

Independent Support Limited

The Willows

Inspection report

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Date of inspection visit:
09 July 2018

Date of publication:
07 August 2018

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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

We completed an unannounced inspection at The Willows on 09 July 2018. At our previous inspection on 08 December 2016 we found that improvements were needed to ensure medicines were managed safely, records were accurate and the systems in place to manage the service were effective. The service was rated as Requires Improvement overall. At this inspection we found that the provider had made the required improvements.

The Willows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Willows accommodates a maximum of 12 people. People are supported across two separate houses with each house accommodating up to six people. At the time of the inspection there were ten people using the service. The Willows follow 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.

There was a registered manager at the service. 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.

People received safe care and we found there were enough staff to provide support to people that met their needs. We found that people's risks were assessed and managed to protect them from the risk of harm and people received their medicines safely. The provider had safe recruitment procedures in place to ensure that staff were of a good character and suitable to support people who used the service. People were protected from infection and cross contamination risks.

People were supported to make decisions about their care and staff sought people's consent before they carried out support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and people had positive mealtime experiences. People had access to health care services and advice sought was followed by staff to ensure people's health and wellbeing was maintained. Staff received training to enable them to support people effectively. The environment was designed and adapted to meet people's needs and promote independence.

People were treated with dignity and staff were caring and kind. People's privacy was respected and upheld, people chose to have time to themselves in their private rooms and staff respected their wishes. Staff encouraged people's independence and understood people's individual communication needs. Staff supported people to maintain relationships with relatives/friends.

People were supported with interests and hobbies that were important to them. People and their relatives were involved in the planning and review of their care. Staff knew people well, which meant people were supported in line with their preferences. People understood how to complain if they needed to because complaints procedures were in a format that people understood. Plans were in place to gain people's views of how they wanted to be supported at the end of their life.

Systems were in place to assess and monitor the quality of the service people received. People and staff were encouraged to provide feedback about the service. The registered manager was approachable and supportive to both people and staff and understood the requirements of their registration with us (CQC).

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.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety. There were enough suitably recruited staff available to meet people's needs. Medicines were managed safely and infection control measures were in place to protect people from potential infection risks. Systems were in place to ensure that improvements were made when issues had been identified.

Is the service effective?

Good ●

The service was effective.

People enjoyed the food and were involved in the planning and preparation of meals. People were supported with their nutritional needs, which ensured they maintained their health and wellbeing.

People were supported to consent to their care. Where people were unable to make specific decisions, systems were in place to ensure that decisions were made in people's best interests and in the least restrictive way.

People received support from staff who were sufficiently trained. People's health was monitored and health professionals' input was sought and followed where needed.

People were involved in the decoration of the service and the environment was designed and adapted to promote people's safety, independence and social inclusion.

People's care needs were assessed before they used the service and systems were in place to ensure that people received consistent care from staff and other agencies.

Is the service caring?

Good ●

The service was caring.

Staff were caring and showed patience and compassion when they supported people. Staff treated people with dignity and respect and their rights to privacy were upheld. People were supported to make choices in the way their care was provided and staff encouraged people to maintain their daily living skills. Staff understood people's individual way of communicating and people were supported to maintain links with friends and family.

Is the service responsive?

Good ●

The service was responsive.

People accessed the community with support and participated in hobbies and interests that met their preferences. People's preferences in the way they received their care were respected by staff.

People's care was reviewed and updated to ensure they received care that met their changing needs. People's end of life wishes were sought to ensure people were supported in line with their needs in a way that met their preferences.

People knew how to make a complaint and the complaints procedure was available to people in a format they understood.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor and manage the service. The registered manager and provider had a clear overview of the service.

People, relatives and staff felt able to approach the registered manager. People and staff had been asked for feedback which informed service delivery. Staff felt supported in their role.

The registered manager worked in partnership with other agencies to make improvements to the way people received their care and they understood their responsibilities of their registration.

The Willows

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was unannounced and took place on 09 July 2018. The inspection was carried out by one inspector.

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. This is 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 also reviewed other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with five people who used the service and three relatives. Some people were unable to communicate their experiences of the service so we observed care and support in communal areas to assess how people were supported by staff.

