

Willow Health Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Willow Health is a bungalow which has been adapted and provides accommodation for people in single bedrooms. It is a 'care home' and is located in a residential area within the town of Colchester. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Willow Health is registered to support up to seven people who have a learning disability, an autistic spectrum disorder and /or a physical disability. There were six people living in the service on the day of our inspection.

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

Risks to people were identified and guidance provided to staff on the steps that they should take to mitigate the risks. However further work was needed to ensure that risks were managed in a consistent way.

Staff were clear about what was a safeguarding incident and the steps that they needed to take to protect people. Incidents were reviewed by the registered manager to identify learning and this meant that staff were able to see how effective their actions had been.

Medicines were securely stored, and regular checks were undertaken to ensure that staff were following procedures and identifying errors promptly.

There were some staffing vacancies, but recruitment was underway. Recruitment processes were in place and we saw that staff commenced employment only after all the pre-employment checks were in place.

The registered manager had been working with the local authority to review people's needs to ensure that they had the support that they needed. As a result, one person at the service had been assessed as needing one to one support and we saw that this had benefited their overall wellbeing.

Newly appointed staff received an induction to ensure that they had the knowledge and skills to support people safely. Ongoing training was provided for existing staff to keep their skills up to date.

People were provided with a choice of meals and their weight was regularly monitored to ensure that any changes were identified.

People had all lived at the service for several years and had good relationships with staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

There was a complaints procedure which was on display and in an accessible format. The registered manager collated people's views in several ways including satisfaction surveys, service user's meeting and contact with family members.

Care plans had been updated since the last inspection and were detailed and informative.

People had access to a range of social opportunities and activities.

Quality assurance processes had improved and some of the areas that we found at the previous inspection had already been identified as part of the service's improvement processes and there was a plan to address.

The registered manager was leading cultural change and working towards creating a more person-centred service. Staff were positive about the progress that had been made and the impact on people who lived in the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance 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.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 July 2018)

At this inspection we found improvements had been made

Why we inspected

This was a planned inspection based on the previous rating.

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

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Willow Health Limited

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

The inspection was carried out by one inspector.

Service and service type

Willow Health 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

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider had 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.

During the inspection

We spoke with the provider, registered manager, team leader as well as three members of staff. We spoke with two residents and two relatives. We reviewed two care and support plans, medication administration

records, one recruitment file, and records relating to the quality and safety monitoring of the service.

After the inspection

We spoke to the provider to clarify the evidence found.

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 requires improvement. At this inspection this key question has remained the same, requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had taken steps to identify potential risks in the environment and reduce the likelihood of injury. However, there were shortfalls and we found some bottles of fluid in the laundry which were accessible and posed some risks. The registered manager took immediate action to remove the substances.
- Safety information and certification was not organised. We had some concerns that information was not available and therefore ongoing monitoring such as inspections could be missed. On the day of the inspection the registered manager was not able to show us the gas safety certificate, but this was subsequently provided after the inspection.
- The water temperatures were regularly tested, and the registered manager showed us a certificate to demonstrate the water had been tested for legionella. Internal and external checks were undertaken on the fire safety equipment to ensure that it was safe.
- Staff told us that they attended regular fire drills and were clear about the steps that they needed to take in an emergency.
- Risk assessments were in place to guide staff in mitigating the risk of harm occurring to people. For example, we saw a risk assessment for one person on accessing the community and how staff should support the person. Another person required specific support at night to reduce the risk of injury and guidance was provided to staff on how they should position the person to sleep, along with related photographs.

Staffing and recruitment

- The service had two staffing vacancies and was recruiting to fill these posts. In the interim they were dependent on bank and agency staff to provide cover. The service operated with three staff throughout the day and two staff at night. We observed that the numbers of staff on duty enabled staff to respond to people's immediate needs, but the levels did not always promote individualised care as some activities had to be undertaken as a small group.
- The registered manager told us that had organised reviews for people and as part of this process one person had been assessed as requiring additional support and this was now in place. Staff told us that these individual sessions had a positive impact on the persons wellbeing.
- There were clear arrangements in place for shift leadership and on call arrangements in place to cover out of hours and emergencies.
- Checks were undertaken on staff suitability prior to them commencing employment. Staff completed an application form and records were maintained of interviews. Identity checks were completed, references

and disclosure and barring (DBS) checks.

- The application form did not provide enough space for staff to fully document their employment history, and we saw that one person did not fully document their previous jobs. The registered manager was aware of this and confirmed that this had been discussed at interview. Following the inspection, the registered manager confirmed that the application form had been amended.

