

Willow Care Homes Limited

Willow Community Care

Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2 November 2017. The inspection was announced. This was because we wanted to make sure the manager and nominated individual were available to attend the inspection.

Willow Community Care is a service providing personal care and support to people in supported living accommodation. The service is run by Willow Care Homes Ltd who also operate a care home nearby. At the time of this inspection Willow Community Care was providing care and support to three people who lived together in supported accommodation.

The last inspection of the service was on 28 November 2016 where we found four breaches of legal requirements. The provider had not ensured suitable training for staff to carry out their roles. They did not have sufficient oversight and good governance of the service. They had not ensured all risks to people's health were addressed in risk assessments and they also failed to notify the Care Quality Commission of events that they were required to notify by law.

At this inspection we found that the manager was aware of required notifications and there had not been any incidents that were required to be reported since our last inspection. Risk assessments had improved and we found the manager was managing risks to people's health and safety. Staff had adequate knowledge about safeguarding people from abuse.

Most of the time there was one member of staff working to provide support to people but the manager and other members of staff worked as a second staff member on duty when needed to ensure people could attend appointments and go out when they wanted to.

There was no registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager had been promoted to manager of the service a few months previously but had not yet applied to be registered with the Care Quality Commission. The director informed us that the manager would be applying for registration shortly after the inspection.

Staff training was by online learning. First aid training was not face to face training which meant that staff were not all properly trained in first aid. Training was highlighted at the last inspection but the provider had not made sufficient improvements in ensuring that they had an oversight of staff training needs.

People enjoyed their lives and were happy with the support provided to them. They had support to go out and follow their own interests, both individually and together. They had good social lives. Staff enjoyed working with people and felt supported in their roles.

People had good support with their diet and maintaining their health.

The provider had not supported the new manager with training, supervision or by providing the guidance that was needed in order to ensure compliance with the fundamental standards. They had not ensured records were regularly reviewed and up to date.

The manager carried out internal audits regularly and had made improvements in medicines management and personcentred care since the last inspection.

There was one breach of regulation in relation to governance of the service. You can see what action we required the provider to take at the end of the full 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?

The service was not always safe. Risks to people's health and safety were addressed in order to provide them with safe care and support. One person's health risks were not recorded in their risk assessment. People's medicines were managed safely.

Staff knew what to report to the manager in the event of an allegation of abuse and the manager understood safeguarding processes. Staffing levels were adequate to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff training was not up to date which meant people may not benefit from current best practice in their support and care.

People had good support to lead a healthy life. They had good support with their diet and to attend relevant health appointments.

Staff were aware of the requirements of the Mental Capacity Act 2005 and applied this when working with people.

Requires Improvement ●

Is the service caring?

The service was caring. People were happy. They got on well with each other and with staff. People enjoyed following their own interests as well as going out together.

Staff supported people to maintain relationships with family and others outside the service. Staff encouraged people to be independent as far as they were able and involved them in day to day decisions.

Good ●

Is the service responsive?

The service was responsive. Staff responded to people's needs and each person was able to follow their own chosen interests and lifestyle. The provider acted on feedback from people to ensure the service was responsive.

Good ●

Is the service well-led?

Requires Improvement ●

The service was not consistently well led. The provider had not ensured that all required improvements were made after the last inspection. Documents, policies and staff training had not had sufficient oversight to ensure they met standards. The manager was making improvements to the service but had not yet been provided with relevant training and supervision.

Willow Community Care

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 2 November 2017 and was announced. The provider was given one week's notice because the location provides a personal care service to people in a supported tenancy, we needed to be sure that a member of the management team would be available to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about this service including notifications made by the provider. As part of the inspection we visited the house where the three people who use the service live. We spoke with the three people and met with the manager, the director of Willow Care Homes Ltd and a senior support worker.

We observed interaction between staff and people using the service. We also looked at records. We carried out pathway tracking where we read the care plans, risk assessments and all care records for two of the three people and checked whether their planned care and support was being provided.