We spoke with three staff, the deputy manager, the support manager and the registered manager. We viewed three records about people's care. We looked at how medicines were stored, administered and recorded for eight people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

At our previous inspection we found some improvements were needed to the way medicines were managed and how people's risks were managed. At this inspection the required improvements had been made and this was rated good.

Relatives told us they felt their relatives were treated well and were safe at the service. One relative said, "The staff look after my relative well and they are very safe. It puts my mind at rest knowing that the staff keep them safe". Staff were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. One staff member said, "I know people really well and I would recognise if someone's behaviour changed or if they appeared scared. I would report any concerns immediately to keep people safe". We found that where there had been safeguarding concerns these had been reported to the local safeguarding authority and an investigation had been carried out. The registered manager understood their responsibilities to report any concerns to the local authority for investigation. This meant people were protected from the risk of abuse.

People were supported with their risks whilst their independence was promoted. One person said, "I like to help with the meals. I can make my own drinks too". Another person told us that staff helped them with their exercises to stop their legs becoming stiff. They said, "The staff have helped me with my exercises and I do them on my own too". We saw staff encouraged this person to move throughout the day, whilst walking near to the person to ensure they were safe. A relative also told us that staff actively promoted their relative's independence and had sought equipment to ensure they remained as independent as possible whilst keeping them safe from falls. Staff we spoke with had a good understanding of people's risks and the plans in place to manage these, which included how staff managed behaviour that may challenge in the least restrictive way. The records we viewed confirmed what staff told us and we saw the risk assessments in place contained ways to manage people's risks whilst ensuring that people remained as independent as possible. This meant people were supported to be safe from harm because their risks were managed and mitigated whilst their independence was promoted.

People told us there was always enough staff available when they needed support. One person said, "I can call on staff if I need help with anything". Relatives told us that there were enough staff available and people could access the community and participate in various interests because there were always staff available to accommodate this. During the inspection we saw people were supported in a timely way and were able to go out when they wanted with staff. Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character and references from previous employers which ensured they were suitable to provide support to vulnerable people. This meant there were enough suitably recruited staff available to support people with their health, wellbeing and social needs.

We saw that people were supported with their medicines as required and staff administered medicines in a dignified and caring way. Staff explained to people what medicines they needed to take and gave people time to take their medicines. We saw that where people required 'as required' medicines these contained detailed guidance for staff to follow. Medicine Administration Records (MARs) we viewed showed the

medicines people needed; the frequency and the amount. We saw the MARs had been completed accurately by staff and people's medicines were stored in secured cabinets within their own rooms. This meant that medicines were managed safely.

People told us they helped to ensure the service was clean. One person told us that they liked to keep their room clean and tidy and was proud to show us their personal room and how they ensured it was kept clean. We saw staff and people ensured the service was kept clean throughout the inspection and there were no odours present. Staff told us that personal protective equipment was available at the service at all times. The registered manager showed us how they had assessed infection control risks through an audit system to ensure infection risks were acted on to keep people safe. This meant people were protected from the risk of infection and cross contamination.

Staff told us that the registered manager raised issues within the service and acted on any concerns. For example; if a staff member had not carried out support that was required. One staff member said, "We have all worked hard and learnt from previous issues. [Registered manager's name] will speak with us if there are issues so that we can provide the best care to people". The registered manager told us that people were at the heart of the service and they ensured that people received a good standard of care by making improvements. They said, "It is important to learn from issues by speaking with staff and ensuring that actions are completed". This meant the provider had systems in place to ensure lessons were learnt when things went wrong.

Is the service effective?

Our findings

At our previous inspection we found no concerns and rated the effectiveness of the service as good. At this inspection this area remains good.

People consented to certain areas of their care and were encouraged to make decisions about their daily living routines. One person said, "Staff ask me what I want to do and I choose my food, clothes and lots of other things". We saw staff gave people time to make decisions about their care and were patient to enable people to respond. One member of staff said, "It is important to give people time when asking questions and encourage people to have as much input into their support as possible. Each person has a different way of communicating their needs and choices". This meant people were supported to make decisions in a way that met their individual needs.

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 make certain decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005. We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with had a good understanding of how they needed to support and encourage people to make decisions and their responsibilities where people had difficulty in making certain decisions. This meant people were supported in their best interests in line with the MCA.

