

Turning Point

The Willows Supported Living Service

Inspection report

Sadler Gardens
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Tel: 02476315795

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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

What life is like for people using this service:

The provider's quality assurance system enabled them to monitor and identify any shortfalls in the quality of the service people received. Actions were taken and improvements were made when required.

There were enough staff available to support people with all their needs, including participating in activities and trips into the community. Staff felt supported by the registered manager and understood their role and responsibilities. Staff induction training and on-going training was provided to ensure they had the skills and knowledge to carry out their roles effectively.

People had person centred support plans which were very inclusive of what was important to them, respected their privacy and dignity and promoted independence. Staff followed the support plans to ensure people received assistance that met their individual needs and preferences and supported them to live as full a life as possible.

Risk assessments were used to manage potential risks within people's lives, whilst also promoting their independence. Staff understood their responsibility to keep people safe and report any concerns. Where things did go wrong, the provider ensured actions had been taken to reduce future risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. People received their medicines as required.

Staff were caring and kind and knew what was important to people. Staff supported people to communicate through pictures, objects of reference and by monitoring their facial expressions and body language.

More information in Detailed Findings below.

Rating at last inspection:

Good (report published 27 May 2016).

About the service:

The Willows Supported Living Service is a supported living service for up to seven people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were six people using the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of

independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the provider had maintained the characteristics of Good in all areas and the overall rating remains as Good.

Follow up:

We will continue to monitor the service through the information we receive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

The Willows Supported Living Service

Detailed findings

Background to this inspection

The 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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

This service provides care and support to up to seven people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a 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.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is a small service and people are often out. We needed to be sure that the registered manager and staff would be available to speak with us.

What we did:

We reviewed information we had received about the service since the last inspection in April 2016. This

included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People living at The Willows Supported Living were not able to share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas during the inspection. We spoke to a team leader, three support workers and the registered manager.

We reviewed a range of records. This included one person's care plan in detail and specific aspects of another person's care records and medication records. We reviewed records relating to the management of the home, staff training records and a variety of policies and procedures developed and implemented by the provider.

Following the inspection, we spoke with two relatives by telephone.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- People's care plans contained detailed risk assessments linked to people's support needs. Where potential risks had been identified, plans were in place to mitigate the risks. This included risks associated with people's physical and mental health, as well as risks involved with activities both inside and outside the service.
- Staff were aware of people's risks and could tell us how they kept people safe in line with their risk management plans. This included risks related to nutrition and hydration, epilepsy and moving people safely.
- One person could become anxious which sometimes led to behaviours that could cause them harm. There were person centred guidelines in place informing staff what actions to take to minimise this person's anxieties. During our inspection we saw staff followed these guidelines to keep the person calm and relaxed when they went on an activity outside the service.
- Equipment was safe and well maintained. One staff member told us, "Everything is thoroughly checked every day to make sure it is safe for them."
- Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should the building need to be evacuated.

Supporting people to stay safe from harm and abuse, systems and processes:

- Staff had been trained in recognising signs and symptoms of potential abuse and shared an understanding of who they should report concerns to. One staff member told us, "If anything comes up on the guys like a bruise, anything that is out of the ordinary, we have to report it."
- Staff told us they would report any poor practice by other staff members, such as not using the identified equipment to transfer people safely. One staff member told us, "It wouldn't be right because it would be dangerous to the person we were transferring."
- The registered manager understood their responsibility to report any safeguarding concerns to the local authority and the CQC to keep people safe.

Staffing levels

- There were enough staff available to support people with all their needs, including participating in activities and trips into the community. On the day of our inspection visit there were six support staff on duty as well as a team leader and the registered manager. This meant people received one to one care throughout the day.
- The registered manager told us more staff had been recruited and staffing levels had recently improved. They were confident they would no longer need to use agency staff to cover shifts, except in exceptional circumstances. We asked one relative if their family member received support from a consistent staff team and they responded, "Most of the time, yes."

- The provider had safe staff recruitment procedures which protected people from the employment of unsuitable staff. Staff told us all the appropriate checks were carried out before they could start working in the service. One staff member told us, "I was not allowed to be in this building until it was all done."

Using medicines safely:

- Medicines were stored safely in a locked cupboard in people's bedrooms. There was information in people's care plans about why they were taking the medicines they were prescribed and any potential side effects. Apart from two gaps, people's medication records confirmed they received their medicines as prescribed. We found the gaps were a recording issue which the registered manager said they would address with staff.
- Staff completed training in medicines administration and their competency was regularly checked, or following any error, to make sure they continued to practice safe medicines management.
- Arrangements were in place to ensure people had their medicines when they were on any outings in the community.
- Some people were prescribed medicines on an 'as required' basis (PRN) and there were guidelines to inform staff when they should administer these types of medicines.

Preventing and controlling infection:

- People were protected by the prevention and control of infection. The service was clean and tidy. Each person had 'home management days' when staff helped them to clean and tidy their bedrooms and do their laundry. Night staff cleaned communal areas of the service in accordance with the provider's cleaning schedules.
- Staff were trained in infection control, and had the appropriate equipment available to carry out their roles safely.

