

Westward Care Homes Limited

The Willows

Inspection report

School Lane
Besthorpe
Attleborough
Norfolk
NR17 2LH

Tel: 01953451542
Website: www.nationalcaregroup.com

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

The Willows is a residential care home providing personal care for up to 19 adults with a learning disability and/or autistic people. At the time of our inspection there were 19 people using the service.

The accommodation was based in a bungalow and a main house with communal facilities such as a shared kitchen and activities area. People had individual flats some of which had kitchenettes and individual gardens.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The Willows is larger than the current best practice guidance, but people lived in their own flats, some of which had their own kitchens and gardens. There were some shared communal facilities, such as activity spaces. Most activities were conducted on site, but we were assured by staff that they were enabled to support people to access local leisure amenities in line with COVID-19 guidelines.

The service was located some way out of the nearest town and had some additional security features such as high gates and a large car park which meant that it looked different to nearby properties.

Risk assessments were personalised, and we observed people being supported to access the local community both on foot and using one of a number of vehicles which were available

There was enough staff on duty at any one time and this reflected the commissioned hours and the high needs of the people resident. The service was dependent on agency staff and staff and relatives expressed some concerns about the impact of this. The provider told us that they had put mitigation in place such as using consistent agency staff and were actively recruiting.

Positive behaviour support plans were in place and regularly reviewed. Records were maintained of incidents including where people's behaviour could challenge and where restrictive interventions were used. Incidents were monitored by the providers in-house behavioural support team and analysed to identify learning to prevent a reoccurrence. Not all staff were confident in some of the approaches used and the provider told us that further training was planned.

People were supported to take their medicines by staff who had received training and had their competency checked.

The environment was reasonably well maintained and clean. The provider told us that they were planning to refurbishment parts of the service.

Staff were clear about the procedures to follow in an emergency. There was an alarm system in place for staff to use to request assistance, but this did not always work effectively. We were assured by the provider that they had already identified this and were purchasing new equipment to address the concerns.

Infection prevention and control systems were in place and staff confirmed that they had received training and were clear about the actions that they had to take to keep themselves and the people they support safe. Staff told us that there had been an impact with COVID-19 on people's ability to access the community, but they had tried to reduce this by initiatives such as the on-site shop staffed by people living in the service.

The service had developed good relationships with extended families who were positive about the care provided. They told us they had been kept up to date about their relative's needs and enabled to keep in touch with their relative during the pandemic, in line with the government advice.

The registered manager was enthusiastic about the service they were delivering and told us about some of the changes they had introduced. Relatives and staff expressed confidence in the management team and how the service was developing. Regular audits were completed on quality including areas such as medicines, the environment and care planning. The provider collated data on a wide range of areas as part of their governance systems and had an action plan in place which set out priorities with timescales for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 26 September 2019).

Why we inspected

At the last inspection we found inconsistencies in the quality of care. We undertook this targeted inspection to check how risks were being managed at the service. Concerns had been identified at another nearby service which is owned by the same provider which the registered manager also has oversight. A decision was made for us to inspect to check to see if the managerial oversight had impacted on the risks we already knew about.

We reviewed incidents and how they were being managed to ensure people were not being unnecessarily restricted, particularly in light of the national restrictions during the pandemic.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement. We have not reviewed the rating because we only looked at parts of the key questions we had specific concerns about.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Willows on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

The Willows

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and used this to plan our inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

Most people we met during the inspection had complex needs and were not able to tell us about their experience of life at the inspection. We therefore used our observation of care and other evidence to help form our judgements.

We spoke with one person who lived at the service and 12 relatives. We spoke to 13 staff as well as the registered manager and service manager.

To minimise the risk of infection we limited the records we looked at whilst on inspection and looked at selected care plans and focused on risk assessments in relation to behaviour and restraint. We looked at medication and quality assurance systems.

After the inspection

We continued to seek clarification from the provider to validate the evidence found and we spoke with the regional operation manager, area manager and quality assurance lead.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the management of risk and the use of restrictive practices within the service. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Using medicines safely

