

Milewood Health Care Ltd

Willow Tree House

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	

Overall summary

This inspection took place on 7 January 2015. We contacted the service in the afternoon of 5 January to inform them of our planned visit. We carried out an announced visit to ensure that senior staff would be present at the service and to give senior staff the opportunity to speak with tenants and ask whether they would like to speak with us.

The last inspection was in May 2013 and we found the service met the relevant requirements.

Willow Tree House is a supported living service for people with a learning disability and/or mental health illness. The site at Haxby supports people to live as tenants in self-contained flats comprising a lounge, which includes a kitchenette unit, a bathroom and a bedroom. There is also a communal lounge where people can sit and socialise, if they choose. The provider is not the landlord for these flats, where there is on-site parking. The service can also provide support for some people in their own homes, who do not live at the address in Haxby.

Summary of findings

The service is located in a residential area in Haxby, a large village on the northern outskirts of York, with a regular bus service into the city. Haxby has a range of amenities and the centre of the village is about five minutes' walk from the service.

Willow Tree House has a registered manager. 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 service promoted people's safety by having measures in place to ensure people were protected, as far as possible, from the risk of harm. Safeguarding policies were in place and staff understood their roles and responsibilities around managing abuse or allegations of abuse. People were supported to take risks in their day to day lives and the service carried out regular reviews to ensure those plans remained appropriate and relevant.

There were sufficient staff employed to enable people to follow their interests and lifestyles, both at home and in the community.

The service overall had robust systems in place to ensure people received their medication when they needed it. We found there was clear guidance about when to administer emergency medication in order to support people safely and appropriately, to minimise the risk of harm.

People received care and support from staff that may have been recruited in a robust way; however their recruitment records did not always evidence this well. We have recommended the provider looks at their recruitment practices and associated record keeping at Willow Tree House.

People were supported by a staff team who felt supported by their managers. They had regular meetings where they could meet and discuss their work as a group as well as one-to-one meetings with a more senior person where they could discuss their work and training needs.

Staff spoken with at Willow Tree House had a good understanding of the Mental Capacity Act (MCA) and how this affected people's rights to stay in charge of their own

lives, as far as possible. Staff we spoke with also understood the purpose of Deprivation of Liberty Safeguards (DoLS) and how these were authorised. Staff recognised that people had the right to make decisions and choices about their day to day lives and these needed to be respected.

People were helped by a staff team who were supported to undertake training and refresher training relevant to their role. We noted the numbers of staff who had attended different training courses varied quite a lot. We recommended the provider looked at the care needs of the people receiving support at Willow Tree House to see whether the training provided was meeting those needs.

People told us staff supported them to stay healthy and to attend health appointments if needed. Health care professionals spoken with by telephone and email told us the service managed people's healthcare needs well.

People were supported by staff who were kind and respectful. They talked to people in a friendly manner and listened to what people said to them. The staff knew people's needs and behaviours well and could support people appropriately, where necessary, before they became upset or angry.

People had care records which described the care and support they needed. We saw some people had helped with writing their own care records and these clearly described the support they wanted and needed. The records were reviewed regularly, though did not always well evidence that the individual had been involved in that process.

The service had a complaints process and people all told us they were confident speaking to members of the staff team or the manager. All thought any complaint would be looked into properly.

People living at Willow Tree House knew who was in charge. They saw her most days and liked and trusted her. The manager met with people regularly and used survey responses to find out what people thought about the service. This meant people's views and opinions mattered.

Summary of findings

Managers at Willow Tree House carried out regular checks on how the service was operating. This meant they were checking that the service was running effectively and people were receiving care and support that was appropriate and safe.

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.

People were kept safe because the staff team understood their roles and responsibilities around safeguarding people, and reporting any concerns promptly and to the right authorities.

There were sufficient staff to ensure people received the care and support when they needed it.

The service had measures to ensure the risk of harm to people was properly assessed, well managed and kept under review.

Good



Is the service effective?

The service was effective.

