

Willow Health Limited

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## Inspection report

82a The Willows  
Colchester  
Essex  
CO2 8PX

Tel: 01206769713

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 18 February 2016 and was unannounced.

The service is registered to provide accommodation and personal care support for up to seven people who have a learning disability and /or an autistic spectrum disorder. There were six people living at the service on the day of our inspection.

There was a registered manager in post who is registered as manager for this service and another nearby service. 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. The registered manager was only present at the inspection for a short period as they were on duty elsewhere.

Staff knew how to keep people safe from the risk of abuse as they had been trained and knew what to do if they had concerns. Risks were however not always well managed and there was a lack of clarity about how people should be supported and the staffing levels required. Staffing levels had recently been reduced to accommodate staff holidays and this impacted on people's ability to lead a meaningful life and access their community.

The service provided training in the form of an induction to new staff and on-going training to existing staff. Staff understood the principles of consent but were not knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Best interest decisions were not clear and the service had not made any referrals to the local authority. This piece of legislation should be known and fully embraced by staff in learning disability services to ensure people's human rights are respected. We have made a recommendation about this and asked the service to seek advice.

People were supported to have sufficient to eat and to access health care to remain healthy.

Staff were kind and caring and knew the needs of the people that they were supporting. There were systems in place to enable people to communicate and promote decision making.

People were supported to maintain relationships with those who were important to them. There was a complaints procedure in place which was accessible and concerns were investigated.

Care plans were detailed and informative. Reviews were held on a yearly basis but more regular analysis would enable risks and other issues to be identified and managed.

People were provided with opportunities to access the local community but these were largely on a group basis. People would benefit from more individualised and imaginative opportunities and we have made a

recommendation about this.

Quality assurance systems were in place but were not well developed or robust. We did not see evidence that they drove improvement or challenged practice to develop a high quality innovative service for people.

We found that this was a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we have told the provider to take at the back of the full version of the report.

## 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 consistently safe.

There were systems in place to protect people from risks but they were not always fully implemented and documentation had not always been updated in line with changes.

Staffing levels did not promote individualised care.

There were systems in place to manage medication in a safe way.

Safeguarding and whistleblowing procedures were in place and known by staff.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently safe.

The mental capacity act and deprivation of liberty was not well understood and therefore there was a risk people rights could be infringed.

People were supported by staff who had undertaken some relevant training.

People were supported to access nutritious food

People were supported with their health care needs.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who knew them and who were attentive.

The service was welcoming and people were supported to maintain relationships with those who were important to them.

There were systems in place to support decision making.

### Is the service responsive?

The service was not consistently responsive.

Care and support plans were detailed and informative but would benefit from further analysis and review.

Activities could be more creative and individualised.

There were systems in place to manage complaints.

**Requires Improvement** 

### Is the service well-led?

The service was not consistently well led.

Quality assurance systems were not well developed to monitor and improve the quality and safety of the service.

The manager was approachable.

The service was homely and had a friendly and welcoming atmosphere.

**Requires Improvement** 

# Willow Health Limited

## **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 the 18 February 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed the information we held about the service. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

Not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly.

We spoke with five care staff, the team leader and the registered manager. We looked at people's care records, three staff files, training records and information relating to how the safety and quality of the service was being monitored.

# Is the service safe?

## Our findings

There were systems in place to protect people from risks but they were not always fully implemented and documentation had not always been updated in line with changes.

There were individual risk assessments in place for people who used the service to promote their freedom and manage risks. The actions that staff should take to reduce the risk of harm were outlined however these were not always followed. For example there was a risk assessment in place about accessing the community which stated that the individual should be supported with one to one staffing levels but we did not see that this occurred consistently. One of the moving and handling risk assessments referred to two staff but there were periods when there was only one member of staff in the building and therefore would have not been able to have been followed. Plans and actions to mitigate risks could not be consistently adhered to by staff.

The building was in a good state of repair and we saw environmental risk assessments in place. There was evidence that the provider had taken steps to identify potential risks and reduce the likelihood of injury. There were certificates in place to evidence that equipment such as gas appliances had been serviced, the hoists had been checked along with the slings. Checks on fire safety equipment such as extinguishers had been undertaken. There were records to show that emergency lighting and testing was undertaken. The manager told us that a member of staff completed a monthly walk around the building to identify any health and safety concerns and included checks on electrical items. Staff told us that regular checks were undertaken on bed rails although we did not see that the documentation had been completed.

People received care from staff who knew them and who had been recruited in a way that provided protection to people. However staff absences were not covered appropriately and the numbers of staff did not promote individualised care. There were two staff on duty on the day of our visit, including a team leader. The manager was not available as they were working on shift at another of the provider's services. We were told that the service was fully staffed. We looked at the staffing rota and saw that over the last two months the number of staff had reduced from three to two and staff told us that this was because they were managing staff holidays. The organisation of holidays did not take into account the management of risks and people's needs. This meant that people's choices and ability to access the community were limited and they were at risk of receiving poor care.

