Aston Transitional Care Limited

Willow House

Inspection report

9 Ash Drive
Sparkhill
Birmingham
West Midlands
B11 4EQ

Tel: 01902672692

Date of inspection visit:
19 January 2017

Date of publication:
14 March 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 19 January 2017 and was unannounced. The inspection team consisted of one inspector. This was the first ratings inspection of this service since the service was registered with the Care Quality Commission in September 2015.

Willow House is a care home for up to six people who have learning disabilities and some people may also be on the autistic spectrum. At the time of the visit six people were living there. The home did not have a registered manager, but an acting manager was in post, who was in the process of applying to become registered. The acting manager was present throughout the inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's relatives and staff told us they felt people were safe in the home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice..

People's relatives told us that they were happy with the care provided. People had opportunities to participate in a range of activities in the community, but activities and stimulation within the home were not provided in line with people's individual needs. People were not regularly encouraged to become more independent.

People's relatives and friends were encouraged to visit and made welcome by staff.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good. People had not received their 'when required' or PRN medication when they needed it.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

The registered provider did not have an effective system in place to consistently assess, manage and monitor risks within the service. There were no systems in place to assess the quality of service provided and

to identify improvements needed. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not kept consistently safe as arrangements to manage risks did not give staff clear and sufficient guidance.

Relatives told us they felt people were safe in this home and we saw that people were confident to approach staff.

There were sufficient staff to meet people's needs in a timely manner, and people received their routine medicines safely.

Is the service effective?

Good

This service was effective.

People were supported by staff who had received an induction, supervisions and on-going training.

People's civil and legal rights were protected in line with legislation.

People received appropriate support to eat and drink enough to maintain their health.

People were supported to access health care services as needed.

Is the service caring?

Good

This service was caring.

People were treated with kindness and care.

People's privacy and dignity was maintained.

People had access to advocacy as needed.

People had access to advocacy if needed.

Is the service responsive?

Requires Improvement

This service was not always responsive.

Some people were not supported to be involved in their care planning process.

People were not always engaged in meaningful activities when they were within the home.

People's relationships with others who were important to them were maintained and supported. People and were supported to take part in activities in the community.

Is the service well-led?

Requires Improvement

This service was not always well-led.

Systems to monitor and improve the quality of the service were not robust and failed to identify that risk management plans and protocols for people to receive non routine medication were inconsistent.

People and their relatives were not fully included in the development of the service or their care.

Staff said the manager provided them with the appropriate leadership and support. Staff were well motivated and enjoyed working at the service.

Willow House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was undertaken by one inspector and took place on 19 January 2017. As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Health watch. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the manager, the operations manager and the provider. We also spoke with five members of the staff team. We spoke with one person. Due to their specific conditions very few people who used the service were able to speak with us so we observed how people were supported in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI), SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We sampled records, including two care plans, six risk assessment records, a sample of staffing records, complaints, medication and quality monitoring. After the visit we spoke with two care professionals on the telephone, and the relatives of three people. After the inspection visit the manager sent us information that we had requested which we used to inform our judgements .

Requires Improvement

Is the service safe?

Our findings

We saw that each person was being supported by one member of staff during the day to help keep them safe and to meet their needs. However, staff we spoke with did not consistently know about people's individual risks and the actions they would take to keep people safe. For example, staff were unclear if some people needed continuous support at all times or if people could be left alone for periods of time with regular checks. Care records we sampled did not give clear guidance for staff on the level of support people needed in relation to this. We were advised that the actions of one person had revealed a risk to them from everyday objects and whilst there were risk assessments in place to guide staff in how to protect the person they were not sufficiently detailed. This placed the person at risk of accessing some items that were a danger to them. Staff were unaware of some of the detail needed to keep the person safe.

We saw that risk assessments were in place and staff confirmed that scheduled reviews of people's risk assessments took place on a monthly basis Risk assessment records relating to people had not however been updated in a timely manner when people's individual needs had changed. One person had experienced an injury that had required hospital treatment and affected their movements but their risk assessment was not updated for over two weeks. After the inspection visit the manager sent us some updated risk assessments and advised that a new process that had been put in place to monitor that they stayed up to date.

People and relatives we spoke with told us that they felt people living in the home were safe. We saw that people looked relaxed in the company of staff. A relative told us, "They keep [my relative] safe." A member of staff said, "I think the residents are very safe." The manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. Staff were aware of the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this. All the staff we spoke with believed any concerns would be taken seriously by the manager and provider.

