

# Axiom Housing Association Limited

# Willowbank

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Willowbank is registered to provide personal care to people living in their own flats within an extra care scheme in Cambridge. At the time of our inspection a service was being provided to older people, people living with dementia, people living with mental health conditions and people living with physical disabilities or sensory impairment. There were 20 people receiving personal care from the service. There were seven care staff employed at the time of this inspection.

This comprehensive inspection took place on 27 June 2017 and was unannounced.

There was a registered manager in place. 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 provider's policy on administration and recording of medication had been followed by staff. People had their medication administered as prescribed. Audits in relation to medication administration had been completed and were robust, as they identified where areas of improvement were required.

People had had their needs assessed and reviewed so that staff knew how to support them and maintain their wellbeing. People's care plans contained person centred information. Staff treated people with care and respect and made sure that their privacy and dignity was respected all of the time.

There was a system in place to record complaints. These records included the outcomes of complaints and people were satisfied with the outcomes.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's consent to care. This meant that there was a reduced risk that any decisions, made on people's behalf by staff, would not be in their best interest and as least restrictive as possible.

The provider had a recruitment process in place and staff were only employed in the service after all essential safety checks had been satisfactorily completed. Training was available for all staff which provided them with the skills they needed to meet people's health and wellbeing requirements.

People were involved in how their care and support was provided. Staff checked ensured people's health and welfare needs were identified and acted on where necessary. People were supported to access health care professionals when they needed them. People were provided with a choice of food and drink.

People and staff were able to provide feedback and information. There were systems in place to monitor

and audit the quality of the service provided. Audits were effective and this meant that the provider was able to drive forward any necessary improvements.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by the registered manager and care manager during the day. An out of hours on call system was in place to support staff, when required.

## 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.

People were administered their medication as prescribed.

Risks to people's safety and welfare had been assessed and staff knew how to manage the risks effectively.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow if they thought someone had been harmed.

The recruitment process ensured that only suitable staff were employed.

### Is the service effective?

Good ●

The service was effective.

People were supported to meet their needs by staff who had the necessary skills and competencies.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People's dignity, privacy and independence were respected.  
People were involved in decisions about their care.

People received care that was kind and caring.

### Is the service responsive?

Good ●

The service was responsive

Care plans were sufficiently detailed and up to date to meet

people's support needs.

There was a system in place to receive and manage people's concerns and complaints.

People were involved in the assessment and reviews of their health and social care needs. People received individualised support from staff who were responsive to their needs.

**Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in place. Staff were supported by the registered manager and care manager.

Audits had been completed and issues had been identified to improve the service. Quality assurance systems were in place to assess the quality of care for people and action had been taken to make improvements where necessary.

# Willowbank

## **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 checked 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 27 June 2017 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

During the inspection we spoke with four people who used the service. We spoke with the registered manager, care manager and two staff.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as staff training records. We saw a copy of the Cambridgeshire County Council Contract Monitoring Report.

# Is the service safe?

## Our findings

People felt the service was safe. One person said they felt safe because there were staff available at all times to provide help and said, "I can pull my cord [emergency call system] and they come within three to four minutes." Another person said, "I feel safe because no-one can get in [to the building without permission]."

The provider's PIR showed that, "Having a safe service means that all appropriate training has been provided to staff so that they are able to deliver a safe and competent level of care. This would include safe management of medication, infection control and prevention, moving and handling, safeguarding and environmental awareness and risk."

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the types of harm and the process to be followed when incidents of harm occurred. One member of staff said, "If someone chatty was quiet I would worry and think there might be something wrong. I would discuss it with my manager. You can go higher. I have raised a concern, spoken to the manager and then rang social services." We saw that training records showed staff had received training in respect of safeguarding adults which was in line with safeguarding policies. There was information about safeguarding in the form of a poster that was displayed in the extra care scheme. This showed us that there were processes in place to reduce the risk of harm to people who used the service.

