

# Oldham Care and Support Ltd

# Willow House

## 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?

Good 

# Summary of findings

## Overall summary

This was an announced inspection which took place on 22 February 2016. This was the first inspection since the provider had registered the service with the Care Quality Commission (CQC) in October 2013.

Willow House provides short term support for up to five adults who have a learning disability. People who have an additional physical disability or sensory impairment are also able to access Willow House. The service provides three single bedrooms and two self-contained flats. One of the flats is situated on the first floor. Specialist equipment such as tracking hoists and adapted bathing facilities are provided. At the time of this inspection there were four people using the service.

The provider had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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 registered manager was supported by an operations manager who was responsible for the day to day running of the service.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because improvements needed to be made to the way medicines were managed and recorded. The registered manager had also failed to take the necessary action to ensure the rights of people were upheld when they were unable to consent to their care in the service.

Staff had received training in safeguarding adults. They were able to tell us of the action they had taken to protect people who used the service from the risk of abuse. Staff told us they would have no hesitation in reporting poor practice of colleagues using the whistleblowing policy. They were confident their concerns would be taken seriously by the managers in the service.

Systems were in place to ensure staff were safely recruited. The staff rota was flexible to meet the individual needs of people who accessed the service. During the inspection we observed kind, caring and sensitive interactions between staff and people who used the service. Staff demonstrated a commitment to providing high quality personalised care for the individuals who accessed the service. People were also supported to be as independent as possible during their stay in the service.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

Care records we reviewed included information about the risks people might experience. Plans were in place to inform staff about the action they should take to manage the identified risks. The health needs of individuals were also recorded, including how staff should care for people if they experienced a seizure. Systems were in place to help ensure staff were aware of any changes to a person's needs since their

previous stay in the service.

Regular checks took place to ensure the safety of the environment and equipment used by staff. Although we had no concerns regarding the cleanliness of the service, we noted the provider had not completed an infection control audit since August 2013. The operations manager told us this would be introduced as soon as possible. We have made a recommendation regarding the prevention and control of infections in the service.

Staff we spoke with told us they enjoyed working in the service and felt valued by both the registered manager and operations manager. Staff felt able to raise any issues of concern or make suggestions to improve the service in supervision and staff meetings.

Staff told us they would always encourage people to choose healthy food options. However, they also recognised that sometimes people chose to eat less healthy meals during their stay in the service and that these choices should be respected.

People who used the service and their families had opportunities to comment on the care provided in Willow House. Systems were in place to record and investigate any complaints received in the service. Staff demonstrated a commitment to learning from any complaints people might make.

Quality assurance systems were in place including regular audits and checks completed by the operations manager. The registered manager told us the provider was in the process of developing further quality assurance tools to help drive forward improvements in the service.

## 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.

Improvements needed to be made to the arrangements to ensure the safe administration of medicines.

Staff had received training in safeguarding adults. They demonstrated a commitment to ensuring people were protected from the risk of abuse.

Recruitment procedures in the service should help protect people from the risk of unsuitable staff. We found staff rotas were flexible to meet the need of people admitted to the service.

People's care records included information about any risks individuals might experience and the support strategies in place to manage these risks.

### **Requires Improvement**

### **Is the service effective?**

The service was not always effective.

Improvements needed to be made to the way people's capacity to make decisions was assessed and recorded. The registered manager had not taken action to determine if DoLS applications were necessary to protect the rights of people who were unable to consent to their care in the service.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively.

People received the support they needed to ensure their health and nutritional needs were met.

### **Requires Improvement**

### **Is the service caring?**

The service was caring.

We observed staff speaking with people in a kind, caring and respectful manner.

Staff demonstrated a commitment to providing high quality,

### **Good**

person centred care. Staff promoted people to be as independent as they wished to be during their stay in the service.

Staff showed they had a good understanding of people's needs and preferences.

### **Is the service responsive?**

**Good** 

The service was responsive.

The operations manager tried to ensure access to the service was as flexible as possible to meet people's needs.

Systems were in place to help ensure staff were aware of any changes to a person's needs since their previous stay at the service.

Systems were in place to investigate and respond to any complaints people might make. Learning from complaints was shared with staff and used to improve the service.

### **Is the service well-led?**

**Good** 

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were supported in the day to day running of the service by an operations manager.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and managers.

