

Exalon Care Limited

The Willows

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 responsive?

Good 

Is the service well-led?

Good 

Overall summary

At the comprehensive inspection of this service in December 2014 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the comprehensive inspection, the provider wrote to us with an action plan of what they would do to meet the legal requirements in relation to the breaches. We undertook a focused inspection on the 03 September 2015 in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked that they had met their action plan for improvements. At this inspection we found the provider had made the required improvements.

People who use the service were now protected from the risks associated with the unsafe management of medicines. The provider had ensured that people were

protected from unsafe or unsuitable premises. Mental capacity assessments were now in place for people and staff demonstrated an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People took part in a wide range of meaningful activities.

This report covers our findings in relation to the improvements required and we have changed the rating since the inspection in December 2014 to reflect this.

The Willows provides accommodation and personal care for up to ten people with a learning disability or mental health need. The home is in a rural setting in Wiltshire. The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Summary of findings

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 safe.

Staff were competent to administer medicines to people and people received their medicines on time.

The home was clean throughout. Safe food handling practices were adhered to by staff.

Improvements had been made to the environment of the home to ensure people were safe.

Good



Is the service effective?

The service was effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty (DoLS).

Mental capacity assessments which were decision specific were in place and DoLS applications had been made to the statutory agency responsible.

Best interest meetings were documented and records evidenced that people had been involved in making decisions.

Good



Is the service responsive?

The service was responsive.

People took part in a wide range of activities which were meaningful to them.

People were supported to access college to learn new skills or to prepare themselves for work opportunities.

There was clear documentation about how people wanted to spend their time and how staff could support them.

Good



Is the service well-led?

The service was well led.

There was a registered manager in place at the time of our inspection.

There were robust audits in place for the administration of medicines and infection control.

Good



The Willows

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. We reviewed the rating for this service.

This inspection took place on 03 September 2015 and was unannounced. This inspection was carried out by one inspector. Before the visit the provider had sent us an action plan telling us how they were going to make the required improvements we had identified in a previous inspection on 16 December 2014. During our inspection we

spoke with the registered manager on the telephone as they were not available on the day, the deputy manager, a team leader, the care co-ordinator and a support worker. We spoke with three people who live at tThe Willows.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of two people, cleaning schedules, medicine administration records, policies and procedures and quality monitoring documents. We looked around the premises during the day and observed interactions between people and staff.

Is the service safe?

Our findings

During our last inspection on 16 December 2014 we found that improvements were required to ensure people were safe. During this inspection we found that the provider had made the required improvements.

The standard of cleanliness and hygiene was good. All items were now on the cleaning schedules such as the skirting boards in the communal lounge, window sills and door handles. This meant they were now routinely being cleaned. A storage cupboard had been cleaned throughout and the floor was free from discarded items. Paintwork throughout the home was clean and free of marks. People's rooms had been deep cleaned and they were being supported to keep their room clutter free. Some bedrooms had been redecorated and new carpet laid.

People were protected from the risks of eating out of date food and infection arising from the contamination of food. Safe food hygiene practices were being adhered to and food items in the fridge had been labelled to identify when they had been opened and the date by which they should be discarded. A pedal bin had been purchased for the kitchen so that people could dispose of their paper towels after washing their hands. This meant staff did not have to touch the bin after washing their hands and therefore reduced the risk of contamination with food products.

The hallway and stairways of the home had been redecorated with new carpets laid. The environment within the home had been rigorously risk assessed to ensure people remained safe. A fire door at the top of the stairs now displayed a safety warning to be careful when opening the door inwards. Three bedrooms had new vanity units which no longer posed a risk of sharp edges. An electrical fuse box in one of the bedrooms held live wires. The box was now locked to prevent unwanted access.