People were kept safe within the environment of the home by the use of aids and equipment such as sensor mats and door alarms to alert staff when someone was unwell or that they may have needed support. People were kept safe by staff knowing about the clear fire procedures and emergency evacuation protocols. Each person had a personal evacuation plan that guided staff and others in how to support the person in the event of an emergency.

People received their daily medicines safely. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so and had undertaken competency checks. We looked at the recording of how the routine medicines had been administered and saw that these were accurate and up to date. Any errors in medication had been dealt with appropriately, and we saw that audits of medication administration were undertaken every three days.

We found that people did not always receive appropriate support where medicines were prescribed to be administered on an 'as required' basis (PRN). We saw that while some guidance was available, it did not contain sufficient information about the person's symptoms and conditions that would indicate when the person needed that medication. For example one person had been prescribed pain relief mediation to be given as PRN. The medication had not been administered by staff until some days after initially prescribed. We found that there were no appropriate protocols or guidance available for staff to follow and provide appropriate support.

We saw that there was a clear system for recording accidents, incidents and included recording of incidents of physical restraint that might have taken place within the home. The manager told us that some people needed to be occasionally supported physically to keep themselves and others safe. We noted that each person had a protocol around how any physical restraint should be used if it was needed. We saw that the clear restraint protocols prompted the use of the least restrictive methods first, such as distracting the person. The recording was up to date and had been reviewed by the manager on a regular basis. They further described how this information was shared at handover and team meetings to make sure all staff knew what had happened.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We sampled staff recruitment files and saw that the registered provider's recruitment process contained the relevant checks before staff worked with people; this included a DBS or police check and suitable references. Staff we spoke with told us that the provider had taken up references about them and they had been interviewed as part of the recruitment and selection process. We found that the recruitment process helped to ensure that people were kept safe.

We saw that there were enough staff to meet people's care needs. Staff told us, "We always have staff cover, we are never short," and "There is always enough staff." A relative confirmed, "There are always lots of staff on." The manager told us that every person who lived at the home was supported by a minimum of one member of staff each during the day. Suitable staffing arrangements were in place to support people during the night, and there was also an on call rota for staff to use if they needed extra support or advice from a manager. People were supported by a core group of staff who had worked at the service for some time and staff told us that when necessary they were happy to work additional hours which reduced the need for bank staff. This meant that people were supported by staff they knew and were comfortable with.

Good

Is the service effective?

Our findings

One person told us how much they liked living at the home, "I like it here, I love the staff and they drive me everywhere and do things for me." Relatives we spoke with told us that they felt that people were looked after well. One relative told us, "They are nice people at the home [my relative] is really well looked after, it's been a good transition really." Another relative said, "It's helped [my relative] massively being there to be honest."

Staff told us that they received an induction when they started working at the home which included getting to know people's needs and shadow more established staff. There was documentary evidence that inductions had taken take place with the support of the care certificate [a nationally recognised induction programme for new staff]. A staff member told us, "I had a month long induction with a booklet I had signed off as I went through it. I was always with my team leader. I felt I knew what to do at the end." This meant that staff had a good induction to the service.

Staff also said they received training in relation to areas such as safeguarding, medication, health & safety and first aid. One member of staff told us, "The training is good." All staff had received training about physical restraint and we are clear about what to do, how to record any physical restraint and how to keep people safe. We saw that the registered manager had a system that tracked when refresher training was due which ensured staff had up to date knowledge. We noted that staff had received specific training in relation to the needs of people who lived at the home such as autism awareness. Members of the staff team were encouraged and supported by the provider to obtain nationally recognised qualifications. This meant that staff were supported to have the knowledge and skills they needed for their role.

Staff confirmed that they received informal and formal supervision from the manager on a regular basis, although bank staff told us they did not have the same opportunity. There were staff meetings to provide staff with opportunities to reflect on their practice and agree on people's care plans and activities. One member of staff said, "The managers are very approachable." Staff told us they felt supported by the managers.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the manager had sought and taken appropriate advice in relation to people in the home, and had applied for deprivations of liberty as needed. The manager had not yet received formal

approval to restrict people's liberty, and was waiting for written confirmation from the local authority. We found that for one person a relevant person's representative, (someone who represents and supports a person in all matters relating to their deprivation of liberty safeguards) had supported the manager and ensured that the person was supported in the least restrictive manner. This meant that the management were supporting people in line with the principles of the MCA.

Staff clearly knew peoples preferences and choices and we saw during our inspection that staff made attempts to involve people in most day to day decisions, such as what food to eat and what clothes to wear . Staff could explain how people preferred to communicate and we saw various tools to help with communication within the home such as pictures and symbols. When we looked at records we noted that only some people had mental capacity assessments completed with them. However we found that the process of holding best interest meetings had not yet begun. Meetings of this sort enable the person, and others important to them, to be formally consulted about decisions relating to their care and support.