Quality assurance systems in place were used to drive forward improvements in the service.

# Willow House

## 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 22 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a short term support service for adults with a learning disability; we therefore needed to be sure that someone would be in. Due to the small size of the service the inspection team consisted of one adult social care inspector.

Prior to our inspection of the service, we reviewed the completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also contacted the local authority safeguarding and commissioning teams and the local Healthwatch organisation. They raised no concerns about the service with us.

During the inspection we spoke with the one person using the service who was able to comment on the care and support they received. We also undertook observations in the communal areas of the service to see how people were cared for.

We spoke the registered manager, the operations manager and two support workers. We also spoke with a relative who visited the service during the inspection.

We looked at the care and medication records for three people who were using the service. We also looked at a range of records relating to how the service was managed; these included two staff personnel files, staff training records and policies and procedures.

# Is the service safe?

## Our findings

During the inspection we observed that people who used the service seemed to be comfortable with staff. The person we were able to speak with told us they felt safe in the service and had no concerns about the care they received in Willow House. The visiting relative we spoke with commented, "I am pleased [my relative] is here. It makes me feel safe knowing he is well looked after."

The registered manager told us that a new safeguarding policy and procedure was due to be launched by the local authority in April 2016. They told us that the content of this policy and procedures to be followed would be cascaded to all staff through team meetings and supervision sessions.

Staff told us they had completed training in safeguarding adults. They were able to tell us of the correct procedure to follow should they witness or suspect abuse. One staff member told us, "I wouldn't have any problem speaking out if I had any concerns. People can't speak for themselves so we have to do it for them. You have to be vigilant about safeguarding." Staff were able to give examples of action they had taken to ensure people who used the service were protected from the risk of abuse.

We looked at the systems in place to ensure staff were safely recruited. We reviewed the recruitment procedure and noted it met the requirements of the current regulations. We were unable to check the recruitment records for staff as no new staff had been appointed since the provider registered the service in October 2013. However the registered manager was able to demonstrate that they were aware of the correct procedure to follow to ensure people who used the service were protected against the risk of unsuitable staff. They told us all staff would be expected to provide proof of identity and at least two professional references. Applicants would also be expected to complete an application form that documented a full employment history and a medical questionnaire to check their fitness for the role for which they had applied.

Following the inspection the registered manager sent us evidence to show that checks had been carried out with the Disclosure and Barring Service (DBS) for staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We discussed staffing levels in the service with the registered manager and operations manager. They told us that rotas were developed to meet the individual needs of the people who were in the service at any one time. On the day of the inspection we saw that there were two staff on duty in the morning when two people were using the service. A further two staff were on duty in the afternoon when a total of four people were using the service. The registered manager told us that, as a minimum, there was a sleep-in member of staff on duty at night. However they told us, depending on the needs of people who used the service at the time, they would also add a member of waking night staff to the rota. They told us this enabled staff to undertake regular checks at night and to provide the care people required in a safe and appropriate manner. Staff we spoke with confirmed there were always enough staff available to meet people's needs.

We asked the registered manager how they managed staff absence in the service. They told us they did not use agency staff due to the complex needs of people who used the service. Any required cover was only provided by a staff member who knew the needs of the people using the service. They informed us that the staff team at Willow House had been extremely stable for a number of years

We saw that each person who used the service had an Essential Support Guide. This guide included information about the risks people might experience and the action staff should take to manage these risks. A staff member told us they would always encourage people to use their time in the service as a safe space to take positive risks for the benefit of their health and well-being.

We checked the systems in place to help ensure the safe administration of medicines. We saw that a new policy had been introduced. This provided information and guidance for staff to administer medicines safely. The registered manager told us that the provider was in the process of introducing a new competence assessment to check that staff had the skills and knowledge required to be able to administer medicines as prescribed.

We looked at the medication administration record (MAR) charts for three of the people using the service at the time of this inspection. We noted that staff were required to handwrite all MAR charts as people who were admitted to the service usually brought their own medicines with them. We saw that all of the handwritten MAR charts had been countersigned in line with good practice. However, none of the MAR charts we reviewed contained the full administration details for the prescribed medicines. In addition we saw that one medicine was prescribed to be administered to a person one tablet five times a day. We saw that, in writing the MAR chart, staff had indicated that the medicine should be given one tablet three times a day and two tablets once a day. This meant there was a risk the person had been given medicine not as the prescriber had intended.