The staff were supported to attend training to provide them with the skills and knowledge to support people properly.

The staff team received support from managers in both team meetings and in one-to-one meetings. This ensured they could discuss their work and training needs.

Good



Is the service caring?

The service was caring.

The staff team were kind and supportive. They listened to people's views and opinions. Their interactions with people indicated that those people's views mattered.

People were supported to promote their independence, both at home and in the community. People said staff respected their flats and did not enter without the person's consent.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were discussed with them. People had care plans which were kept under regular review.

People were aware of the complaints policy and were confident that staff would take any concern seriously and look into it properly.

Good



Is the service well-led?

The service was well led.

The management team were a visible presence at the service. People and the staff team liked, respected and trusted them.

People receiving support, the staff team and visiting professionals were regularly consulted about the service and how it could be improved.

The managers carried out regular checks on how the service was operating to satisfy themselves it was running effectively and efficiently.

Good



Willow Tree 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 7 January 2015 and was announced. The provider was given one and a half days' notice because the location provides care and support for younger adults in a domiciliary care setting. People are often out during the day. We needed to be sure that someone would be in.

The inspection team was made up of one adult social care inspector and an expert by experience, and her supporter. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had an expertise in learning disability support.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we contacted the manager of a team of healthcare professionals to get their view about the service. Following the inspection we spoke with two other health and social care professionals and with one visitor.

During the inspection we spoke with five people who used the service and with three support workers. These interviews were conducted in private. We also spoke with the registered manager and with one of the directors of the company. We spoke with visiting professionals and with a relative by telephone.

As part of the inspection we looked at four people's care records and three staff files, including their recruitment records. We also looked at a number of audits, which included assessing the environment, medication practices and health and safety checks. We saw minutes from staff and service user meetings and satisfaction questionnaire results. We did not inspect people's private flats; however, three people gave us permission to check their medication, which was stored in their flats.

We asked the provider to send us a copy of their training records and their action plans following on from their latest satisfaction survey. We received these within two working days.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Willow Tree House. One person said “I feel safe and protected.” Another told us “I feel safe here. I have my own front door key and I can come and go as I please.” A third person explained “I respect the staff and they respect me.” We talked with people about what they would do if someone had upset or hurt them. People told us they could go to any staff if that happened and they were confident that their concern would be sorted. One said “I know I can talk to staff.” Another said they would talk with their key worker. They added “My keyworker knows me very well and I trust them.”

We spoke with staff about their understanding of safeguarding vulnerable people. Their responses confirmed that they understood their responsibilities and recognised that all allegations needed to be taken seriously and reported. They also recognised that allegations needed reporting, even if the person asked them not to tell anyone. This showed they understood that they could not keep secrets in those circumstances. Contact details of senior managers were also available for staff, who said they would feel able to escalate concerns to those managers, if they thought this was necessary.

We spoke with one support worker who had worked at the service for only a short time. Whilst they understood the need to protect people from harm, they told us they had not had any training in this area. We discussed the content of the induction programme with the managers and whether new staff were given information about safeguarding people when they first started working at the service. The managers told us Safeguarding people was included in the induction training programme, however the worker had not yet received this. The manager agreed that this would be completed as a priority.

We looked at the way the service safeguarded people's finances. Two people told us they looked after their own money. This was important to them. We saw the service kept records and receipts to evidence that the service was managing other people's finances properly. We checked one random record and found this was accurate, with corresponding receipts available to check. Having good systems in place helped to safeguard people's finances and protected staff from any allegation of financial abuse.

The service sent information about safeguarding allegations promptly to the commission as they were required to do by law. The information within these reports was detailed and identified how incidents had been managed and resolved. The service also reported these incidents promptly to the local authority that has responsibility to oversee the management of abuse or allegations of abuse.

We asked a support worker about the provider's whistleblowing policy. They demonstrated an awareness of this, saying “If you see something happening here that you think is wrong, then you need to be able to report it, without any comebacks.”