People can only be deprived of their liberty so that they can 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. We saw referrals had been made for Deprivation of Liberty Safeguards (DoLS), where people had restrictions in place to keep them safe. Staff we spoke with understood why certain people had certain restrictions in place to keep them safe and how they needed to support them in the least restrictive way. This meant that people were supported in the least restrictive way and in line with the MCA.

People told us that they chose their meals and they went food shopping weekly. One person said, "The food is nice here. I help get the shopping and cook the meals too". Another person said, "We talk about what we all want to eat". We saw people prepared their meals and helped themselves to drinks throughout the day either independently or with assistance from if they needed guidance. We observed lunch and people chose where they wanted to sit to eat their meals. Two people chose to sit in the garden and other people ate their meals wither at the table or in the lounge. We saw that lunch was a positive and interactive experience for people as they chatted with each other and with staff. There were detailed plans in place for people who needed specialist diets and required their food preparing in a way that protected their health, such as cut

into small pieces. We observed staff supported people in line with their assessed nutritional needs during the inspection. This meant people were supported with their nutritional needs and mealtimes promoted engagement with staff and other people who used the service.

People were supported to access health professionals when they needed to. We viewed records that showed people had been supported to access dentists, district nurses, G.Ps and specialist teams. We saw that advice received was documented and followed by staff. For example; advice had been sought from the Speech and Language Therapy Team (SALT) because one person had been experiencing problems eating. The guidance received from SALT had been recorded in care plans to ensure staff understood the actions they needed to take to support this person effectively. Staff we spoke with understood the support they needed to provide people as recommended by professionals. The records we viewed showed that people's health was assessed and monitored regularly. This meant people were supported to maintain their health and wellbeing.

Staff told us they had received an induction when they were first employed at the service. One staff member said, "The training on offer is very good. I've completed lots of training and it is reviewed regularly. The training has given me understanding in managing people's needs such as epilepsy and how to manage behaviour that may challenge". Staff told us and records confirmed that staff had received training to ensure they had the skills and knowledge to support people safely and effectively. Staff told us they received supervision on a regular basis with the registered manager. One member of staff said, "I have regular supervisions with the support manager. They are good and we have a different focus each time. It is an opportunity for me to discuss any issues and my training needs". This meant staff were supported to carry out their role and had the skills and knowledge to carry out their role effectively.

We found that before a person used the service an assessment of their needs was to ensure that the person's needs could be met at the service. We saw that information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. This information was used to form people's care records and there was a system in place to handover any changes in people's needs across the service by way of a handover at the end of each shift. We saw people had 'Personal Passports' which ensured that important information about people was available to hospital staff if they were unwell and needed to be admitted to hospital. This meant that people's needs were assessed to form their plan of care and this information was available across the service and other agencies to ensure people received consistent support.

People had their own private rooms which people had decorated themselves with their own personal belongings which included posters and pictures of family and friends. There were communal lounges and kitchens in both houses, which enabled people to socialise or to spend time in the privacy of their own room. The environment was designed to promote people's independence and movement around the service. There was equipment to help people remain safe whilst promoting independence, such as grab rails and there was outside space for people to access independently, which was secure to protect people from harm. This meant the environment was designed to maintain people's safety, promote independence and choice.

Is the service caring?

Our findings

At our previous inspection we found no concerns and rated caring as good. At this inspection this area remains good.

People told us staff were kind and caring towards them. One person said, "I like the staff, they are nice to me". Another person said, "I like all the staff. They help me and make me feel happy". Relatives said they were happy with the caring support staff provided. Comments included; "The staff are very caring and spend lots of time with people. They are like one big family" and, "I like how the whole atmosphere is homely. It's very inclusive and my relative is proud to call it home. It makes me so happy to see them so settled and happy". We observed caring and compassionate interactions between people and staff. For example; staff spoke with people in a caring way and showed patience when people asked them for support. Staff listened to people and were interested in people's views. We saw staff chatting with people throughout the day and asked people how they were. Staff complimented people when they had completed a daily living task and people shared a laugh with staff when they reminisced about certain events that they had visited together.

