

Willowbank Care Limited

Willowbank Care Limited

Inspection report

48 Filton Road
Horfield
Bristol
Avon
BS7 0PB

Tel: 07785230921

Date of inspection visit:
07 January 2020
09 January 2020
17 January 2020

Date of publication:
04 February 2020

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 ●

Summary of findings

Overall summary

About the service

Willowbank Care Limited provides supported living and personal care to adults with a learning disability. The ethos of the service is to enable people to gain and maintain skills to achieve independent living. People who use the service lived either in individual flats or shared housing. There were 12 bespoke services providing support to 29 people. Some people received 24-hour support made up of individual hours and shared support where they lived in shared housing.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene. Where they do we also consider any wider social care provided. At the time of the inspection 20 people were receiving support with personal care.

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

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

People continued to receive safe care. Staff understood the action to take should they have any concerns about people's safety. The risks associated with people's care had been identified and plans put in place to minimise these. Systems were in place to ensure staff had been recruited safely. The management of medicines was safe.

People continued to receive effective care. People were supported by staff that completed a thorough induction and ongoing training, which had been kept under review. People received help where required to ensure they had enough to eat and drink. People were supported to access health and social care professionals in a timely manner.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People, relatives and health and social care professionals said the staff were kind and caring. People

benefited from a small group of regular staff that had got to know them well. Staff spoke positively about their roles and their support of people.

People continued to receive a service that was responsive. People had been involved in developing a plan of care based on their preferences. This was continually kept under review. People were encouraged to live the life they wanted. People had access to activities based on their interests and hobbies.

The service was well led. Systems were in place to monitor the quality and safety of the service. People and staff were consulted, and their views of the service were listened to and acted upon.

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

Rating at last inspection

The last rating for this service was Good (published July 2017)

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Willowbank Care Limited on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Willowbank Care 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

One inspector undertook this announced inspection.

Service and service type

This service provides care and support to people living in a range of different 'supported living' setting[s], so that they can live as independently as possible. This included living in shared housing or in their own individual flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this and ensure there was a member of staff available to assist in the inspection process.

Inspection activity started on 8 January 2020 and ended on 17 January 2020. We visited the office location on 8, 9 and 17 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work closely with the service. This information helped us plan our inspection.

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

During the inspection-

We visited five supported living services (people's homes), so we could meet staff and people. Not everyone was able to tell us about their care, we used observations and information from staff, relatives and health professionals to assist with making our judgements.

We spoke with six people as well as four people's relatives by telephone. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with eight staff members including the service manager, three deputy managers and five support workers. We also received two emails from staff working for Willowbank telling us about their experience.

We reviewed a range of records in the office and supported living houses. This included five people's support records, medication records and daily notes. We looked at two staff files in relation to recruitment and records for all staff training. A variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. A person said, "I like it here, I'm happy, I feel safe." Another said, "I can phone a member of staff or go to the office if I am unhappy" and "Very safe, I know they would contact us (family) if there are any problems".
- Staff had a good knowledge of safeguarding processes and were trained in safeguarding adults. Staff knew what to do if they had concerns and how to report them. Staff had confidence in the management team to do the right thing to protect people.
- Where concerns had been raised, the registered manager had reported these to the relevant local authority where required.

Assessing risk, safety monitoring and management

- Risk assessments were in place to promote and protect people's safety in a positive way. These included finances, information on specific medical conditions and life skills.
- Staff understood how to implement people's positive behaviour plans which meant they could support people to avoid things which may trigger behaviours that may challenge. They actively worked with people to prevent anxiety. A relative spoke positively about how the staff worked closely with their loved one providing them with reassurance and consistent support which enabled them to be calmer.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable adults.
- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- People and staff told us staffing levels were safe and sufficient to meet people's needs. People knew who would be supporting them and when. No one said they had any missed support hours.
- Staff raised no concerns about staffing numbers. A member of staff told us, "We've got a good team there is rarely any sickness and we support each other". We never use any agency. We were told there were two staff that could provide cover at short notice.
- People were supported by a consistent group of staff, which meant they had got to trust and know them well. People told us they knew the staff that would be supporting them.