We looked at the recruitment of staff to check that they operated a safe and effective system. We examined three staff files and saw that an application form was completed, records were maintained of interviews and references were requested from the individual's last employer. Disclosure and barring checks were in place before individual's commenced employment. We saw evidence that poor practice was challenged and disciplinary processes followed. The manager told us that agency staff was employed on occasions and they receive a profile from the agency confirming the checks and the training undertaken.

There were clear processes in place for the management and administration of people's medicines. We reviewed the records relating to medicine administration and saw that they had been completed properly

and the amounts tallied. Medicines were stored securely.

Medicine audits were undertaken on a regular basis to check that all medicines were accounted for. We concluded that people received their medicine as intended by the prescriber.

Staff told us that they had received training on safeguarding procedures and were able to explain these to us. They were clear about their responsibilities and also spoke about the provider's whistleblowing policy. Staff expressed confidence that matters of concern would be addressed by the management team. The policy and contact numbers were displayed in the service. Staff told us that they had received training on physical restraint and told us that this had not been used. The provider had taken the responsibility for safeguarding some people's finances for everyday expenses. We saw that processes including receipts were in place to safeguard these people from financial abuse. However we could not see that these were checked by the provider on a regular basis to protect all concerned.



# Is the service effective?

## Our findings

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS) was not well understood. There were some capacity assessments in place but these were not always fully completed or individualised. For example there was a best interest decision in place regarding medication but it was unclear and did not refer to a decision making process, commenting instead on visiting the community and shopping. Another decision referred to another person living in the service. One person had bedrails but there was no best interest decision in place regarding this. The manager told us that no Deprivation of liberty Safeguards applications had been made but that they were planning to make a number of applications.

We recommend that the service seek advice and guidance from a reputable source, about The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS) and its implementation within the service

We observed staff asking people for consent and offering options as part of providing support. Staff were not aware of the legislation but had some knowledge about consent and that people had the right to make decisions independently. We saw posters on display throughout the service outlining a range of methods which could be used to communicate with people and ascertain their views. These included signs and pictures, although we did not see these in use.

Staff told us that they received a good induction when they started to work at the service This included training as well as time to read care plans and procedures. They also undertook a number of supernumerary shifts at the service where they observed an experienced member of staff. One of the staff we spoke with was a member of night staff and told us that as part of their induction they worked on days to get to know the individuals before starting to work at night. Certificates were on file to evidence that staff completed training on a range of areas including safeguarding, first aid and moving and handling. Following training staff completed questionnaires to evidence what they had learned and the manager undertook a series of observations to ascertain that they were competent. We saw that competency assessments had been undertaken on medication administration.

Staff told us that once the induction was complete there was an ongoing training programme and they were supported to undertake further training such as Qualification Credit Framework (QCF). Staff told us that they were well supported and they received supervision meetings every three months.

People were supported to eat and drink according to their needs and preferences. We observed people going in to the kitchen and choosing what they wanted to eat. Some individuals had their lunch provided but other Individuals were supported to prepare their own lunch. People ate together and lunch consisted of a sandwich and fresh fruit. Staff told us that they prepared a hot evening meal. We looked at the fridge and freezer and saw that they were well stocked with a range of fresh and frozen items. We looked at the records of meals provided which showed that people had a varied and nutritious diet.

People were supported with their health care needs. Individuals had a Health and Welfare plan which

provided clear information about the actions staff should take to promote good individual health. We saw that individuals regularly saw the GP and staff supported individuals to attend hospital appointments. The outcome and advice given was recorded for other staff to follow. Where risks to health had been identified advice had been obtained from the occupational therapist and the physiotherapist. One of the individuals we looked at had epilepsy and we saw that there was a clear plan in place for staff to follow in the event of a seizure.

## Is the service caring?

### Our findings

We observed that individuals looked at ease in the company of staff. Individuals smiled at staff and we observed one individual going up to a member of staff who responded in a warm way and put their arms round the individual.

Staff had built up relationships with people and demonstrated that they knew them well. The service had a family feel and the interactions we observed reflected this familiarity. A number of staff had worked at the service for a number of years and were able to tell us about the individuals, their different personalities and how best to support them. Support plans were detailed and informative and listed people's preferences as well as areas such as "What makes me smile" and "What I am most proud of." We saw that staff were attentive and responded to people's facial expressions. One person looked unhappy and staff comforted them.

People were supported to maintain links with their family. There were a range of arrangements in place for people to keep in contact with those who were important to them. Pictures of key family members were included in the care plans.

Staff told us how they respected people's dignity and privacy with personal care and understood that this was important. Care plans provided reminders to staff about these issues, and outlined how best to deliver care in a respectful and dignified manner. We observed staff assisting individuals with developing their independence skills such as getting a drink and making a sandwich.