We noted that some relatives told us that they had been included in some decisions, but this was not consistent. In one instance a member of staff told us that a person was 'put to bed' at a certain time and they then told us how the person indicated that they did not wish to go to bed at that time by banging on their door. Staff told us that the person was then regularly 'put back to bed.' We noted that there were no specific instructions in the person's records that indicated that this approach had been agreed upon and who had been involved in the decision making when it was clearly not what the person wanted to do. This meant that people may not have been supported in a way that was in their best interests. The manager told us that this area was being developed.

One person said, "The food is alright, I have different things every day." Staff and relatives told us that people had food that was varied and met people's needs in terms of culture and preference. Staff told us, "All the food is cooked from fresh by staff." One person preferred food cooked by their relatives who brought food into the home for them to enjoy. A relative told us, "The food seems very good, we ate Christmas dinner there and it was nice." We saw a menu board and were told by staff that people chose their food each week by looking at pictures and discussing the options. People appeared to enjoy their meals, and a relative told us that if someone did not like the meal of the day they were offered an alternative. People who required assistance were appropriately helped by staff. We saw that drinks were made available to people, and where possible they chose the drink themselves verbally or by using communication aids. We found that people had sufficient food and drink to meet their needs.

We saw that people were regularly supported to access other health services. People in the home were supported to make use of the services of a variety of mental and physical health professionals including dentists and GPs. One person told us, "I had my teeth checked and cleaned, and I went with [a member of staff.]" We saw that each person had a health action plan with details of what health support they needed and how to access it. A member of staff we spoke with said that staff would regularly support people when they went into hospital or to appointments, and advised other care staff about people's care needs and how they liked to be supported. This meant that people were supported to access healthcare services as they needed them.

Good

Is the service caring?

Our findings

We saw that staff were kind towards people. One person told us, "The staff are nice and help me nicely." One relative told us, "The staff are quite attentive and quite friendly really." Another relative said, "Some staff are there because they really love it, they really care. There is a nice vibe." A member of staff told us, "I would be happy to let someone I love live here, everyone is very kind and caring and lovely." A social care professional told us, "Some staff are lovely, [the person] is well supported with kindness really."

Staff we spoke with said they cared for people and all staff spoke fondly and respectfully about people they supported. They could describe individual preferences of people and knew about things that mattered to them. People had been supported by advocates when needed. We saw records that showed that the provider had actively involved various advocates to support people. This meant that people had access to independent advocates that helped to ensure that their voices were heard.

Staff told us that they respected people's privacy and dignity and gave examples of how people were dressed appropriately when they went out, and how personal care was conducted sensitively. Staff however were not able to tell us how they supported people to be independent. People's records did not indicate that increasing people's independence skills had been considered as part of their care and support. For example care records did not show, and staff and managers did not have an awareness of developing people's life skills to promote any increase in people's independence.

During our visit we spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's attempts to communicate in a timely, supportive manner. There was a calm and relaxed atmosphere within the home. We saw staff sitting with people and providing comfort and support to people when they wanted that and at other times staff observed people. We found that staff responded well, but did not proactively engage with people.

The provider had a clear system for ensuring that information was kept confidential and that records and information about people was only accessed by those who needed it. We saw that private information was securely locked away and when it was on a computer system we saw that it was password protected. This helped to ensure that information was kept confidential.

Requires Improvement

Is the service responsive?

Our findings

Staff told us that they gave people choices and involved them in making decisions about their care and daily lives. However we found that this was not consistently carried out in practice. One person told us that they would like to do some cooking and help in the kitchen, but these activities had not been made available to them. The person's support worker who was present during the discussion did not know why the person had not been supported to do this, and records we looked at did not indicate that there were any specific reasons why, with appropriate support, this had not happened. We did not find that the provider had not consistently responded to people's expressed views.

People told us that they had been involved their care plans. One person said, "I sit with my key worker and we talk about the [support plan]," and a relative said, "[My relative] has a key worker and they work well, they include me." For people who did not communicate verbally however it was less clear how they had been supported to be involved.

People were supported to take part in their planned daily activities. Records showed that people had engaged in activities on a regular basis in the community. A relative we spoke with said, "[My relative] goes out really often, to clubs and shopping, disco, meals and swimming. [My relative] is happy and they have day trips out too." During our visit we saw that when people came home after their day activities they rested and relaxed in the lounge and dining areas. A member of staff told us that during the evening they sometimes had games; however a social care professional commented, "I don't feel confident with their activities [in the home], they just watch TV all the time." We noted that each person was supported by at least one member of staff. During our inspection visit we saw that while staff responded to people, we did not see that they instigated any activity or communication with the person they were supporting. Staff spent their time observing people and keeping them safe. Individual stimulation and occupation for people when they were in the home was not consistently planned and provided.