People were kept safe because risks were assessed and measures were put in place to manage those risks. People told us they had been part of the assessments and there was evidence in people's files that showed relevant risk assessments such as environmental risks and mobility had been completed. One person told us that staff were aware of their medical condition, which impacted on their balance. Staff we spoke with confirmed that they knew the issues for the person. Staff knew the people they cared for and were able to tell us about individual people's risks and the way they were managed. This meant staff were aware of how to manage people's areas of risk effectively.

There were records of accidents and incidents, which demonstrated that actions were taken to reduce the risks of the person having similar experiences. One person said, "Oh yes they reported it [fall]." We saw that the risk assessment had been updated and information showed that staff 'should ensure the person had their wheeled trolley with them'. The risk assessment had been signed by the person. We saw, and staff confirmed, that accident and incident forms were completed and that managers 'signed them off' and updated risk assessments where necessary.

There were sufficient numbers of staff to meet the needs of people they supported; and staff confirmed this to be the case. People told us they had regular staff although there were some times when staff from another agency provided their care. One person said, "I can choose who [which staff] comes and who doesn't." Another person said, "I get pretty regular carers [staff]. If they're short we get different agency carers." One staff member said, "We [staff] pick up extra shifts [to cover for sickness or annual leave]. We have three or four regular agency [staff] we use so clients know them and so do we; and they [agency staff] know what they're doing."

Information from the provider, and discussions with managers showed that safe and effective recruitment and selection processes were in place. These processes ensured staff were of good character, physically and mentally fit for the role and able to meet people's needs.

People were administered their prescribed medications. One person told us, "They [staff] give me all my medication, I'm on loads. I have ear drops as well." Another person confirmed that staff wrote down when they (the person) had taken their medication. We saw that paracetamol recorded 'as required' did not have a protocol in place. However, staff said that people had capacity and had the ability to tell them if they needed the 'as required' medications. We saw that staff had recorded the number of tablets administered where there was a choice of one or two tablets to be taken.

Information from the provider, and staff confirmed that training in medication administration had been provided and they attended regular updates each year. Information from the provider showed that there had been two medication errors in the last year. Staff confirmed that they were checked annually for competency in medication administration. They also knew that if staff made errors then further training and more checks in competency were made. This was to make sure that staff were competent and confident to support people with their medication. The registered manager said that a new method of medication administration was being looked into to ensure that medication errors would be further minimised.

People told us that the staff ensured the spread of infection was minimised. This was because staff always used personal protection equipment such as aprons and gloves when providing personal care to people. One person told us, "They [staff] use gloves and aprons when giving me care. They take them off [afterwards] and put them in a disposable bag."



# Is the service effective?

## Our findings

The provider told us in their PIR, "Staff complete an induction and the Care Certificate or E learning and for this to be documented within the staff files." Staff told us they completed yearly training to refresh and update their skills and knowledge and that certificates for the training were put into their individual files. Staff told us that they had completed other training specific to their roles and that if they requested further training the registered manager would ensure it would be provided.

There was a training plan in place which identified when staff needed to complete the updates for on-line courses. We saw that six of the seven staff had completed all their necessary updated training. This meant that people were being looked after by staff who had received training to support and meet their needs. One person told us, "The ones that work here have been trained on things like medication and how to lift [moving and transferring people]. I'm not sure about the agency [workers] as our staff have to show them what to do." The registered manager confirmed that information they received about each agency worker included the up to date training that they had completed.

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The 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.

We checked whether the service was working within the principles of the MCA. We found that people's rights were being protected from unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care.

In their PIR the provider stated that all seven members of staff had received training in MCA and Deprivation of Liberty Safeguards (DoLS), and staff confirmed this. One member of staff said that the training explained that, "We never assume people cannot do things for themselves. Patience is the main thing." Another staff member said, "We do not assume they [people] don't have capacity; unless otherwise stated or if they can't make decisions." They went on to say that other professionals as well as family and friends would be involved should someone need support with decision making. Staff told us that they ensured people could make choices. For example, people could remain in their flat or come into the communal lounge. People we spoke with said they were able to make choices for themselves. One person told us, "I go out several days each week."

In the PIR the provider said that staff received regular one-to-one "supervision, performance monitoring and appraisals." Staff confirmed that they received one-to-one supervision on a regular basis. Staff said that they felt well-supported by the care manager and the registered manager.

