

Willowbeck Health Care Limited

Willowbeck Health Care Limited

Inspection report

95 Holywell Road
Sheffield
South Yorkshire
S4 8AR

Tel: 01142617771

Date of inspection visit:
11 April 2019
12 April 2019

Date of publication:
10 May 2019

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

About the service: Willowbeck Health Care Limited is a nursing home, providing nursing care to up to 80 people with mental health or physical health support needs. It comprises seven discrete units each with their own focus, as well as communal facilities. At the time of the inspection one of the units was not in use, and 62 people were using the service. The home is located in a suburb of Sheffield, not far from the city centre, with good public transport links.

People's experience of using this service:

People told us they experienced very good outcomes and Willowbeck Health Care Limited. People we spoke with were positive about the care they received. One person told us: "The care is exceptional, staff know me well and know what I want to be doing; they help me to achieve what I want to." A staff member said: "The whole point is to try to get people to be as independent as they can and make their own choices. That's what motivates us all as a team, when we see people developing new skills."

The provider had implemented imaginative and creative methods to enable people to be involved in their care and in the running of the home. People living at the home had been nominated as resident ambassadors, who coordinated meetings with other people using the service and gave feedback to senior staff, including the provider's board of directors, about people's views. People using the service were involved in recruitment and held various responsibilities around the home, including managing the post and operating a snack shop.

People received care which was highly tailored to their needs. People were involved in planning their care, and people we spoke with told us they understood their care plans and felt they had control over them. People told us they felt there were enough staff on duty at all times. One person said: "Whenever I need help, there's always someone around"

People experienced care which was delivered safely. Staff had received training in safeguarding and staff we spoke with demonstrated a good understanding of their responsibilities in this area. One person said: "I know I'm safe here because they look out for me and check on me so that I don't come to any harm." Managers had a good oversight of risks within the service and these were regularly reviewed to ensure they were managed appropriately.

People gave us positive feedback about food within the home. We spoke with a member of the catering team who had a good knowledge of people's special diets and what steps they needed to take to meet such needs. People told us they enjoyed the food available. One person said: "I like the food, it's always good."

Managers were highly visible within the service and accessible to people using the service. People told us they knew the management team well and could speak with them whenever they wanted to. We saw that managers conducted a daily visit to every unit within the home which meant they had a good oversight of the service and regular contact with people using it. Staff told us they felt very supported by the

management team, describing the home's manager as "fantastic."

People were supported in maintaining good health, and staff liaised with external healthcare providers where appropriate to ensure that care was provided in a way that met people's needs.

Rating at last inspection: Good. The report was published in October 2016

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: ongoing monitoring.

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

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 remained safe.

Details are in our safe findings, below.

Is the service effective?

Good ●

The service remained 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 remained 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.

Willowbeck Health Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

Inspection team:

The service was inspected by an adult social care inspector.

Service and service type:

Willowbeck Health Care Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, we saw evidence, however, that the home's manager was in the process of submitting an application to CQC to register. A registered manager 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:

The inspection was unannounced on the first day, meaning the staff and management did not know that the inspection was going to be taking place.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the

provider. We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service to gather their views and experiences. We spent time observing staff interacting with people and observed staff carrying out support tasks, including assisting people to move around the premises using specialist equipment.

We spoke with nine members of staff and the home manager, as well as with senior management. We looked at documentation relating to six people who were using the service, five staff files and information relating to the management of the service. Following the inspection the manager provided CQC with further information we had requested.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to reduce and manage the risk of abuse
- Staff had received appropriate training in relation to safeguarding vulnerable adults, and staff we spoke with understood their responsibilities in this area
- Records showed where suspected abuse had occurred, the provider had taken the correct steps, notifying relevant bodies.

Assessing risk, safety monitoring and management

- The provider assessed and managed risks so that people received care and treatment in a safe manner.
- Each care plan we checked contained detailed assessments of any risk that the person may be vulnerable to or may present. Risk assessments were regularly reviewed to ensure they remained up to date and reflected the person's current needs.
- Staff had a good understanding of risk management. We spoke with two staff about the risks that one person may present, and their knowledge of this was comprehensive.
- Managers regularly reviewed risks as part of their ongoing monitoring of the service. This meant they had a good oversight of any risks within the service.
- People told us they felt risks were managed well. One person said: "I know I'm safe here because they look out for me and check on me so that I don't come to any harm."

Staffing and recruitment

- Recruitment was managed safely, so people were kept safe by staff with the right skills, experience and qualifications to undertake their roles.
- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- People told us they felt there were enough staff on duty at all times. One person said: "Whenever I need help, there's always someone around."
- Staff said there were usually enough staff available, although some mentioned there were occasional shortfalls due to sickness.
- The home's manager checked staffing every day to address any shortfalls. Staffing numbers were also discussed during the daily meeting of senior staff members.