- Relatives were positive about how risks were managed, one told us, "We understand my relative has violent outbursts, but [staff] are very professional, I have no concerns at how they dealt with it." Another said, "Staff retain a calm atmosphere, they are good with my relative, they are aware of my relative's incidents of behaviour and their personal health."
- Risks were assessed, and plans were in place to mitigate risks, including distressed behaviours. We observed an incident where a person became anxious, staff were clear about the actions that they needed to take to keep the person safe and the person withdrew to their own space until they were happy to re-engage.
- Assessments provided staff with practical guidance to enable them to anticipate risk. One plan for example, stated the signals that staff should be alert to that the person may be becoming distressed 'may eat a meal quickly.' In another assessment we saw staff had documented the actions they were taking to reduce the likelihood of injury to the person by the introduction of soft mats on the floor.
- Staff told us they were kept up to date with people's changing needs and used the positive behaviour support plans to guide them. They told us that they received MAPA (Management of Actual or Potential Aggression) training over a two-day period, however not all the staff we spoke to were confident in being able to support people who were distressed. The provider told us that the positive behaviour specialist was directly supporting staff and undertaking further training.
- There were restrictions in place such as locks on doors to manage risk but because of the nature of the building this meant there were risks that staff or people could be isolated. Staff expressed concerns about the effectiveness of alarm system in use to summon assistance and on the day of our inspection we observed not all staff had access to this. The provider told us they were reviewing the alarm system and had purchased new equipment to ensure all staff including agency staff had access.
- The service recorded incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. The provider reviewed these incidents and offered debriefs to the person and the staff team. Learning from incidents was taken forward to reduce the likelihood of the event reoccurring. Following a recent review of incidents, we saw that one person had moved flats within the service and a new reward system had been introduced with them. Staff told us that early indications were very positive, and incidents involving this person had reduced.
- People's care records were accessible to staff and were being completed to varying degrees. We observed senior staff discussing the quality of recording with staff and new tablets had recently been introduced to

improve recording.

- People received their medicines at the right time. The use of PRN or as needed medicines were monitored and there were clear plans in place to guide staff on their administration. Staff followed the systems in place to order, receive, administer and store medicines. Staff told us that they received training in medicine management and their competency to administer was checked. A relative told us, "They have worked to reduce my relative's drugs and they are so much better now."

Staffing and recruitment

- The service had sufficient staff. The provider worked with commissioners to identify people's needs and how many staff were needed to support them safely. People were mainly supported by one to one hours or two to one hours at different points in the day. A relative told us that there, "Always seems enough [staff] when visiting and they always manage extra support needed for hospital visits."
- The service was dependent on agency staff to ensure that people received their commissioned hours. On some shifts a significant proportion of staff were bank or agency staff, the provider told us that they tried where possible to use consistent agency staff who knew the people they supported and enabled them to access training.
- Staff told us that the use of agency staff impacted on them and people they supported. One member of staff told us that some shifts work better than others and there were sometimes issues at weekends. Another said, "Right now it is difficult with staffing."
- Relatives also commented on staffing levels, one told us, "When staff change and my relative is not expecting them it can cause distress and anxiety. My relative needs consistent staff. Another said, "Staff are doing okay, but they have got through six team leaders, then another set of young staff through turnover."
- The provider told us that some staff had moved on to other roles within the company and assured us that significant efforts were being made to recruit permanent staff. They acknowledged the challenges providing safe care, during a pandemic, in a service where people benefited from consistency.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check the monitoring of quality and risk. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection we found inconsistencies in the quality of care, communication, training and oversight. At this inspection we found that improvements had been made to areas such as communication and oversight. Morale had improved although some staff raised issues with staffing which are outlined in the safe section of the report.
- The registered manager spoke passionately about the changes that they had introduced to highlight sensory input and the environment. They had a vision for the service and knew each person who used the service well and were respected by the staff team.
- One person told us, "I speak with the manager and they make me feel better." A member of staff told us, "The registered manager has turned the service around." Another said, "The manager is very nice but will pull you up, they are after the best for the people living here."
- Staff were clear about the values of the service and felt supported. They told us that they felt able to raise concerns without fear of retribution and enjoyed working at the service as there was a good team approach describing it like 'a family'.
- Relatives spoke positively about the service, one told us, "They are very good on informing me, the manager has been there a long while and the service has improved noticeably over the last couple of years." Another said, "I feel my relative gets a good service in a good atmosphere, staff are friendly, caring and interested, and they go the extra mile as people care and understand the individual care needs."
- There was a schedule of audits which included medication, infection prevention and control, the environment and quality. Monthly reports were completed including summaries of restrictive practices and reviews to identify any learning. Data was collected by the provider on a range of areas including incidents, safeguarding, accidents, training and physical interventions. This information was reported through the provider's governance systems. Where issues were identified, actions plans were in place which identified the priority and deadline for completion.
- The provider undertook visits to check on the care provided, and the management team scheduled unannounced visits both at weekend and at night to ensure that the service was operating consistently out of hours.

- Discussions with the management team showed us that the service was evolving and plans included work to enhance the environment and improve communication further through training in areas such as Makaton.
- The registered manager had oversight of another of the provider's services and had submitted an application to have this other service added to their registration. We were assured that this was an interim arrangement while another manager was being recruited. The registered manager was supported by a service manager and other senior staff.