We checked and found that people's nutritional health was met. Staff told us that some people were able to cook their own meals and other people were supported to cook microwave meals. Staff said there was a chef that came into the extra care building three days a week and people just ticked what they wanted for lunch on the list provided. We saw one person check the list and then put their name on the choice they had made. One person told us they purchased some frozen meals and chose each day which one should be heated by staff. Most people told us that they were able to make their own drinks. Those that were unable to do so told us staff always asked what they wanted and one said, "They [staff] get me something to eat and drink at night."

We found that people's health and well-being was being met. One person said, "I fell [in my flat] I pressed the call bell and two staff came. I did not need the paramedics this time." Staff told us that there was a procedure in place if people became unwell or fell. They confirmed that they would call other professionals such as the GP, occupational therapist or District Nurse when necessary. There was information in people's care records that showed that health or social care professionals had been contacted appropriately. One person said that staff were expected to inform the district nurse if their skin integrity got worse and staff did so when necessary.

## Is the service caring?

### Our findings

People made a number of positive comments about the staff who provided their care and support. One person said, "Carers [staff] are by and large very good." Another person said, "The carers [staff] are lovely."

People understood the plans about their care and that their views were at the centre of the support provided by the staff. People told us they were involved in decisions about their needs and how they wished to be supported. There was information in people's files that showed they had been involved in the assessment of their needs. One person said, "I had an assessment and it's in my book [file]." There was a 'This is me' form, which staff confirmed detailed the personal history of a person's life. One member of staff commented that it was very useful as it, "Shows people's jobs, important family member details and likes and dislikes."

Staff told us how they ensured people's dignity and respect was maintained. Care plans showed how dignity and respect was promoted. For example this was by giving people privacy to wash areas they could manage before staff assisted them with areas they (the people) were unable to reach. One person told us they had a bath regularly and said, "I have privacy to wash as much of myself as I can. Then the staff help me in specific areas." One staff member said, "Privacy and dignity is important, I would cover people with towels and keep doors closed." Another said, "[Name of person] likes to do as much as possible for herself, so we only do what she can't."

People confirmed they usually had regular staff to support them. Staff told us there were times when agency staff were used but they (staff) covered any visits and usually people received support from the same staff. Staff were clear that there would be sufficient information in the person's flat to enable them to meet people's care needs. One staff member told us, "There is always a care plan in the office and one in the person's flat. I always look through and then talk to them about it." People told us that new staff members were usually introduced and worked with a more experienced member of staff. This meant people had staff who knew how to meet their needs.

In the PIR the provider said that their values of the service were to have, "A positive approach and establishing competent team work and a safe, caring, responsive and effective service at all times." People were enabled to remain as independent as possible and remain in their own flats with support from staff in the service.

## Is the service responsive?

### Our findings

We sat with people and looked at their care plans with them. The information in the care plans was individualised and detailed so that staff were able to meet people's needs. For example, people who had requested only female staff for their personal care told us that they had female staff provide it. One person said, "I don't want male carers doing my personal care." The person confirmed that her personal care was provided by a female staff member. The person went on to say that the service did sometimes have difficulty to provide female staff when regular staff were on holiday but that the care manager "will come and do care if they [staff] are short".

People told us they were involved in the assessment and regular reviews of the care and support being provided by the service. One person told us, "There are loads of questions. [Name of care manager] usually brings it and fills it in [with the person]." People told us the care manager regularly visited them in their flats and checked that they were receiving the care they needed. This meant people had regular opportunities to talk about their changing needs or any concerns about the service.

Staff were aware of how to meet the care needs for each person and could provide the consistent support that people needed. Staff were able to tell us about the care and support people received; about the things people enjoyed doing, the areas people wanted help with as well as those they wanted to retain as much as possible in relation to their independence. One staff member said, "We help [name of person] four times a day. They love listening to the radio, watching TV [named some TV programmes] and going shopping."