People and their relatives told us that they had the opportunity to visit the home prior to making a decision and moving in. The manager told us and records showed that initial assessments had taken place to identify people's individual support needs. People had the opportunity to visit a number of times, have meals and stay overnight before they decided to move in. One person said, "Before I came here I had a visit and a sleepover for the night." This helped to make sure that the home knew they could provide the correct support to people.

We saw that each person had records that told staff about their needs and preferences. They recorded people's likes and dislikes, what was important to them and how staff should support them in line with their preferences. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Staff told us that other staff could approach key workers for guidance and advice on how to meet people's specific needs.

People were encouraged and helped to maintain contact with friends and family members, wherever possible. Relatives we spoke with said that they had regular contact with people in the home and were

encouraged to visit and support people.

Staff knew and records contained details of people's preferred communication styles. These included information about types of communication including symbols and pictures. Staff demonstrated they understood these styles and we observed staff respond appropriately when people communicated with them.

Relatives told us that the manager and staff were approachable and they said that they would tell them if they were not happy or had a complaint. Relatives were confident that the manager would make any necessary changes. One relative said, "I know how to complain, the manager gave me details, it was positive, he said he wanted to improve the home." We saw that the manager had a system in place for managing complaints and made sure that they were responded to in a timely manner. Each of the complaints received had been dealt with appropriately in line with the provider's procedure. Staff told us they knew about the complaints process, and said that the manager would respond well. Both the manager and deputy manager were aware of their responsibilities in relation to the duty of candour to share information with relevant people if mistakes were made.

Requires Improvement

Is the service well-led?

Our findings

We saw that the provider had processes and systems in place to assess monitor and manage the home but these were not always effective and had failed on occasions to identify issues that needed to be addressed. Audits carried out had also failed to identify that care plans and risk assessments were not consistently reflective of known risks and some had not been updated in a timely manner to guide staff in how to keep people safe when changes in their care needs had happened. The manager told us that there was no formal trends analysis of the incidents at the home. The manager advised that they relied on remembering each person and any incidents individually. Audits of the management of 'as required' medication had not identified that instructions for staff lacked detail to ensure that they provided consistent support to people. At the time of our inspection, surveys or other methods of collating opinions or views about the service provided, had not been undertaken with people or their relatives. The manager advised that feedback was gained informally when relatives telephoned or visited and by the key workers at meetings. There were no systems in place to collate any feedback from people or their relatives to see if any actions were needed or suggestions shared to improve the overall quality of the services provided. There was some evidence that the manager had responded well at an individual level to comments made by some relatives. Surveys had been used with staff to begin to capture their feedback about the service, but these had not been analysed or actions taken as a result of any information shared. This meant that opportunities had not been taken to use feedback received.
The provider had not ensured that an effective system was in place to identify and manage risks and drive up improvements within the home. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people, relatives and staff we spoke with told us they felt that the home was well run. One person said, "Everything is okay in the house." Relatives comments included: "The managers are pretty good," and "We work well together." Staff told us, "[The manager] is a good man, he sorts things out," and "It's a good company to learn things and progress. I can go to the managers and they resolve stuff quickly. I'm confident with the managers." While comments were mainly positive some social care professionals did not share a similar level of confidence. One said, "The managers have been standard, sometimes they can't find things." Another social care professional told us that they did not feel the provider fully understood how to support adults with complex needs, they said, "I don't have confidence in the management." Staff described an open culture where people felt they could raise and safely discuss issues which could impact on people's well-being. Staff told us and we saw that they had regular supervisions and meetings to identify how the service could be developed to improve the care people received.

Members of staff told us that the manager was supportive and led the staff team well. We saw there was guidance for staff about how to escalate concerns and seek advice from senior staff when necessary. Staff told us they could speak to senior staff promptly when they needed to. There was a clear leadership structure which staff understood. This meant that leadership was available at all times.

The previous registered manager had left in the autumn of 2016. The current manager was in the process of applying to become the registered manager for this home and a nearby sister home. They had an

understanding of the responsibilities of a registered manager. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

The manager was undertaking a professional qualification and had mainly kept up to date with new developments, requirements and regulations in the care sector. All of the senior management team agreed on topics where further learning for themselves and staff had been identified as necessary; these topics included: the application of the mental capacity act, and promoting independence for people using the service.