We checked medicines storage and administration. We looked at fire and health and safety records. We looked at records of staff training and supervision.

After the inspection we spoke with two professionals involved with the service, one member of staff and a relative of a person using the service by telephone to seek their views on the quality of care provided.

Is the service safe?

Our findings

At our previous inspection there was a breach of regulation due to risk assessments not addressing risks to people's health. At this inspection, each person had risk assessments in their file and risk management plans to reduce any risks to their safety. The risks identified included dysphagia, managing money, road safety and using public transport. We saw that risk assessments had been reviewed on 3 May 2017 but no comments had been recorded. There was therefore no confirmation that the risk assessment should remain the same. We discussed with the manager who said she would ensure a proper review was recorded.

One person had been assessed as at risk of choking when eating and drinking but when staff had observed that this no longer appeared to be a risk they contacted a Speech and Language Therapist (SALT) to reassess the risk for this person. The recommendations made by the SALT were then changed to meet the person's changed needs.

One person had two specific health needs for which there was no risk assessment. The conditions were addressed in the person's care plan and health action plan and there were leaflets in the person's file about their conditions but a lack of risk assessment and risk management plan left the person at risk of staff possibly missing the sign of a medical emergency. The manager said that all staff would recognise if the person needed medical attention and would act immediately as the staff all knew the person well. We recommend that people's medical conditions including what constitutes a medical emergency is recorded in their risk assessments.

At the last inspection there was a lack of training for staff in managing medicines. The new manager had made improvements in the management of medicines. Only trained staff gave medicines and records showed that people had been given their prescribed medicines in accordance with the instructions. Medicines were stored appropriately, securely and at a safe temperature. The manager had been supported by a local pharmacist to ensure that there were written protocols for medicines that were to be given as and when required, for example painkillers and laxatives. The manager took responsibility for reordering and returning of medicines and this was all managed safely. A pharmacist had visited the home and audited medicines practice. They said that the home's medicines policy met the standards on the latest NICE guidance. People had their medicines reviewed at last annually by their GP. One person had their medicines covertly disguised in food. This decision had been made in the person's best interest with a GP and pharmacist involved. The manager had ensured that this decision was properly documented. Staff had completed medicines training and one staff member told us that her competence had been assessed by the previous manager. Another staff member was assessed as competent in 2015.

The service did not have a written policy available for staff to follow if they suspected a person had been or was at risk of abuse but they had the contact details for Barnet safeguarding team. The manager knew her responsibility to inform the Care Quality Commission and to raise a safeguarding alert with the local authority. The senior support worker said they would report any concerns to the manager or the director. We could not confirm that staff had completed up to date training in safeguarding adults as required due to a lack of central staff training record. The manager agreed to send us this information.

The service had one member of staff on duty at all times to support the three people plus a second staff member as and when needed. We discussed staffing levels with a professional involved in the home and with the staff on duty and they all thought that staffing levels were sufficient. The manager worked closely with people providing care and support and the rota was planned in advance so that a second staff member could be on duty where there was need. In addition, people went out to day services and one person had a personal support worker to support them with their interests outside the home. People were able to evacuate the premises in the event of a fire so the staffing level of one at night was considered sufficient. There was a lone working risk assessment to support staff in the event of any incident whilst they were on duty alone. Staff told us the manager was always on call and would attend the service when there was a need. They said that they could also contact the director if they needed advice.

Is the service effective?

Our findings

There was no central record kept by the provider or manager of staff training. This meant they were unable to know at all times which staff needed training and which were suitably trained. The provider used a company that provided online training which staff were expected to complete. There was not enough oversight of the training to ensure staff had completed mandatory training and had understood it and applied it in their work. The manager said she had completed online learning first aid training. The provider had not arranged any face to face training in first aid. Some staff had achieved vocational qualifications in social care whilst working with other employers.