People who used the service were supported to establish and maintain relationships with their families and friends. One person told us that they visited their family at home and their family visited them or took them out for the day. Relatives told us there were no restrictions to when they visited and the staff were always welcoming towards them. During the inspection one person regularly talked about their family and staff chatted and asked questions. The person smiled and enjoyed staff showing interest in this important part of their life. The records we viewed contained details of people's family and friends that were important to them and how often they visited. This meant people were supported to maintain links with people that were an important part of their lives.

We saw that people's independence was promoted and they were involved in various areas of daily living, such as; cooking and maintaining a clean and tidy home. One person said, "I like my room tidy, I do this all by myself. Doesn't it look nice?" This person took pride in showing the inspector how they kept their room clean and tidy. Another person was sitting in the sun and staff asked if they needed some sun cream on. Staff encouraged this person to apply the cream independently whilst providing guidance to ensure they had applied the cream correctly to protect them from the sun. We saw people preparing meals and drinks for themselves. People had bus passes so that they could access public transport. We saw staff supporting people throughout the day ensuring that people had the opportunity to do things for themselves and encouraging people to be independent.

We saw people were encouraged to make choices in the way they received their care and people's choices were respected by staff. We saw that the ethos of the home was to promote people's independence and enable people to make as many choices as possible. Some people had difficulty communicating verbally. However, staff understood each person's individual way of communicating. For example; one person used their own adaptation of sign language to communicate with staff. Staff had learnt from this person and family what signs meant to enable this person to make choices in their care. Staff explained that one person indicated if they were in pain by putting staffs' hand on the area and pressing to show the level of pain. This

meant that people's choices were gained and staff understood people's individual methods of communication.

We saw that people could freely access all areas of the home. This enabled people to access private quiet areas when they needed time alone. We saw people accessing all areas of the service and some people sat in the lounge area, some people were sat at the dining table, some people chose to relax in their rooms and other enjoyed the sun in the garden. We saw this was people's choice and staff respected what people wanted to do throughout the inspection giving people their own space when they needed it. People's dignity was protected because staff ensured that people received personal care in private and spoke with people in a way that made them feel that they mattered. A health professional visited one person and staff ensured this person was encouraged to discuss their needs in the privacy of their own room. Another person showered by themselves and staff ensured they had towels and their dressing gown to hand before their shower so their dignity was protected when they came out of the bathroom. This meant staff that respected people's right to privacy and their dignity was maintained.

Is the service responsive?

Our findings

At our previous inspection we found no concerns and rated the responsiveness of the service as good. At this inspection this area remains good.

People told us they regularly went out and were supported to undertake hobbies and interests that were important to them. One person said, "I went on a holiday to Butlins with my friends that live here and staff. I really enjoyed it. I really like doing jigsaws. I've got lots of them I can do". Another person said, "I like knitting and I do this a lot. I like going shopping, visiting my family and we go out lots". During the inspection visit we saw people choosing what activities they wanted to do. Some people went out to the local shops and some people were participating in interests such as jigsaws and puzzles. Staff joined in with people where and gave praise when people showed them what they had completed. People showed the inspector the jigsaws and crafts they had completed and were proud of what they had accomplished. The records we viewed contained details of people's interests and how staff had supported them to be involved in their interests. For example; one person had told staff that they had never been in a convertible car and they would like to do this. A staff member who had this type of car ensured they had the correct insurance to enable them to take this person out to meet their goals. This meant people were supported to access interests that met their preferences.

We saw that people's preferences were detailed throughout their care plans. The information we viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs, which included their likes and dislikes. For example; one person told us how they liked wearing jewellery and showed us the bracelets they were wearing. The records we viewed for this person stated that this was important to them. We saw people had decorated their rooms how they liked with pictures, their choice of bedding and photographs of people who were important to them. We saw staff supporting people throughout the day in line with their preferences and staff we spoke with knew people well and explained how they supported people in a way that met their preferences and needs. Staff explained how they ensured people were treated equally and their diverse needs were considered. One staff member said, "Each person is different and they all like different things. I respect this and promote their individuality. Where people have diverse needs such as religion or sexuality I respect their lifestyle choices". This meant people were supported in line with their preferences and staff understood the importance of promoting equality and diversity.