We noted from the records we reviewed that two of the people who were using the service at the time of the inspection were given their medicines in food; this was to ensure they always took their medicines as prescribed. However we found there were no risk assessments or clear protocols in place for staff to follow to ensure these medicines were safely administered. Risk assessments were however in place in relation to missed medicines, overdose as well as an overarching risk assessment to guide staff regarding the safe handling of medicines.

We looked at the system for the administration of controlled drugs in the service. The registered manager told us that if a person was prescribed controlled drugs to be administered by staff during their stay in the service, these would be stored in the metal safe which was securely bolted to the wardrobe in each bedroom. However, this practice is not in line with the legislation in place to ensure safe storage of such medicines. When we checked the stock of the controlled drugs held for one person we saw these corresponded accurately with the records maintained.

The lack of robust systems in place to ensure the safe administration of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked to see how people were protected from the risk of cross infection. We saw that there were infection control policies and procedures in place. Staff had also been provided with training and personal protective equipment (PPE) to use when delivering personal care.

We noted all areas of the service were clean with no malodours present. We saw that staff completed nightly checks to ensure the high standard of cleanliness was maintained. Records we reviewed showed an annual

hand washing audit was completed by the infection control lead in the service. This was intended to check that staff were carrying out correct hand washing techniques. However, we found there were no other infection control audits completed in the service. The operations manager informed us the local authority carried out regular infection control audits but we noted the last one had been carried out in August 2013. The operations manager and infection control lead told us they would ensure an infection control audit was completed as a matter of urgency. We recommend that the provider takes into account best practice guidance regarding the prevention and control of infections.

We looked at the systems in place to ensure the safety of equipment used in the service. Records we reviewed showed safety checks in relation to gas, electric and large pieces of equipment such as hoists had been carried out at required intervals. Staff also completed regular checks regarding water temperatures in the service.

Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal emergency evacuation plans (PEEPS) had been completed for all people who used the service. We saw that the PEEP for each person using the service were displayed on the notice board of their bedroom during their stay; these records should help to ensure people received the support they required in the event of an emergency. Staff had also received fire training and undertaken fire drills to help ensure they knew the correct action to take in the event an evacuation of the service was necessary.

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

When we looked at one person's care records, the information on their risk assessment indicated the person might meet the test for a DoLS authorisation to be required for their stays at the service. The registered manager told us, due to the short term nature of the service, they had not given any consideration as to whether an application for DoLS ought to be made to the local authority for this person and others who might meet the legal criteria. This meant there was a risk people might be unlawfully deprived of their liberty. The registered manager assured us they would explore this further with the local authority.

When we looked at the care records for three of the people who were using the service at the time of this inspection we noted there were no assessments in place of each individual's capacity to consent to their admission or make particular decisions during their stay in the service. The registered manager told us this was because all of the people who used the service had been doing so for many years, prior to the MCA coming into force.

The lack of mental capacity assessments meant there was a risk people's legal rights might not be upheld. We discussed this with the registered manager and operations manager. They told us they would review their practices in the service to ensure the ability of individual's to make their own decisions was regularly assessed and documented. They told us they would also include in people's care records clear information for staff to help ensure any decisions they made on behalf of people were in their best interests.

The lack of appropriate arrangements in place to ensure care and treatment was only provided to people who used the service with the consent of the relevant person was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had completed training in the MCA and were able to demonstrate a good knowledge of the principles of this legislation. All the staff we spoke with told us they would always support people who used the service to make their own choices and decisions. One staff member commented, "We always ask people what they want." Another staff member told us, "We always give people options and choices."

Staff we spoke with told us they received the training, support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance. We saw that staff had completed mandatory training in line with the timescales set by the provider.

The relative we spoke with told us they considered staff had the skills and experience necessary to be able to care for their family member. They commented, "Staff are more than experienced in moving and handling techniques. I wouldn't send [my family member] here if I didn't think staff would look after him properly."

