy face. This was being used to aid people to communicate when they were sad or happy as part of how the home enabled people to share their views wherever possible. This ensured people played a key role in how staff supported them.

Is the service well-led?

Our findings

People and relatives we spoke with said they felt the home was well managed. A relative told us, “Our relative has got better since moving into the home, their pressure sore has cleared up. The family is very happy with the care [Relative] gets”. The staff we spoke with could not praise the manager enough. They all felt the manager was very supportive, approachable and friendly and any support or help they needed it was always available. One staff member said, “The service is well led without a doubt”. With a manager giving clear direction to staff, people were then able to receive the support they needed.

The management structure was clear within the home and staff knew who to go to with any concerns or advice needed. The manager lived within the home and was also the owner, this made the atmosphere and how people were supported very family oriented. Any decisions that were needed to be made, for the benefit of people were being made very easily with the manager always on site. When the manager was on holiday staff knew who to report to.

The relatives we spoke with told us they were sent a questionnaire annually asking for their opinion on the quality of the service their relative received. One person who was able to share their view told us that, they were asked for their views on the service. Records showed that a questionnaire process was in place, we also saw copies of the previous relative meeting minutes where relatives were

given the opportunity to discuss the renovation plans for the home. One relative said, “I do get invited regularly to relative meetings”. The manager confirmed that building works were due to start shortly as part of the consultation process that had been carried out with people and relatives to extend the environment of the home.

The registered manager carried out regular audits to ensure the quality of support people received was maintained. We saw copies of one of the recent audits the manager had done, which showed some of the checks carried out were on the environment of the home, checks to ensure equipment was safe to use and checks on water temperature to ensure people would not be at risk of being scolded.

The information provided by the provider as part of the Provider Information Return (PIR) showed that the service was well led. We were told that people and staff were able to communicate freely within the home and that the manager encouraged this, and staff were able to develop their knowledge and skills through accessing a range of training not just mandatory courses. We found that the information in the PIR was consistent with what we found and observed within the home. The atmosphere was family oriented, relaxed and people were interacted with in a friendly and loving way. We spoke with the local authority commissioners who confirmed they had no concerns with the home or how it was being managed and people were being supported appropriately.