Staff had not received regular supervision but this had started to improve. They told us they felt well supported by their colleagues and the manager. They had appraisals in January 2017.

People were living a life they were happy with and received good support with personal care and health. Staff supported people to attend regular appointments with healthcare professionals such as a dentist, GP, optician and chiropodist. One person had previously not allowed dentists to treat them so had required general anaesthetic for dental treatment. The manager had supported the person and worked with them and their relative and the person was now attending regular dental appointments supported by the manager.

People had good support with eating and drinking. Everybody could eat independently but some people needed supervision and staff sat with people to ensure they were safe and ate well. There was a varied diet and people said they liked their food. We saw that people were offered snacks and drinks between meals and they were able to go into the kitchen whenever they wanted. They also had support to eat out regularly and have takeaway meals. Staff monitored people's weight for them and gave them support and advice to maintain a healthy weight.

Another person had a medical device and staff supported them with regular check ups and followed guidance to ensure it was working effectively. One person had a serious health condition and staff supported them to live healthily and attend regular check ups.

Each person had a health action plan detailing their health needs. One person's had not been updated to reflect a change in their prescribed medicines. We pointed this out to the manager who agreed to update it immediately. There was no information about gender specific screening in the health action plans. We recommend that the service ensure that people have support to access well woman and well man screening in accordance with best practice.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that nobody had a deprivation of liberty safeguard.

Staff understood the importance of asking people for their consent before providing care and treatment. One staff member told us that they always asked people what they would like to eat, wear and what they would like to do every day. People had capacity to make many day to day decisions and choices for themselves. We saw that staff asked their opinion and offered them choices. When a person said they did not want to do something this was respected by staff. Where a person lacked capacity to make an informed decision, for example on whether to have a medicines procedure, a decision was made in their best interest as required by the Mental Capacity Act. This involved relevant people and was documented properly. The provider has assessed that it was in two people's best interests to have an appointee which is best practice so that staff in the home were not managing their finances. They had requested to the local authority that this take place but at the time of this inspection there had been no progress in resolving this request.

Is the service caring?

Our findings

A staff member told us that their main objective was, "to make clients happy and make sure they have everything they want."

People using this service had lived together for a long time. They also regularly spent time with the people living in the provider's registered care home and said they enjoyed spending time together. Staff said that people using both services all knew each other really well and liked to meet up at parties. Staff treated people with kindness and people told us they liked the staff. We saw that one person was provided with emotional support when they needed it during the inspection. The manager told us how they supported people to maintain relationships with their families. One relative told us that the communication had improved when they requested more communication and that they now received regular updates on how their relative using the service was, any concerns and appointments and photographs from them.

One person had no living relatives but staff supported them to visit the resting place of their relatives when they wanted to go. Two people had a person from outside the service (one worker and one volunteer) who formed a good relationship with them and went out with them every week.

Where people had particular routines and rituals they followed staff were supportive and allowed people to be themselves and do what they wanted in their home.

A relative told us that staff were "friendly and very caring." This person also said, "I cannot praise them enough." We observed staff interacting with people and saw they had good friendly relationships. People told us they were happy and appeared comfortable. Staff encouraged people to be independent as far as they were able in their day to day lives. They helped to prepare food and clear away after meals and carried out other domestic chores. People made their own choices about what they would do.

At the time the inspection nobody was following any religion and did not go to a place of worship but Christian festivals were celebrated. The manager told us how they were making improvement to address one person's cultural background.

Is the service responsive?

Our findings

People received support that was personalised and responsive to their needs. They said they were happy living at this service. Care plans showed that people led their own life with support and were able to choose what they wanted to do. Care plans covered people's holistic needs and included their preferences. Care plans were not reviewed regularly and updated. The manager said that people's needs had not changed since the plans were last updated. We recommend that care plans are updated on an ongoing basis in line with best practice to ensure all current needs and preferences are being addressed in the way the person wishes.