We asked staff how people's nutritional needs were monitored and met in the service. They told us that they were aware of people's likes and dislikes as well as any allergies they might have. During the inspection we observed staff asked people what they wanted to eat and provided meals to suit people's individual preferences. We also noted, where necessary, staff provided individual assistance to people to eat and ensured that people were given the privacy to eat away from communal areas if they so wished.

Staff told us they would always encourage people to make healthy choices in relation to food. However they also respected the fact that some people wanted to choose less healthy options. One staff member told us, "People can choose whatever they want. We have a freezer full of food."

Staff told us they would not usually weigh people due to the short period of time for which they normally stayed in the service. However they advised us that they would usually keep a record of the food people had eaten.

Although people only stayed in the service for short periods of time, staff told us they would always take any required action to ensure their health needs were met; this included contacting GPs, district nurses, the learning disability team and if necessary emergency services. A staff member told us, "A lot of people have complex health needs; you need to be aware of any changes." Several of the people who used the service had a diagnosis of epilepsy. We saw that people had seizure plans in place which advised staff of the signs they should look out for and the action they should take during and after a person had experienced a seizure.

The relative we spoke with told us, "Staff have known [my relative] a long time. I know that if he is not 100% they will contact me. They would also contact health services if necessary."

# Is the service caring?

## Our findings

When we spoke with the person who was able to tell us about the care they received, they told us staff were kind and helpful. They commented, "Staff are very pleasant. I would talk to staff if I wasn't happy. If they thought I was unhappy they would get someone to help me."

During the inspection we observed staff were kind, caring and patient in their interactions with all of the people who used the service. They took care to include people in conversations even when the individuals were unable to participate verbally. We noted that people's privacy was respected by people being given the option to have a key to their room during their stay if they were able to use it. Wherever possible, staff also respected people's privacy by not entering their rooms until invited to do so. The visiting relative we spoke with told us, "I know all of the staff; they are always respectful of people."

The Essential Support Guide completed for each person contained good information about each individual's likes and dislikes; their preferred routine for each part of the day was also documented. This should help ensure staff provided the care people wanted. Staff we spoke with demonstrated an excellent understanding of the needs and preferences of people who used the service. This was confirmed by the relative we spoke with who told us, "The staff are very caring; I wouldn't mind a week here myself."

Staff we spoke with demonstrated a commitment to providing high quality, person-centred care. From our discussions it was evident staff had a detailed understanding of people's needs and preferences. One staff member told us, "You look after people the best you can and always give them the best you can." Staff were able to tell us how they would ensure people who were non-verbal were happy with the care and support they received; this including recognising facial expressions or gestures. This was confirmed by the relative we spoke with who commented, "[My relative's] facial expressions and attitude tell me he's happy."

Staff told us they would always try to promote people who used the service to do as much as they could for themselves. They told us people who used the service would often use the time away from their home to try out new skills. Staff recognised it was important to enable people to undertake even small tasks such as making a drink or a piece of toast. One staff member told us, "Here people can experience somewhere of their own; to be as independent as possible. We start off with people's independence; that's what we are promoting." This was confirmed by the person we spoke with who was able to comment on their care. They told us, "I am trying to be independent; that's what I like about here." At the same time staff told us they also respected some people's choice to treat their stay in the service as if they were in a hotel; this was reflected in the fact that people who used the service were referred to as 'guests'.

During the inspection we observed staff welcomed visitors to Willow House and demonstrated an interest in their health and well-being. The operations manager told us. "With respite care, staff need to be confident in speaking to families; we take a holistic approach to people's care."

Records we reviewed showed there was a stable staff team in the service. This meant people who used the service had the opportunity to develop caring and meaningful relationships with the staff who supported

them.

We saw that people's care records were held securely in the staff office. This should help ensure the confidentiality of people's personal information.

# Is the service responsive?

## Our findings

We asked about the process of assessment when people were referred to the service. The registered manager told us that a social work assessment was always conducted by the local authority to ensure that people met the criteria to access the service. Once a person was accepted for the service they or their family were able to submit a quarterly request for the dates when they wished to access short term support. We were told that the service would always accommodate specific requests, such as a person wishing to access the female or male only weekends organised at Willow House. They told us these weekends were particularly valued by people as they gave them the opportunity to meet friends and peers away from their home environment. The relative we spoke with during the inspection confirmed, "The service is very flexible to meet our needs."