Preventing and controlling infection

- The property was showing some signs of wear and tear which meant that some areas were difficult to clean. Some flooring and wall tiles were cracked or broken. We saw several carpets were worn and stained. A commode was also noted to have started to corrode.
- These issues had been identified through the auditing process but had not yet been addressed. We spoke to the provider about this and they told us that they had a plan to address the areas that we had identified. They provided us with dates that the work was due to commence.
- Staff had undertaken training in infection control and food hygiene.
- We observed staff appropriately using gloves and hand washing when assisting with food preparation. Food was safely stored, and staff were clear as to their responsibilities.

Systems and processes to safeguard people from the risk of abuse

- Staff received training on safeguarding people and told us that they were encouraged to be open and report any concerns. One member of staff told us, "We have a duty of care to report."
- The registered manager had made appropriate referrals to the Local authority when concerns had been identified
- There were systems in place to provide safeguards to people when staff managed people's money. Records of expenditure were made, accompanying receipts were kept and regular checks undertaken.

Using medicines safely

- Medicines were securely stored, and people received their medicines as prescribed.
- Administration instructions were documented on the medication administration chart (MAR). We checked a sample of medicines against the records and found that they tallied.
- Some medicines were prescribed to be taken when needed, for example for pain or distress. We saw plans to guide staff on what the medicines were for and when they should be given.
- Staff confirmed that they had been provided with training and their competency was checked at regular intervals.

Learning lessons when things go wrong

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes and people's care plans were amended accordingly.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the service to ensure their needs could be met. There had been no new admissions to the service since our last inspection and most people had lived at the service for a number of years.
- Care plans were regularly reviewed and updated to ensure that people's changing needs were met.

Staff support: induction, training, skills and experience.

- Staff received training to develop their skills and knowledge. Training was provided on a range of areas including moving and handling, epilepsy and working with people with autism. Training was provided face to face and staff spoke positively about the training and what they had learnt.
- Competency assessments were undertaken to check on staff understanding of what they had learnt. There was a matrix in place to enable senior staff to identify any gaps or the need for further updates
- New staff were provided with an induction which included periods working alongside other colleagues on a supernumerary basis, observing how care was delivered. New staff also completed the care certificate which is a nationally recognised set of standards for staff new to care.
- Staff told us that they received regular supervision to reflect on their practice and their development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink according to their individual needs and preferences.
- On the day of our inspection we observed people coming and going from the kitchen and choosing items to eat and drink. We heard a member of staff say to one person who was going out for the day, "If you want anything specific for lunch let me know and I can go out and buy it."
- The meals served on the day of our visit looked appetising and people ate well.
- People's weight was monitored to enable any changes in their overall wellbeing to be promptly identified.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare and were supported to lead healthier lives. Care and support plans included details of how to support people with their health care needs. For example, people diagnosed with epilepsy had a clear support plan to help guide staff in how to respond to incidents and keep people safe.
- People had health passports which provided other professionals with guidance on how to communicate with the person and how they experience pain. Information was provided on what staff could do to cause the least distress to the person and make the experience a more positive one.
- People's records showed they attended appointments such as those with the dentist on a regular basis.

There were details of regular reviews with other health professionals and where specialist advice had been obtained the outcome was clear and accessible to staff.

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

- Willow Health was a bungalow however continued to present some challenges for people who used wheelchairs as doorways were difficult to get through. The registered manager told us that staff were vigilant and supported people to access all areas.
- People were observed accessing all areas of the service including the garden. The registered manager told us that there were plans in the longer term to provide some fencing.
- Efforts had been made to make the service more homely and communal areas were comfortable.
- Bedrooms had been personalised and furnished individually. One person told us that their relative was choosing new decoration for their bedroom.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's care plans contained clear information about their ability to make decisions on a day to day basis and how to support decision making.
- Staff ensured people were involved in making any decisions and were clear about making sure any decisions were taken in people's best interest.
- The manager told us that they had made applications as required to the local authority on behalf of people where their freedom of movement had been restricted, to ensure their best interests would be assessed by those qualified to do so.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We were able to ask some people who used the service about the care they received although others had limited ability to communicate with us. Those we spoke to told us that they were happy.
- Relatives we spoke to told us that their loved ones had lived in the service for many years and were very settled. They told us that their relatives had good relationships with those they lived with and always wanted to return home after visits.
- We observed that people looked relaxed in the company of staff and interactions were warm and friendly. Staff took time to speak with people and to listen to what they had to say. They looked for facial expressions and hand gestures for people who were unable to communicate verbally and were able to ascertain what they were saying.

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

- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff told us that there was an increased focus on supporting people to make choices.
- Staff knew how to support people to enable them to make an independent decision. For example, staff showed people options using objects or pictures.
- Care plans were written in a way that demonstrated that staff were aware of the importance of enablement and choice. Plans gave guidance to staff on how they could involve people in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We observed staff knocking on doors and closing doors behind them when they entered someone's room.
- 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 including phone calls and home visits.
- People were supported to be independent. We observed one person used specialist cutlery which enabled them to eat independently. Staff told us that people were supported and encouraged to take part in independent living skills, for example, cleaning their room with staff support and doing their laundry.