People had some opportunities to make their views known about their care. We saw that people's rooms had been personalised with pictures and other items which reflected their interests. Staff told us that key worker meetings were held and individuals were supported to exercise choice. We saw that information was provided in a pictorial format using pictures and signs and symbols to help support decision making. Staff were able to describe the alternative methods they used to ascertain people's views. We observed staff offering people choices and showing them items to enable them to make a decision.

Questionnaires had been sent out to relatives and we were told that two responses had been returned and both were positive. One stated, 'Thank you for all your hard work, (my relative) is calmer.'

## Is the service responsive?

### Our findings

Care and support plans were detailed and informative but would benefit from further analysis and more frequent review. They documented the support people needed and how they wished it to be provided, for example details such as how people liked to take their medicines were noted. The guidance was provided in a step by step format which enabled staff to have the information they needed. Daily records were completed by staff and contained information about what people had been supported with, what they done and what they had eaten. There was also a communication book and staff handovers between shifts which enabled staff to have the information they needed to respond to individuals changing needs. However we did find that although recordings had been made some areas were not identified and flagged as requiring attention. For example we saw that some people had lost weight but we could not see that their care plan had been amended and updated. We noted that some individuals were weighed but this was not undertaken on a regular basis. We saw that staff had made entries in the daily records asking colleagues to "keep an eye on" an individual as they had not eaten. However we could not see what if any actions staff took to manage this in a proactive way. Reviews were held yearly but more regular analysis should be undertaken to ensure the service is responsive to changing needs.

The activities on offer were limited and not always personalised. The majority of the activities undertaken in the community were group activities. We observed that on the day of our visit the activities' on offer were limited by the availability of staff. Some individuals spent their day in their room on the computer; other individuals spent the day in the communal area. There were short bursts of activities, one individual did a brief craft activity and another assisted a member of staff to bake. A group of individuals went for a walk to the nearby shop in the morning and the remainder went out as a group in the afternoon. We heard one individual requesting to go out but he was told that the minibus was not available as it was being used by another service. We spoke to staff about activities and other leisure pursuits such as holidays and they told us that, "We go out on activities when we have the staff." Another member of staff told us that none of the individuals had been on holiday in recent years as they did not have the funding but that they tried to go out for days.

We looked in the daily records and we saw from these that individuals had participated in some activities such as relaxing, walks and watching TV. Some individual's had gone to church and a local disco. Two people had music therapy on a regular basis. We recommend that the service seeks advice from a reputable source on the personalisation agenda and promoting best practice for people with a learning disability.

There was a complaints procedure in place which was displayed and had been adapted to assist people with communication needs express any concerns. The manager told us that they were not currently dealing with any concerns but in the past one concern had been raised by a family member on an individual's behalf but this had been resolved.

## Is the service well-led?

### Our findings

The service was homely and had a friendly and welcoming atmosphere. People had lived there for a number of years and were supported by a stable staff team who knew the needs of the people they were supporting. However there was also complacency about how the staffing was organised and a lack of creativity in the provision of person centred care. There was a lack of innovation and drive for improvement to ensure people in their care got the best service possible.

Quality assurance systems were in place but were not well developed or fully effective. A member of staff took responsibility for checking the medication on a weekly basis and another member of staff undertook health and safety checks. However we could not see that the manager had oversight of these or undertook spot checks on areas such as individual's money which the service was taking responsibility for. Care plan audits were undertaken annually and some of the anomalies we found around mental capacity assessments would suggest that these should be undertaken more regularly. We did not see any dependency scoring tools in place to evidence that they had the support levels that people required. We were told that the provider visited the service but reports were not available for us to look at to ascertain the level of governance and how they drove improvement. This is a Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was registered as manager for two services and was not available on the day of the inspection as she was working on shift in the other service. The manager attended for a short period and was asked to provide us with information as part of this inspection but this was not forthcoming within the agreed timescales.

Staff we spoke with told us that the registered manager was approachable and shared her time between this service and the other nearby service which meant that she visited the service three or four times per week. They told us that there were a number of senior staff who took responsibility for individual shifts. On call arrangements were clear and staff told us that they had the manager's mobile number and were able to ring for advice if there was a problem.

There were systems to identify what training staff had completed and to check on effectiveness of the training. Staff were clear about their responsibilities with regard to safeguarding and whistleblowing but were less clear about the vision of the service and how it supported people to achieve their aspirations.

Regular staff meetings were held for the different staff groups, night staff, day staff and senior staff. Staff told us that they were able to "air their views" and that they had a good team.

We saw that the manager also met with managers from the providers other services to look at strategy and discuss areas of interest as well as future developments.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found that the registered person did not yet have an effective system or process to assess and monitor the quality of the service</p> <p>This is a Breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>