We looked at the records to show how the service was managing the risk of harm to people. We saw these were detailed and were kept under review. We spoke with staff about how risk was managed, and they described the identified risks of harm to some individuals and how they were supporting people in a way that minimised that risk. For example, we saw one person had a risk management plan, to increase their input in managing their own medicines. This was detailed and was being kept under close review.

We looked at the way the service managed incidents when staff were identified as responsible for unsafe care and support. We saw detailed records relating to one performance improvement process and how this was being managed. The provider had a policy which the service was following, in order to minimise the risk of further harm.

Whilst Willow Tree House provides a supportive living service, one support worker told us the service carries out weekly fire safety checks and monthly fire drills. They said these were completed at different times, in order to make the checks as real as possible.

We looked at the staffing levels at Willow Tree House and how short notice absences were managed. People we spoke with did not express any concerns about the staffing levels. Both the manager and support staff spoken with explained the service had an on call system where support workers could contact senior staff at any time for advice and support. Support workers told us this system worked well. One worker told us “I've phoned the manager on an evening before now. She answered quickly and helped me out with what I wanted to know.”

Is the service safe?

We saw the service kept records of the times when people received support and saw these linked with the times people wanted that support. For example, one person liked to go out on an evening and they were allocated their extra support later in the day, so they could maintain this social life.

One support worker told us there was a stable staff team, who could help out with short notice cover if needed. They explained that only a small number of staff had left the organisation in the time they had worked there, adding “This is a really good house. Staff don’t leave.” The registered manager told us they also had a small team of bank staff they could call on if needed.

We looked at the recruitment files for three support workers. The recruitment records we looked at were of variable quality. We noted one application form was missing, although the records indicated it had been submitted. In all cases a disclosure and barring (DBS) check had been completed before the person started working there. This is a check that applicants are suitable to work in the care industry. Staff we spoke with confirmed this. One said “There was a delay before I started working because they (the provider) were waiting for my DBS check to come back.” We saw at least two references in each recruitment file, but some of these were poor quality and there was no evidence that the service had followed up comments made in references, or verified who the person was, for the last two employees recruited. We found some of the records around recruiting new staff could be improved, to better demonstrate the robustness of their recruitment process.

It is recommended the provider considers their current recruitment practices to determine whether they are in line with their recruitment policy

We looked at the medication processes for three people. Medications were stored securely in people’s rooms. Whilst people we spoke with told us they were receiving their medicines safely and as they needed them, the provider told us in their PIR that there had been 20 medication errors in the past year. We saw the service kept records of each incident and an action plan of how they responded to each incident. We found more than half of these were when the support worker had not signed the medication administration record (MAR), after giving the medication to the individual. The manager told us most of the remaining ‘errors’ were because one person’s medication protocol, completed by a healthcare professional, had provided instructions that could be misinterpreted. We saw this protocol had been re-written and other systems had been introduced to minimise the risk of the error happening again. The registered manager said there had been no more incidents relating to that person’s medicines management, following these changes.

We found that in most cases we could see that people were getting their medicines as prescribed. However, we found one box of paracetamol had six tablets less than the records indicated there should be. We were unable to determine what had happened to these missing tablets and we informed the registered manager of our findings.

One support worker told us they had completed a recognised training programme and had had their competency around giving medication observed, and assessed before starting to administer medication. This meant that the provider had measures in place to check that workers were safe to administer medicines.

Is the service effective?

Our findings

People we spoke with did not raise any concerns about the staff that supported them. They said staff understood the support they needed and respected their privacy. One person told us that the staff had talked with them about their lifestyle choices and offered them help and support in order to promote a more healthy life.

We contacted health and social care professionals to get their view of the quality of care and support delivered. They told us “We have no concerns. The staff support one person, in particular, very well.” A second commented “Generally we have been impressed with Willow Tree House. They do seem to manage (support) people’s needs very well.