Using medicines safely

- Risks relating to medicines were assessed by the registered manager and the deputy managers of each team to ensure the arrangements were suitably managed for each person. The support people needed was clearly recorded in their plan of care.
- Staff received training in the safe management of medicines. Informal observational checks were done on staff administering medication. This was discussed with the service manager as these should be recorded as part of an audit trail.
- Records viewed showed people were receiving their medicines when they needed them and as prescribed by the GP.
- A person told us they were happy with the support that was in place, especially with medicines. They told us the staff visited at 7 in the morning and helped them with their tablets and again at night.

Preventing and controlling infection

- Staff made sure that people followed good hygiene practices when encouraging them to be as Independent such as in the kitchen. Staff had completed training in infection control and safe food hygiene practices.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people.

Learning lessons when things go wrong

- When an incident occurred, this was documented and reviewed. For example, when an incident occurred relating to behaviours that may challenge this was reviewed by the staff and the registered manager. Advice was sought from specialists to help with the management of behaviours to ensure they were effective.
- Accidents were also reviewed, and care plans updated as required and information was shared with staff to reduce any further reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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 care needs were assessed prior to them receiving a service. This meant care staff had a good level of information about people's needs at the point they started to support them. This ensured Willowbank could meet people's individual needs.
- The transition period for people took weeks or months for each individual person. This involved people and family members meeting up with the registered manager and staff several times before the care package started.
- People had a core team of staff to ensure consistency. People were matched with staff such as similar personalities. For example, one person preferred quieter staff. This was continually kept under review to ensure people were happy with the staff that were supporting them. Where this was not the case changes were made.

Staff support: induction, training, skills and experience

- People were supported by staff who had an induction that included shadowing more experienced staff and formal competency checks. Staff confirmed they had received a comprehensive induction appropriate to their roles, which was in line with the care certificate.
- Staff completed training regularly to ensure they were kept up to date. There was a range of topics that were covered including health and safety, food hygiene, first aid, safeguarding and infection control. In addition, staff completed training on supporting people with a learning disability, autism and epilepsy.
- A member of staff said they had recently completed a course to support people who were hoarders. They said this had been positive in understanding why and how they could more effectively support a person.
- Staff received regular supervision, where this was not the case for one team the registered manager and service manager were working with the team leader to address this.
- Staff told us they felt well supported in their roles. From conversations with staff it was evident there was good support and communication in place not only within their own teams but with the senior management team based at the main office.

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

- People's dietary needs were identified within their care plans. This included their likes and dislikes and the support they needed with food preparation, eating and drinking.
- Staff received training in food safety. They also worked with speech and language therapists and dietitians to ensure any risks around eating were minimised such as choking.

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

- The main office was central to most of the people they were supporting. We were told the 12 supported living services were within a three-mile radius of the office. The office was accessible for people with mobility issues. We were told people and staff regularly called into the office for a chat or a cup of coffee.
- The office was well equipped and provided a place for staff to meet in private with the registered manager or senior management team. There were usually three staff working in the office, the registered manager, the operations manager and an administrator.

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

- Staff supported people to attend health care appointments to ensure their health care was maintained and promoted. The support people needed was clearly recorded within their care plan. One person had been to see the doctor and visited the office to update the staff on the outcome.
- Staff worked in a timely and effective way with other organisations involved in people's care, which included people's care commissioners, doctors and the professionals from the community learning disability team. Feedback from visiting professionals was positive.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- A member of staff said, "Our aim is to promote people making their own choices, we don't impose our opinions on them, they make choices about all aspects of their life". They said the people they were supporting clearly made their opinions known if they wanted to do something or equally if they did not. They said this was respected.
- A person told us they were asked how they would like to be supported and their views were respected. For example, staff never entered their living accommodation without permission.
- The service manager told us they were working closely with the placing authority in respect of any deprivations of liberty safeguards. The local authority was responsible for making these applications to the court of protection. Two were in place and a further person was in the process of being assessed. This was because people could not freely leave their home on their own and required constant supervision from staff.
- A social care professional told us, "I have been impressed by the way they have taken on board information about the MCA". Feedback from professionals was Willowbank encouraged and supported people to lead the life they wanted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were 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