People were protected from the risks of isolation and loneliness because a variety of activities were provided through the service and also in partnership with the housing manager of Willowbank. This encouraged people as far as possible to maintain their hobbies and interests. We saw on the day that people were involved in a 'knit and natter' session. However, the registered manager said that some activities were poorly attended even though people were encouraged to attend. People were also asked to say the type of activities they would like. Some activities have had a cost implication and the registered manager said that people dropped out if the cost increased even slightly. In the extra care building there were areas where people could sit and chat as well as dining areas where they could purchase a meal and sit with other people.

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. Staff told us how they would help a person they were caring for make a complaint if they wished to. People knew how to make a complaint and had the necessary telephone numbers in the service folders in their flats if they needed to do so. One person told us they were satisfied with the outcome of their complaint and said, "I have reported one carer who has now stopped coming." Information in the provider's PIR showed that there had been one complaint in the last 12 months. The provider had responded and ensured the person and their relative understood the reasons that specific health care could not be provided.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection. The manager understood their responsibilities and had support systems in place to help them to manage the service. The registered manager was supported by a care manager and seven care staff.

People were happy about the way the service was managed. One person said, "[Name of care manager] is very good." Another person told us, "[Name of care manager] is lovely. Very good. She comes in regularly and checks if there are any problems. She comes up [to person's flat] as soon as she can." 'Residents meetings' were held by the housing manager and the care manager of the service attended in case there were issues in relation to the care service. The housing manager said there had been no issues raised by people at any meeting held recently.

People were able to contact staff through an out of hours telephone system through their lifeline pendant or bracelet (emergency call bell system) if they needed assistance during the night. One person said, "If I need them [staff] in the night the calls go to Bradford and they call the carers here [at Willowbank]." Staff told us that they had telephone numbers for on call management so that they could be supported out of normal working hours and in the event of any emergency.

Staff told us they felt supported by the registered manager and care manager. One staff member told us, "[Name of care manager] used to be a carer and worked her way up. They're the best people. She and [name of registered manager] are very contactable. If I want them I just have to ring them"

Staff told us there were regular meetings where they could discuss concerns or suggest ways to improve the service. One staff member told us, "They [team meetings] are regular. We discuss shifts, residents needs and any extra things they need, training dates available and on line training expected to be completed. You can say what you think. There are also group discussions. Recently we talked about how a trolley in the hallway was a trip hazard and where it should be put." We saw minutes of the February and May 2017 team meetings. The minutes included information about issues arising from staff practice such as MAR chart completion; uniform appropriateness including ID badges, information on how to record accidents and incidents and staff to complete all updated training. There was also feedback from a previous discussion and improvements that were needed in relation to medication administration. This showed staff had been provided with the appropriate information in relation to areas of their work and the ways in which they needed to improve the service.

People could be confident that there were procedures in place to review the standard of care provided by staff. This was done through monitoring by the care manager who visited care staff during their visits to people. This was confirmed by staff and people we spoke with.

People told us they were asked every day by the care staff and management about the care they were receiving. The registered manager said that a system was in place to ensure that people's views about the quality of the service were taken into account. There were internal quality assurance inspections, the last of

which was in January 2017. Information showed that after the provider's internal inspection there was only one issue in relation to some MAR chart records being untidy. The area of concern had been addressed with staff during the team meetings. There was information that the Cambridgeshire County Council Contract Monitoring department had completed an inspection in February 2016 and a report written. The report showed the service was assessed at 97.3 per cent compliance and there were no recommendations for the service.

The provider had a system in place to monitor and improve the quality of the service. There was an audit process to check the records returned from people's flats. Books contained the daily notes recorded by staff and there were also medication administration record (MAR) charts. The care manager said that the audits were completed and then signed as correct. The MAR charts had been audited and those seen had no discrepancies. The previous MAR charts had some issues, but these had been addressed with staff through staff meetings and individual discussions. This meant that the audits were robust and issues had been investigated and actioned to improve the service.

The registered manager was aware of any incidents that occurred within the service that they were legally obliged to inform the Care Quality Commission (CQC) about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice and would do so if necessary. One staff member said, "Whistleblowing is if you have a problem with staff members. You can talk in private and it doesn't go further [in relation to protecting the whistle-blower]. I've never had to do it but I know the telephone numbers that I can call."