People we spoke with knew how to complain and felt able to approach staff if they were unhappy. One person said, "I know [registered manager's name] they are the boss and I can tell them". Relatives told us when they had raised any minor issues with the registered manager, these had been dealt with and improvements made. The provider had a complaints policy in place which was available to people who used the service, relatives and visitors. We saw that people had access to pictorial version of the complaints procedure, which meant that the provider ensured that people understood what action to take if they were unhappy. We saw complaints that had been received at the service were investigated, action taken and a response was provided to the complainant. This meant there was an effective complaints system in place which ensured concerns were reported and rectified.

At the time of the inspection the service was not providing end of life care. We saw that some information had been gained regarding people's end of life wishes. The information contained details about the person's family members and health professionals. Staff had contacted people's family and/or social worker to gain further details where people were unable to contribute to these discussions. This meant that there were systems in place to understand people's wishes at the end of their life.

Is the service well-led?

Our findings

At our previous inspection we found some improvements were needed to ensure records were accurate and the systems in place to monitor the service were effective. At this inspection the required improvements had been made and this was rated good.

The registered manager carried out regular quality checks on how the service was managed. These included checks on medicines management, falls audits, care plan audits and infection control audits. We saw where concerns had been identified the registered manager recorded how improvements were to be made. For example; we saw the medicine audit had identified that one person did not have a protocol in place for an 'as required' medicine. An action plan showed that this had been feedback to staff and a protocol was now in place to ensure this person received their medicine safely. We saw records that showed the registered manager completed weekly reports and held a '10 minutes at 10am meeting'. This meeting was a catch up with staff to ensure that the registered manager was aware of any issues and to ensure action had been taken where required. The registered manager told us this gave them a clear overview of the service. This meant there were effective systems in place to monitor and manage the service to mitigate potential risk to people.

People knew who the registered manager of the service was and told us that they were available when they needed them. One person said, "[Registered manager's name] is the boss, they are very nice and I see them every day". Relatives told us that the registered manager was very approachable. One relative said, "The registered manager is very good. I can always find them if I need to speak with them and they listen and make changes if needed". We saw that people were comfortable approaching the registered manager. People spoke with the registered manager with ease and the registered manager took time to sit down with people and have conversations about what people had been doing and what they planned to do. This meant people and relatives felt able to approach the registered manager.

Staff told us and we saw that the registered was approachable and gave staff guidance and support when they needed it. One member of staff said, "The registered manager is very good. I can go to them with anything and they know how to sort things out". Another staff member said, "All the managers are really good and supportive. I think it is because they get to know people and they talk with people every day so they know how people are and what they are doing. When we have concerns they can give advice because they know people well". Staff told us that there was an awards scheme for 'carer of the month', which recognised when staff had excelled in their role. This meant the service was led by a registered manager who was approachable, supportive and rewarded good performance.

We saw people were encouraged to give feedback on the way they were supported through regular keyworker meetings. We saw that people were involved in these meetings, which took place on a weekly basis and showed that people had been asked if they were happy with the care provided, the activities they have been involved in and people planned what they wanted to do over the coming week. People told us they met together on a weekly basis to discuss the meals they would like so that they could complete the shopping for the week. People said staff listened to what they wanted and helped them to plan the meals

they all enjoyed. The records we viewed confirmed these took place and people's feedback was acted on. There was a monthly newsletter produced which contained details of activities that had taken place, staff awards, birthdays and details of new staff/staff leaving so that people and their families had an overview of events at the service. This meant that people's feedback was gained to ensure that they were involved in the way they received their support.

The registered manager had contact with other agencies to ensure that people's changing needs were managed. This included health professionals such as G.P's, hospital staff and consultants. We saw that the registered manager had arranged for specialist professional advice when needed to ensure that people's needs were met. For example; one person was referred to the Speech and Language Team for advice on swallowing. Another person was referred to the Occupational Health Team to review their mobility and provide equipment to ensure their independence was maintained. This meant that the registered manager worked in partnership with agencies to ensure people's care needs were met.

The registered manager understood their responsibilities of their registration with us (CQC). We had received notifications of incidents that had occurred at the service, which are required by law. These may include incidents such as alleged abuse and serious injuries. We saw that the previous inspection rating of 'requires improvement' was displayed at the service. This meant that there was a culture of openness and transparency within the service.