- People and relatives spoke positively about the staff. Comments included, "Yes all good", "No complaints it is the best, love it", "Absolutely lovely, generous and giving group of people (about the staff)" and "Staff have such a lovely way with X, they can read her like a book".
- People we visited were happy and relaxed in the presence of staff. Staff were caring in their approach.
- Staff knew people well and spoke about their individual needs and preferences. Staff described how this knowledge helped them to support people in their preferred way.
- Feedback from visiting professionals was positive in respect of how caring the staff were.

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

- People had access to an advocacy service. An advocate is someone who can offer support to enable a person to express their views, access information, explore choices and options and defend and promote their rights.
- Staff were able to give examples of how they supported people to make day to day choices. Staff used the information in people's care plans to guide how people should be involved in their care.
- People and relatives were regularly asked for feedback to ensure they were happy with the support staff provided. The management team regularly checked to ensure people were happy with all aspects of their care and support.
- Relatives praised the staff on how they supported people to be fully involved in their care from choosing what staff they wanted, to how they spent their time. One relative said, "X (name of person) is able to make an informed choice as the staff clearly explain what is going to happen". They gave an example of a medical procedure which had gone very well because the staff had taken the time to clearly explain what was going to happen and why.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as they could be. This was reflected in their care plans. Staff were clear about the importance of making sure people followed their preferred routines and or completed their own personal care where possible.
- People's privacy was respected and their right to spend time on their own if they wanted was upheld. For example, one person told us they preferred to spend time in their lounge/flat on their own. Staff confirmed they only entered the person's living area with their permission but were on hand if they needed help.

However, we observed three members of staff walk into a person's private lounge in a shared house without knocking or asking for permission.

- People were treated with dignity and respect. People told us they were happy with their care and it was clear from our observations that good relationships had been established between staff and people. One person said, "It is the best of the best and so much more". They told us about their journey of living in residential care and how this had not worked and now they had their own flat.

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 good. At this inspection this key question has remained the same.

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 received extremely person-centred care which was responsive to their needs. People told us staff helped them when they needed it and they were involved in deciding what was included in their care plan. People's care plans were detailed and captured all aspects of their lives.
- Staff described a service that was responsive to people's needs which had a positive effect on their wellbeing. For example, a person moving from a ground floor to an upstairs flat and another person moving from shared housing to their own flat had greatly reduced behaviours that challenged. Records further demonstrated the reduction. This would show staff listened to people and acted on what they were saying.
- A professional told us about a person who had lost significant weight and was now more active. They said, "She looks incredible. With the great support she receives she now enjoys a varied active timetable". A relative said, "Staff now support with visiting the family home". We were told this was because they no longer drove. It was evident people's support needs were kept under review and changes made as and when required showing a very responsive service.
- A professional told us, "Staff are supportive, pick up on potential issues early and are proactive in advancing these" another said, "Staff know people really well" and "The service is responsive to feedback and creative in their practice".

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.

- People's communication needs were understood and met. People's support plans detailed their communication needs and provided specific guidance on how people communicated effectively. For example, using key words, pictures, written words, symbols and gestures. Some people used Makaton a sign language for people with a learning disability. A member of staff confirmed they had received training to enable them to support a person who used this form of communication.

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 were supported to take part in activities both in their homes and the local community. People told us about the clubs they belonged to, how they liked to go shopping, ten pin bowling or out for meals, the

day centres they attended and the holidays they had been on or were planning. It was evident these were planned on an individual basis with the person taking into consideration their hobbies and interests.