The management of medicines had been significantly improved. All staff who were to administer medicines were observed by the registered manager and had to have five successful observations towards competency. Following this, staff completed a medicine competency assessment before they were permitted to administer medicines. Medicine errors were recorded and lessons learnt. Following one error the medicine policy was updated as a result. Where medicine errors were identified, the registered manager followed this up with the staff member involved, including a letter being sent to the member of staff along with any actions required to ensure on-going competency. Where staff identified a progression for people self-medicating, a risk assessment was put in place. Each person had a hospital passport which now included a medication profile to ensure hospital staff were aware of the medicines people were required to take.

Is the service effective?

Our findings

During our last inspection on 16 December 2014 we found that improvements were required to ensure people's human rights and liberty was protected. This was because there were no formal capacity assessments in place and staff did not fully understand their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). During this inspection we found the provider had made the required improvements.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The Deprivation of Liberty Safeguards is part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity

to make certain decisions and there is no other way to look after the person safely. Their aim is to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

All staff had undergone further training in the Mental Capacity Act 2005 and DoLS. Staff demonstrated a clear understanding of how the Mental Capacity Act 2005 enabled others to make decisions on behalf of those people who lacked the mental capacity to do so safely for themselves. What would constitute as a deprivation of liberty and the processes involved in determining the person's best interests. We reviewed two care records and found formal mental capacity assessments were in place for specific decisions. Information was available about what decisions people could make safely and which decisions they may require support with. Best interest decisions had been documented along with how the person had been involved in this process. Where appropriate, applications for DoLS had been made to the appropriate statutory agency.

Is the service responsive?

Our findings

During our last inspection on 16 December 2014 we found that improvements were required to enable people to take part in activities which were meaningful to them. During this inspection, we found the provider had made the required improvements.

Within the paper and electronic care records we found people were supported with planning a wide range of activities according to their preferences. People were attending college to learn new skills. One person was attending a sugar craft class at college. They showed us pictures of the sugar craft decorations they had made to go on the top of cakes. The flower designs were very intricate and skilful. The person said they really enjoyed this activity and were proud of their newfound skill. Other people also followed their preferred interests such as running car boot sales and going to the gym. People were actively seeking work and on the day of our inspection, one person went with a care worker for an interview at the job centre. They told us they were looking for work in retail. They had prepared their curriculum vitae (CV) to give out to potential employers.

There were risk assessments in place in relation to how staff should support people to be safe whilst taking part in

activities, such as swimming. Each person had time each week with a member of staff to do their personal shopping. People were more involved in the general day to day tasks of the home, such as setting the table for dinner, clearing crockery away, and food shopping or doing their laundry. One person liked to bake desserts for after dinner which the deputy manager told us were 'delicious'.

Records demonstrated that people were involved in making decisions about what they wanted to achieve in the way of learning new skills, moving into work, keeping up relationships with friends and how they preferred to socialise. During the day of our inspection, the home was a hive of activity with people coming and going, asking staff for their opinion on different subjects, preparing lunch or going food shopping. People told us they were 'very happy' with how they spent their time and how staff supported them to achieve their goals.

The provider had commissioned the services of an independent advocacy company and the advocacy worker was regularly visiting the home to start to develop relationships with people. This would enable people to feel more at ease and develop confidence in using the advocacy service.

Is the service well-led?

Our findings

At the time of our inspection in December 2014 a registered manager was not in place. However, when we visited in September 2015, a registered manager was in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The Willows has a condition of registration that a registered manager must be in place.

Robust systems were in place to identify, assess and manage the risks relating to the health, welfare and safety of people who use the service. The provider had made the required improvements to the auditing of medicines and infection control. The medicine audit tools were more

robust and highlighted where there were shortfalls in the recording of medicines and in staff competency, which the registered manager promptly rectified. The audit forms listed in detail the items which were to be audited in relation to all areas of the administration, storage and disposal of medicines. The outcome of the audit was recorded along with what action needed to be taken. The provider had ensured that when the local pharmacy collected the disposed of medicines, these were signed for by the person collecting them. This would ensure evidence of collection and reduce the risk of inappropriate use of medicines.

Audits were in place for infection control which assessed against all potential areas of infection, such as food hygiene, disposal of waste and other products, standards of cleanliness and hygiene within the premises, provision of personal protective equipment, staff practice and training.