We spoke with one person who had only worked at the service for a short while. They described an induction process that included some training sessions and also shadowing more experienced staff. They told us they were introduced to individuals in a planned way. They added that they got to know the person, who also got to know them, before providing any unsupervised support. They explained that the manager checked on their welfare, during this initial period, both in a formal meeting, and informally, day to day. They said the induction process met their needs. They explained that they had further training arranged in the coming weeks. This included both e-learning and attending training led by external trainers. This meant the training was varied and provided by trainers whose knowledge was up to date.

We spoke with three support workers about their support and training. They told us they were supported to attend training and they met regularly, both as a staff team and in one-to-one meetings with the manager, so they could discuss their work and training needs. We looked at the staff records for two people and saw that supervision and appraisal records were well maintained. This showed staff were being supported with their work

We asked staff about the team meetings. One said “These are two way meetings, held most months, where the manager has her say and we can have ours.” One added that external trainers often came to these meetings too. For example, one said someone attended a recent meeting to talk with them about Makaton communication.

The provider sent us a copy of their training records within two days of our inspection. These evidenced that staff were attending a range of training however the proportion of staff that had completed different training sessions varied quite a lot. For example, whilst all the staff had attended training in managing people’s distressed behaviours, only a third of the staff team had completed training in epilepsy management and only a fifth had completed training in Autism and Asperger’s syndrome. However, the manager told us in response to the draft report, that over 70% of the staff team had completed epilepsy management and 60% had completed training in Autism and in Asperger’s syndrome.

We spoke with one support worker who demonstrated a good understanding of what needed to be done if an individual suffered an epileptic seizure. We noted from the training record that they had completed training in managing epilepsy. This meant the person had been provided with training to support the individual in the correct and safest manner.

We recommend that the provider reviews the training schedules and compares the training provision with the needs of people receiving care and support.

We asked staff about their understanding of the Mental Capacity Act and how this impacted on their work. Support workers spoken with had a good understanding of this law. One said “If a person has an assessment (of their mental capacity) that says they’ve got capacity, then if they (the individual) say no, then it means no.” A second person explained that a person’s mental capacity depended on the task. They explained “Someone may have the capacity to go into a shop and buy something, but they don’t have the capacity to cross the road safely. So we have to provide the right support, at the right time, to keep them safe.” We saw evidence of mental capacity assessments in people’s care records.

Support workers we spoke with were aware of the role of best interest meetings, when people were assessed as not having mental capacity. These helped to determine how best to support people, in those circumstances. We saw a record of a recent best interest meeting and staff told us, and we saw, that the provider had recently taken action to ensure the safety of a second individual.

Staff we spoke with were also aware of deprivation of liberty safeguards (DoLS) as a way of promoting people’s

Is the service effective?

rights and freedoms, whilst recognising the need to keep people safe. We spoke with the manager about DoLS. She told us there was one person at Willow Tree House currently subject to a DoLS, and there were a further two applications in progress for an order from the Court of Protection. This is because depriving somebody of their liberty requires different safeguards when people live in their own home, compared with when people live in a care home or hospital.

We spoke with staff about how they promoted people's health and wellbeing. Support staff were clear about the need to accept people's rights to eat unhealthily. One worker told us "We try to give X a bit of support with healthy eating, but at the end of the day they have a right to choose what and when to eat. Staff we spoke with knew people's dietary preferences, but told us they were not directly involved in helping people with meal choices.

We saw the service used comprehensive behaviour management plans drawn up by the provider and agreed by the multi-disciplinary team. The service followed

treatment protocols drawn up by people's healthcare professionals and followed treatment protocols. This helped to ensure people received the right care, safely and within clear guidelines. One healthcare professional told us "They (the service) engage well with us and seem to have robust reporting procedures." People we spoke with did not express any concerns about their healthcare needs.

We asked the manager about people's tenancy agreements and the relationship the service had with the landlord. They explained that although the owner (provider) of the care service did not own the building, the provider did have a Service Level Agreement with the owner of the building. The manager explained that any repair works were completed by the provider's maintenance team, who could respond promptly when requested. We noted though that the building was less than five years old. We saw there was a keypad exit from the site. People we spoke with who came and went as they chose, knew the keypad number. They told us the extra security measure was not a concern for them as it did not affect their ability to leave the site.