- One person told us how they visited a local garage as they had got to know the staff and regularly had coffee in the office. It was evident they had built strong links in their local area.
- The provider had organised a social group that met up weekly where people could take part in a variety of activities and meet other people receiving a service from Willowbank. Some people attended a local church that organised activities on a weekly basis. Staff told us they worked with people to try different activities and go to different places depending on what they liked to do.
- People were supported to meet up with friends and family. Staff supported them in this area where needed. A relative told us, "X (name of person) has blossomed and leads a very active lifestyle". They said this was down to the incredible support that was in place. They said, "I can now be a sister rather than a carer".

Improving care quality in response to complaints or concerns

- People confirmed they knew how to raise concerns if they needed to and would speak with the staff and the registered manager. One person said, "I can always contact the office or speak to mum", and another person said, "They would speak with X (the service manager) or X (registered manager)". Relatives said they had no reason to complain but would contact the office and speak with the registered manager or the staff supporting their loved ones.
- An accessible complaints procedure was available to people and their families. There had been one complaint in the last 12 months. This was not directly about the service but the slowness of another service provider. The staff had supported the person to raise their concerns.

End of life care and support

- No one at the time of the inspection was receiving end of life care.
- The service manager told us they had not documented people's wishes for end of life care this was going to be a focus moving forward. We will check this at our next inspection.
- The service had received a compliment from a local hospice in respect of the support a person had received prior to their death. This person had moved to a nursing home but staff from Willowbank had continued to visit daily, to support and care for them.

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 good. At this inspection this key question has remained the same.

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

- People, relatives and staff all spoke highly of the registered manager and the way the service was run. A person said, "X (registered manager) is a 24-carat diamond". Everyone knew who the manager was. Some people visited the office regularly for a cup of coffee and a chat. We were told staff often called in if they are passing.
- Staff were motivated and proud to work for the service. One support worker told us, "I feel the company is going from strength to strength and I would recommend the company to anyone wishing to work in care". The senior management team were passionate about providing care that was tailored to the person.
- Staff demonstrated a clear understanding of the aims of the company. They told us each service was unique to the person and the goals they set. It was evident staff empowered people to make decisions and be involved.

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

- There was an open and transparent culture at the service. The registered manager understood the duty of candour in respect of being open and honest with people and relatives. Relatives said they had regular contact with the senior management team.
- The registered manager and the senior management team were clear about their responsibilities for reporting to CQC and the regulatory requirements of their role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.

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

- The service was well-managed. There was a strong leadership team which provided clear lines of accountability and responsibility.
- Management meetings were happening regularly and staff meetings every two to three months. Daily handovers and communication books were used to communicate updates keeping staff informed about any changes to people's care.
- Effective systems were in place to monitor the quality of the service and the care provided. A range of

audits were completed by the registered manager, senior management team and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in setting up their services. Each service was bespoke to the person and tailored to their individual needs. Adjustments were made to ensure it was appropriate and continually meeting their individual needs, wishes and aspirations.
- The service regularly sought feedback from people and their family. This ensured people had a voice and contributed to decisions about the support they required. This was done via keyworker meetings, care plan review meetings, advocacy services and annual surveys.
- A monthly newsletter kept people and staff informed about what was happening within the organisation.

Continuous learning and improving care

- A social care professional told us, "Staff are responsive to training and due to the frequency of our engagement with the service we are able to observe training being applied to practice".
- The provider celebrated achievements by providing awards for staff who went above and beyond in supporting people. Staff said they felt supported, valued and had the training enabling them to support people.
- A visiting professional told us, "Leadership is good, approachable. There seems a culture of wanting to learn and improve".

Working in partnership with others

- The provider worked in partnership with a range of other professionals. This included housing providers, health and social care professionals and commissioners of services.
- Feedback from professionals about the management of the service and working in partnership was extremely positive. Comments included, "The management and leadership at Willowbank Care is approachable and pro-active in how it reaches out to others for support of service users" and "The managers always seem knowledgeable and the owner is very approachable". One social care professional stated, "They would in fact be my provider of choice for more complex/challenging clients".