Is the service responsive?

Our findings

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

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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed care plans which set out their needs and how they should be met. This included areas such as personal care, dental care and any preferences for the gender of staff supporting them. There was a much greater focus on choice and individuality.
- Some people had behavioural protocols which guided staff on supporting staff to de-escalate situations. One person's plan guided staff to listen for a change in the tone of the individual's voice as an indicator that they were becoming distressed.
- Another person found some words distressing and these served as a trigger for them, but staff had a clear strategy to manage this and we saw them using set phrases to de-escalate the situation.
- People living in the service benefited from the greater consistency and the registered manager showed us a letter from a visiting professional where they had noticed an improvement in one person's wellbeing, in that they were now much more relaxed and happier.
- The registered manager told us that while there were still some incidents happening between people, these were now much reduced.

Meeting people's communication needs

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

- The registered manager ensured that people were given information in a way that they could understand. Staff knew people well and could tell us about people's needs and how people communicated.
- Where people had specific needs around communication these were outlined in detail in their care plan. Information was included about what signs people used and what message they were conveying when they used them.
- We saw the information on display was written in different formats, including using pictures and symbols.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of activities which were relevant and appropriate to them. People had an individual timetable, but this was subject to change depending on how they were feeling and other variables

such as the weather.

- People's access to activities had improved since the last inspection and it was positive to note people were participating in a wider range of opportunities. Two people had recently been on a trip to London and a trip to a water park was due to take place.
- People had access to the local community. Some people used the local bus services, although the service had its own transport which was accessible for people. We saw that people accessed a range of local services including the shops, pub and the church.
- The registered manager told us that they were looking at people's aspirations and exploring how they could enable people to access holidays.

Improving care quality in response to complaints or concerns

- There was a complaint procedure in place which was displayed and had been adapted to assist people with communication needs express any concerns.
- The registered manager told us that they had received one concern relating to the environment which was being addressed by the registered provider.
- Relatives expressed confidence that matters including small issues would be dealt with in an open way. One relative told us, "Before we were reluctant to raise issues but now we can talk to the registered manager."
- Records were maintained of compliments received.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. People's care plans lacked information regarding their preferred end of life care. We discussed this with the registered manager who told us that at the present time people had family members to support with this.
- The registered manager was aware that this was an area which required further clarification and told us that they were intending to write to families to explore this further.

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; Continuous learning and improving care

- The registered manager was knowledgeable and knew the people who lived in the service well. They led by example and staff had respect for them. There was greater emphasis on offering people choice and providing a person-centred service.
- Staff told us, and we saw from records such as staff meetings that the registered manager was focusing on creating an inclusive service where people who lived in the service were the priority.
- One member of staff told us, "There have been lots of changes here, before it was quite institutionalised... The changes have been for the better." Another told us, "Things are a lot better here than they were. Its more relaxed and people have more freedom and choice."
- Relatives were positive about the changes that had taken place at the service since the registered manager has taken up post. A relative told us, "Things are so much better with this manager, communication is so much better." Another told us, "Things are much improved with the new manager, they have had a bit of an uphill struggle, but things are better."
- The registered manager completed a number of audits including on the environment and infection control. The provider regularly visited the services and reports of their visits were available.
- Satisfaction surveys were sent to relatives at regular intervals to ascertain their views and whether any changes were needed.

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

- Willow health was registered before CQC's 'Registering the right support' policy was published. The registered manager demonstrated they were actively promoting the principles of this policy.
- The registered manager was committed to ensuring all staff promoted a person-centred approach which achieved the highest possible outcomes for people. They were aware of their responsibilities to be open and honest when things go wrong.
- Staff told us that there was a clear expectation that matters were recorded and incidents were reviewed by the registered manager.

- Services which provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed CQC of events in a timely way which meant that we could check that appropriate action had been taken.
- The registered manager was supported by a shift leader who supported them in the day to day running of the service.
- Staff told us they felt fully supported by the management team who were approachable and helpful.

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

- Communication with staff was regular and open. All staff were required to be fully integrated and involved in the service and they told us that they received regular supervision. Staff meetings were held regularly, and all aspects of the service were discussed.
- Relatives spoke highly of the registered manager and told us that they worked in partnership and communication was much improved.
- The registered manager told us that since our last inspection they had held reviews with the local authority to review people's needs.
- The registered manager told us that they were supported by the provider and attended regular manager meetings with managers from the provider's other services. These meetings assisted managers across the organisation to update each other on any developments and share areas of learning.