Is the service caring?

Our findings

People we spoke with told us they received the support they wanted and needed. One person said “The staff treat me quite excellently really.” Another told us “Staff always knock on my door. They don’t just come in. My privacy is important to me.” A third person told us they had a health problem with symptoms that were unpredictable. They explained “Having staff around who understand this is very important to me.”

We observed the way support workers spoke with and generally interacted with people. We noted the staff team were friendly, patient and helpful. They talked with people and listened to what people were saying. The interactions indicated people’s views mattered. We saw that when some people asked the same or similar questions repeatedly, then the staff responded in a patient and respectful way. We observed staff negotiating skilfully with people, when they wanted help and support that was not possible at that time. We saw the use of distraction and diversion to support people appropriately. One person told us they had very poor concentration. They explained “The staff understand me very well and always help me with this.”

When we spoke with support workers their responses showed that they knew people’s needs well. They knew how people wanted to be supported and which behaviours may indicate the person was becoming anxious or upset. They knew how to help people to become relaxed again.

We saw that a person from the home was included in the interview process when new applicants applied to work at

the service. We spoke with two staff who confirmed that such an individual had been present at their own interview. We also spoke with one person who lived at the service. They confirmed that they had been involved in the recruitment processes for some staff, and the managers had asked them what they thought about the applicant, following the interview. This helped people receiving care to feel valued and involved in how the service was being run.

We also saw two people had written their own plans of care. This also helped people to feel included, valued and listened to.

We asked one support worker how they supported one person, who was quite independent. They told us “It’s up to Y what we do. We may help with paying bills, or with shopping, or with making arrangements to meet up with their advocate. They decide.” A person receiving support told us they had been helped by an independent advocate in the past, but was not using one at present. We saw information about accessing advocacy services was displayed on a noticeboard in a communal area.

We asked people about their accommodation and whether they needed help to live independently. One told us “Staff help me to do as much as possible for myself. Another person told us the planned support had enabled them to become more independent. They were keen to tell us how they had chosen the décor for their flat and how they had made it their own. They commented “I feel very positive about the future.”

Is the service responsive?

Our findings

People we spoke with told us they were happy and contented at Willow Tree House. Two people were keen to tell us they were much happier there, than at their previous care setting. One person told us “It’s alright living here. I would recommend it.” Another said “Coming to live here has made a significant improvement to my depression.” A third person commented “My keyworker has talked to me about my likes and dislikes and my interests.”

We asked support staff about people’s likes and dislikes and how people liked to spend their time. Their responses showed that they knew people well, and knew what was important to them.

Two people had recently moved to live at Willow Tree House. We asked the manager and staff how they planned the admission, in order to minimise any upset or anxiety. We saw records to indicate people’s preferences, choices and needs were identified, discussed and shared with the staff team, before they moved to live there. This helped to ensure they received safe, appropriate support from admission. Support staff we spoke with confirmed this process.

We asked people about their care records and whether they were included and involved with what was written about them. People overall told us they had little knowledge about these records, or the information written within them. One person told us they had no interest in these records, though another person said they would be interested to read them. People we spoke with indicated that the records about their daily care and support were not stored in their flats, although we were later informed that three people did keep their records in this way. The manager explained that some people either did not want, or could not store their records in their flats. It was not clear why some people could hold and readily access the records written about them, whilst others could not.

We looked at four people’s care records. These included the two people who said they did not know of them. We saw the individuals had signed some of these records, to show they had looked at them at some point in the past.

We looked at two people’s care records where the individual had been very involved in writing them. We saw these were person-centred and written in the first person. That is “I would like help with.....” and “I would like staff to....” These clearly and succinctly described the care and support the individual wanted and needed.