Each person had a weekly programme of activities that they had chosen and met their own needs and interests. They made good use of local community resources. The provider provided a car for the service so staff drove people to their daily activities. Every Friday, the manager and senior support worker supported people to go out as a group to places they chose. They had been to places such as Hatfield House, Southend and Woburn Abbey recently. People had support to do what they liked. One person had a visiting support worker once a week to support them with leisure activities such as swimming, bowling and cinema trips. Another person told us they liked to watch a film every evening at home and staff supported them to do this. They also did weekly Tai Chi, yoga and bowling and had lunch out every week. People led a good quality of life. They told us they liked to go out together to have lunch at a local cafe or pub. The third person had support to go out to an evening social club once a week plus art classes, bowling and attending dayservices.

Staff told us that one staff member could support the three people to go out for lunch together, to go for walks in the park opposite their home or to go shopping. Two staff supported when there was an activity further away or when people wanted to do different activities.

Staff supported people to go on holiday if they wanted to. One person had been to Blackpool with a member of staff and another had been to EuroDisney. The evening before the inspection people had been out together to a Halloween party and told us they had enjoyed this. We asked two staff members what was the best thing about this service in their view. Both said that they felt people's choices were respected and that they led a good quality of life and that they received good support to go out regularly and take part in activities they enjoyed.

The service was responsive to feedback from stakeholders. There had not been any complaints since the last inspection. A relative told us that the service responded quickly to any concern and rectified it immediately. A professional also told us that the staff team acted on their recommendations.

Is the service well-led?

Our findings

After the last inspection when we found four breaches of regulations, the previous manager submitted an action plan to address the concerns. The action plan was unclear and had not been checked by the provider to ensure it had been completed. One action in the action plan was to write a protocol and guidance for staff regarding notifications that are required to be made to CQC. There was no guidance in place. The manager said that there had been no notifiable incidents since the last inspection and that they were aware of what needed to be reported.

Documents were not all reviewed and updated regularly. Policies had not been reviewed to ensure they were still relevant for staff to follow. We read a number of policies in the service but some had not been reviewed for ten years so were not reflective of current best practice. Care plans and risk assessments were not reviewed regularly. When they were reviewed sometimes there was a date and signature but no comments about what had been reviewed and whether or not there were any updates needed. One person's "missing person" profile had incorrect information as it was dated 2015 and their needs had changed since then. The profile said they could choke if they did not have thickened fluids when this was not the case.

Since the previous registered manager left, the deputy manager had been promoted. There was insufficient support for the new manager. The provider had not given the new manager any management training yet. They also did not have a copy of the relevant regulations, CQC guidance for providers or the last inspection report in the service. They said they could find these on the CQC website. The manager was also not receiving any supervision for their role. The director said he was planning to arrange some support and supervision for the manager but this had not yet started.

The provider had been carrying out regular audits but since the last inspection the registered manager, operations manager and a director had left the company so these were not being carried out at the time of the inspection. The manager and director who had left had carried out some auditing visits in the summer and reported back to the provider but the manager said they were not informed of the outcome of the audits.

The above amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated) Regulations 2014.

The manager had arranged for a local pharmacist to carry out medicines audits at the home which was positive and the manager had acted on the recommendations of the recent audit. We discussed with the manager the importance of ensuring that health action plans, risk assessments and other documentation being updated as soon as a person's needs changed.

The manager was carrying out internal checks to ensure the service was running smoothly. She checked medicines records and daily logs of people's care and support daily and signed their financial expenditure records weekly as evidence that she had checked these and found them to be correct.

People's keyworkers had responsibility for completing monthly checklists for people to record any appointments, incidents, a check of their finances and any meetings they had held with the person that month.

We saw the results of surveys completed by relatives of people using the service in 2016. Their feedback was that they were very happy with the service. Staff said they enjoyed working at the service and felt well supported by the manager.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had insufficient oversight of the running of the home and had not regularly assessed risks and quality of the service. 17(1)(a)(b)