Due to the nature of the service, it was often a number of weeks or months between people's short term admissions to the service. We therefore asked staff how they kept up to date with people's needs and ensured any care records were updated to reflect any changes. Staff told us they would always read the care records of each individual who was due to be admitted to the service to check what their needs and preferences were. One staff member told us, "Each person uses respite differently. I always read up, ask questions and speak to staff who may have supported the person more recently." In addition staff told us they would always speak with the person's family or carers at the time of admission to ensure they were informed of any changes in the person's needs. Each person who used the service also had a communication book which was shared with family and carers if necessary. The relative we spoke with told us this system worked well. They commented, "I have a communication book. I write in anything they [staff] need to know."

Staff told us people had access to a range of activities in the service; these included arts and crafts, snooker, board games and karaoke. They told us they would also support people to celebrate events such as Halloween and religious festivals. We also saw that staff ensured arrangements were in place to ensure people were able to continue with their normal routines such as attending day centres during their short stay at the service.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We looked at the complaints log and saw evidence that, where a complaint had been received, the operations manager had conducted an investigation and reported the outcome to the complainant. We saw that any recommendations for improvements which could be made to the service were identified and shared with staff.

Staff demonstrated a commitment to supporting people to express their views about the service, including any complaints they might have. A staff member commented, "I would always help someone to make a complaint. We don't take it personally. It's important to learn from complaints."

The person we spoke with who was able to comment on the care they received told us, "If you have any

problems you just have to speak with the staff and they will come and help you." The relative we spoke with commented, "I would speak to any of the staff if I had any concerns. Without a doubt I feel they would listen and take my concerns seriously."

Staff demonstrated a commitment to supporting people to express their views about the service, including any complaints they might have. One staff member told us, "We go through the complaints procedure with people on admission. We will always support people to write things down if they want to make a formal complaint. We always tell people about any action we have taken in response to their complaint."

# Is the service well-led?

## Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. They were supported in the day to day running of the service by an operations manager.

Prior to the inspection we checked our records and saw that incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to confirm that appropriate action had been taken by the service.

We asked the registered manager about the key achievements since the provider had registered the service in October 2013. They told us this had been the focus on quality assurance at all levels of the service. They told us a new Quality Assurance manager post had been developed with a focus on ensuring compliance with the required regulations. We were told that following this appointment the provider was in the process of developing new policies and procedures incorporating the five key questions CQC asked of services.

The registered manager told us that they key challenge for the service was the change to funding arrangements by the local authority for people who used the service. They told us that, due to the cost of the service for people in receipt of an individual budget, the uptake of the service had reduced. They told us they were continuing to develop links with services for children with a learning disability to identify young people who might access the service when they reached the age of 18. They were also undertaking consultations with the families and carers of people who used the service regarding a potential change of location and expansion of the service.

All the staff we spoke with told us they enjoyed working in the service and found both the registered manager and operations manager to be approachable and always available for advice or support. Comments staff made to us included, "[The operations manager] is really good. She has been flexible and supportive. It's a really nice environment and good staff team" and "I love working here. The managers here are fine. If I didn't feel confident in going to my manager about anything I wouldn't work in that establishment."

Staff told us they also had access to a 24 hour manager on call service should this be required. One staff member commented, "I would contact [the operations manager] or on call if I had any concerns. They would guide me through the process I needed to follow and would probably also come down to offer support."

Records we reviewed showed regular staff meetings took place. Staff told us they were able to raise any suggestions they might have and that these were always listened to.

We found there were a number of quality assurance systems within the service. This included a review of the environment, training completed by staff and reported accidents/incidents. The audit also checked to ensure that the care records of those people accessing the service at the time of the audit were up to date.

The registered manager told us they were working with the Quality Assurance Manager to develop a new audit tool which they intended to implement as soon as possible in order to fulfil their regulatory responsibilities.

We saw that the provider distributed an annual survey in an easy read format to gather the views of people who used the service. We saw that all of the surveys we reviewed contained positive feedback about the service. One person had made the following comment on their experience, "I like it just the way it is. I like just to chill out and relax with the staff during my weekends at Willow House."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not taken appropriate action to ensure care and treatment was only provided with the consent of the relevant person.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not taken appropriate action to ensure the safe management of medicines.