The other two care records did not include any obvious involvement by the individual when they were written. We did though see the person’s signatures that indicated there had been some discussion with individuals about the contents. We saw the records written by staff were much longer, ‘wordy’ documents. For example, we saw one person’s care record about ‘Communication’ stated that the individual could communicate well with people, could understand what people said to them, and could make their views known. Despite these comments there was another two pages of typed guidance for staff to refer to, with regard to this person’s communication needs. Having large amounts of information to read meant there was a risk that important information may be missed, or forgotten.

However, we also saw detailed care records for managing people’s complex behaviour needs. This level of detail ensured the individual was supported safely, consistently and appropriately.

We asked people what they would do if they were concerned about something at Willow Tree House. People told us they would feel confident speaking with any of the staff. One said “I see the manager regularly and I have two keyworkers that I get on with.” Another said “I would call my social worker if I felt upset or unhappy.” A third told us they knew who was in charge and saw her most days. They would feel comfortable talking with her. We spoke with the manager who told us the service had not received any complaints about the service since August 2013. The commission has also not received any concerns or complaints about the service since the last inspection.

We noted that a complaints process was displayed in a communal part of the building. This was written in a format suitable for the people living there.

Is the service well-led?

Our findings

People told us they were happy living at Willow tree House. All the people we spoke with knew the registered manager, knew her name, and told us they saw her on most days. People also told us of more senior managers who regularly visited the service. They told us they liked the managers and thought they were friendly and available for them, when they needed them.

Support staff we spoke with said they liked working at Willow Tree House. They said the manager was helpful and easy to talk to. One worker said “I am 100% confident that the manager would sort a concern out properly.” Support workers also commented positively about a senior manager, who had spent more time at the service recently to help with new tenants moving there. One commented “I trust them both.”

We observed the atmosphere was calm and relaxed. Staff appeared confident and competent in their roles. We observed staff sharing information about people in a discreet way. Staff were included and involved in decisions about how the service was operating.

We were told the provider held regular service user forum meetings where representatives from people living at all their homes could meet and contribute to how the provider ran its services. We were told that people using these services chaired the meetings. However, there were no records of these meetings, as we were told that this was because the people involved in these meetings did not want any minutes to be kept. This meant we could not determine how useful these meetings were, or what was discussed.

The service also held regular ‘Speak Out’ meetings for people receiving support from Willow Tree House. We saw minutes from these meetings, which reminded people of the importance of telling staff if something was bothering them.

We saw the service carried out regular surveys to gain the views of the service from people living there, from staff, visitors and health and social care professionals. One support worker commented. “I have just been given another satisfaction survey to complete. We get them twice a year.”

We saw the action plan from the last series of surveys, from August 2014. We saw that individual comments had been addressed. These included, for example, a more useable outside space, including a washing line and a relative commenting that they were unaware of the complaints process. Whilst we saw the complaints process was displayed in the communal areas, the manager also sent out a copy to the individual.

We saw the comments from health and social care professionals were positive. When asked what the service was doing well they commented ‘They have a positive approach to supporting people’ and ‘They engage well with my patient’ and ‘They are good at motivating difficult clients.’

We saw the records kept by the service were well maintained. We saw the manager had analysed incidents that had happened there and made changes to minimise further incidents and accidents. Detailed records were kept of people’s distressed reactions and behaviours and we found robust communication processes were in place to ensure health and social care professionals were kept informed of incidents that happened there. One professional told us “I have always found Willow Tree House staff to be cooperative, helpful and accommodating.” They added “They (the service) have risen to the challenge of supporting my client. I have always found the managers professional and helpful, when I have spoken with them.”

The registered manager told us she did not receive formal one-to-one support from her manager. However, she felt well supported by her line manager, who she saw regularly.

We saw that senior managers carried out their own audits of how the service was operating. We saw these were completed regularly and action plans were written to address any concerns identified. For example we saw audits relating to medication management, health and safety matters and care planning records.

The service sent the commission notifications of events and incidents that had happened at the service. These were promptly submitted and provided good detail of how incidents were managed. These notifications also informed us, on some occasions, of changes being put in place to minimise the risk of the same kind of incident happening again. This showed the service was reflecting on these incidents and learning from them.