Learning lessons when things go wrong:

- Incidents and accidents were recorded by staff on the provider's electronic care planning system and included any immediate action taken to manage the risks.
- The provider monitored accidents and incidents to identify any emerging trends or patterns and assure appropriate action had been taken.
- There had been a very low level of accidents and incidents in the service.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and our observations confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were fully assessed before moving to the service to ensure the placement was right for them and for others who already lived there.
- The registered manager told us where possible, there would be a transition period to enable people to settle into their new home and staff to become familiar with their needs.
- The provider supported staff to deliver care and support in line with best practice guidance. For example, guidance from other healthcare professionals was used to develop positive behaviour support plans so staff knew how to deliver effective care in response to people's individual behaviours.

Staff skills, knowledge and experience.

- New staff were supported with a full induction which included working alongside more experienced staff to learn about people's individual needs.
- Staff had undertaken training to help them provide effective care to people. This included training considered mandatory to support people with their health and social care needs, such as infection control, fire training, moving people safely, and food hygiene. Staff also received training specific to the needs of people who lived at The Willows including supporting people living with autism and positive behaviour support. Staff confirmed the training gave them the confidence and skills to deliver effective care.
- Staff felt well supported in their role and had regular opportunities to discuss their training and developmental needs with the registered manager who was always available to give advice.

Eating, drinking, balanced diet.

- People's dietary needs and preferences were met and people were involved in choosing their own meals. Menus demonstrated that each person had a different meal based on their likes and dislikes and could eat when and where they wished to.
- Staff were aware of people's nutritional risks. For example, they knew who needed a softer diet or their food cut into smaller pieces because they were at risk of choking. One person needed to have thickener added to their drinks, and staff were all aware of this.
- At lunch time a member of staff assisted a person to eat. They sat with the person and spoke in a soft voice, gently encouraging the person to eat without rushing them.
- People's weight was monitored, so that actions could be taken if changes were observed.

Staff providing consistent, effective, timely care:

- People had a health action plan which recorded all aspects of their health and wellbeing, including any health screening tests relevant to their age, gender and abilities.
- People were supported to attend regular appointments with healthcare professionals involved in their care

such as their GP, psychiatrist, occupational therapist, dentist and optician. One relative told us staff always let them know when their family member was attending any medical appointments because they knew they liked to go as well. Healthcare visits were recorded so there was a record of any medical advice given.

- Each person also had a 'hospital passport' which contained important information about the person that could be passed quickly to health care staff if it was necessary for the person to be admitted to hospital. Care staff stayed with people in hospital to facilitate communication between the person and the healthcare team.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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.

- Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment.
- Where people did not have capacity to make decisions, staff provided care in people's best interests based on their knowledge of people's likes, dislikes and preferences.
- Where people were deprived of their liberty, the registered manager had applied to the local authority to seek authorisation for this. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- There was a relaxed atmosphere where staff interacted with people in a friendly, but respectful way. Staff always referred to people by name and explained what they were doing when providing people with care.
- Staff were aware of what was important to people to ensure their emotional and physical wellbeing. For example, staff ensured one person's routine was strictly followed because they knew this would help the person relax and reduce their stress and anxiety.
- Relatives were happy with the caring attitude of staff. Their comments included: "The staff are very pleasant" and, "They are very proactive."
- Staff enjoyed their work and felt motivated to provide a caring and high-quality service. One member of staff told us, "It is nice at the end of the day to think you have done something to make their day better."

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

- Most people were not able to express their views for how their care was delivered. However, staff had built relationships with people so they understood their likes and dislikes. Staff monitored people's body language and facial expressions so they knew whether people were happy with the care being provided. For example, the registered manager told us one person would "curl up into a ball" if they were unhappy.
- Where people were able, staff used visual prompts and objects of reference to involve people in making decisions about their care. For example, one person used different coloured Lego bricks to communicate some basic needs.
- People had keyworkers who worked with them to keep all their care needs relevant to them and up to date. Every month the keyworker summarised with the person what they had done during that month. They then supported the person to make plans for the coming month, such as activities and what they would like to eat.
- People could use advocacy services when required, so they had independent support with allowing their voice to be heard and to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

- Care plans were written to support people's privacy and dignity and promote independence. They were clear what people could do for themselves and when they need prompting, help or support.
- As this was a supported living service, people were encouraged to do what they could for themselves, including participating in preparing drinks and cleaning their rooms. For example, one person could help make their own hot drinks by putting the teabag into a cup and at breakfast they poured their own milk over their cereal. One staff member explained, "You are empowering them a lot more than in residential care and

they have got their own choices."

- Staff respected people's rooms as their own personal space and supported them to decorate their bedrooms to reflect their interests and personalities. For example, one person had been supported to decorate their room in the four colours that represented different aspects of their life.
- Staff supported people's dignity by ensuring they were nicely presented and any personal care was delivered in the privacy of their bedrooms. Staff could describe the actions they took to ensure personal care was respectfully delivered and upheld people's dignity.
- Relatives told us staff supported them to maintain their relationship with their family members. One relative said, "I can go anytime of the day, they go out of their way to make you welcome." Another said, "They are welcoming when I go in with a cup of tea."
- Staff had received training in diversity and equality and worked to those values by respecting each person's individuality.
- Staff understood the importance of keeping people's personal information confidential. People's support and care records were stored securely.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns:

- A concerns, complaints and compliments procedure was in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People had an easy read version of the complaints procedure in their care records.
- Most people could not verbalise if they had any concerns. However, staff were aware of how people would demonstrate by their behaviours that they were unhappy, so they could investigate further to identify if any changes needed to be made to the person's care plan.
- Although relatives had no complaints, they told us that if they did, they would feel confident raising them with the registered manager knowing action would be taken. One relative told us, "Any problems, you go to her."
- The service had not received any complaints in the 12 months prior to our inspection visit.

Personalised care:

- People had person centred care plans which were very inclusive of what was important to them. People's preferences about their routines and how they wanted to receive care and support were recorded in detail.
- People's care plans were reviewed to identify any changes in their needs and ensure they had all the assistance and equipment they needed to keep them safe and maintain their wellbeing.
- People participated in a range of activities to meet their individual needs. Some activities were in the local community such as bowling, trips to the cinema and theatre and music classes. People also visited local shops, hairdressers and cafes. Other activities took place in the service and particularly supported people's sensory needs. For example, on the day of our visit two people enjoyed a sensory light session with staff and each week people enjoyed a massage with a visiting aromatherapist. One relative told us they were happy with the level of meaningful activities and commented, "[Name] has a better social life than I have got, they are out all the time." Another relative told us, "They work very hard to get [name] inclusive experiences."
- From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss and requires providers to meet the information and communication support needs of people who use their services. Whilst the registered manager was not aware of the AIS, they had ensured people received information to support them understand and communicate their needs. Each person had a communication care plan which explained how people expressed their needs through their facial expressions or body language. People's communication needs were known and understood by staff.
- A variety of methods were used to support communication including picture cards and objects of reference. The registered manager told us one person had recently been referred to speech and language therapy to identify whether there was any technology available to support their communication and 'give them a voice'.

End of life care and support:

- No end of life care was being provided, but people's families had the option of recording decisions about future care and preferences for any end of life arrangements.
- The registered manager told us if a person's health deteriorated, every effort would be made for the person to remain at the service with staff who knew them well. Any decisions would be discussed with people and healthcare professionals in line with the person's 'best interests'.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- There was a registered manager in post who understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- The latest CQC inspection report rating was on display at the service and on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider's quality assurance system enabled them to monitor and identify any shortfalls in the quality of the service people received. The registered manager completed an action plan to demonstrate any improvements made in response to the quality checks by the provider.
- The registered manager was supported by two team leaders. Staff told us they felt supported in their role because they could speak to the registered manager or team leaders as required. Staff could contact managers at any time of the day if they had any concerns as the provider had an on-call system for their services.
- All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

The service promoted person-centred, high-quality care and good outcomes for people.

- The registered manager had a good understanding of each person's physical, emotional and social needs. They took responsibility to ensure people lived a full life in accordance with their needs and abilities. Staff shared these values and told us they enjoyed working at the service.
- The registered manager was encouraging of their staff team and ensured they had the training and support to carry out their roles and spend meaningful time with people. For example, the provider had recently identified that some records did not contain the required amount of detail. The registered manager had introduced training sessions every Thursday afternoon in areas such as writing support plans and risk assessments. Staff could request training in any area where they felt they needed more support.
- Staff spoke positively about the registered manager and the wider staff team. A staff member said "I feel that I can quite openly ask other staff for advice. I feel really confident in the staff team." Another staff member said, "The manager is fantastic. If you have got a problem, any staff will be willing to help you, the advice is always there." During our visit we saw staff worked well as a team and spoke to each other respectfully.
- Relatives knew who the registered manager was and said they would be happy to raise any issues with them.

Engaging and involving people using the service, the public and staff:

- The registered manager and staff gathered people's views on the service daily through their interactions with people. People were also encouraged to express their views and opinions at keyworker meetings.
- Relatives said they were regularly consulted about their relatives' care and any changes that were taking place. The provider had recently sent out their annual quality questionnaire to relatives, and the responses were being awaited.
- Staff told us they had the opportunity to feedback and discuss any concerns as a team. The minutes of the last team meeting showed that feedback from the provider's most recent quality checks had been shared with staff, together with the actions required to resolve any issues identified.

Continuous learning and improving care:

- The registered manager told us they used information from quality checks to improve the quality of care people received. For example, a new 'health action plan' was being introduced to make information more accessible to those involved in people's care.
- The provider shared information from other organisations and ourselves (CQC) to support learning and development within the service. For example, the registered manager showed us information they had recently received in an easy read format about promoting equality and human rights in the service. They had made this accessible to staff so they could develop their learning in this area.

Working in partnership with others:

- The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority, and community health care professionals.
- The provider held monthly meetings for their registered managers to share good practice and discuss how to drive improvements across the provider's services.