Using medicines safely

- Medicines were safely managed by staff who were trained and competent and had a good understanding of the way medicines were managed within the home.

- There were secure storage systems in place to support people in managing their medicines.
- Medicines were audited weekly at a minimum, and records were kept showing what medication was within the home at any particular time.
- We carried out observations of staff administering people's medicines. We found this was done competently and accurate records were maintained of all medicine administered.

Preventing and controlling infection

- There were appropriate systems in place to ensure the risk of infection was well managed.
- A regular infection control audit was undertaken, and any actions identified were completed quickly.
- Staff had received training in infection control, and we observed that the premises was clean throughout. We observed staff using Personal Protective Equipment (PPE) where appropriate.
- People using the service were positive about the cleanliness of the environment. One person said: "It's always spotless, nothing to worry about in that regard."

Learning lessons when things go wrong

- Management systems meant that untoward incidents and concerning events were analysed to ensure lessons were learnt.
- Staff debriefs and team meetings were used to discuss learning points from incidents and plan changes and improvements, so that people were supported safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 people's feedback confirmed this.

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

- The provider ensured people's needs and preferences were taken into consideration in all decisions about people's care and treatment.
- Every care plan we checked showed people had contributed their views and made choices about the way their care was delivered.
- Managers within the service monitored the quality of assessments, to ensure they met the requirements of the law. This was a regular programme, which meant all assessments were of a high quality.

Staff support: induction, training, skills and experience

- There were comprehensive systems in place so that staff received a high standard of induction and training.
- Records we checked showed staff received training in a wide range of areas relevant to their roles. One staff member said: "The training is great, whatever you ask for you get, there's a constant cycle of training and I think it's good quality." Another said: "We get good training, I hadn't done this before [worked in a care home environment] but the induction and training were really good."
- People using the service told us they felt staff were skilled in their roles. One said: "The staff know what they're doing, no doubt about that"

Supporting people to eat and drink enough to maintain a balanced diet

- Food and drink formed an important part of day to day life in the home.
- Each care plan we looked at contained detailed information about people's dietary needs, and records showed staff were meeting these needs.
- Where people were at risk of malnutrition or dehydration, there were detailed care plans setting out the actions staff should take to manage this risk.
- People told us they enjoyed the food at the home. One person described their favourite foods and told us this was always available to them.
- The daily menu was discussed by senior staff every day during their meeting, and any feedback from people using the service was also discussed.
- We spoke with a member of the catering team who had a good understanding of people's special diets, and what steps they needed to take to meet the needs of people with special dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- During the inspection we saw staff at the home were in regular contact with other agencies to ensure people received a good standard of care which met their needs.
- Care plans we checked showed where external healthcare professionals were involved in people's care,

their guidance and instruction had been incorporated into the way the home cared for people.

- Information was shared with other agencies if people needed to access other services, such as hospitals.

Adapting service, design, decoration to meet people's needs

- People using the service told us they had been involved in the design and decoration of the service. One said: "We chose the fabrics, the paint colours, all sorts."

The home manager told us they had identified one communal area of the home was quite cramped for the people using it, therefore plans were underway to add an additional communal area in that unit, to better meet people's needs.

- Two people using the service told us, and one showed us, that some of the en suite bathrooms were too small to be used with certain types of wheelchairs. The home manager was aware of this and said that improvements to this situation were being sought.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked in an integrated way with external healthcare providers to ensure people received optimum care.
- External healthcare providers' information and assessments had been incorporated into people's care plans, and records showed staff were acting in accordance with these assessments.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider had comprehensive procedures in place to ensure it complied with the MCA
- Staff had received training in relation to MCA, DoLS and best interests, and staff we spoke with had a good understanding of this.
- People's care plans showed assessments of their mental capacity had been carried out. Where people had the capacity to make decisions about their care and treatment, there was evidence they had given consent. Where people lacked such capacity, there were records showing that best interest decisions had been reached.
- Where the provider was depriving a person of their liberty, applications had been made to relevant bodies to do so. One person's deprivation of liberty authorisation had been granted with specific conditions. Records showed the provider was adhering to these conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; respecting equality and diversity

- Staff and managers within the service were passionate about treating people with respect and providing care which met people's individual needs.
- Our observations showed staff interacted with people with warmth and kindness; they demonstrated a clear passion for enabling people to be as independent as possible.
- People's care plans held detailed information about their cultural needs, and staff we spoke with demonstrated a good understanding of this. This was reflected in the food people were provided with, the clothes they chose to wear and social and cultural activities they were supported to pursue.
- Staff we observed strived to ensure day to day life within the home was person-centred, meaning that people using the service chose activities, routines and pursued interests which reflected their preferences.

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

- The provider had comprehensive systems in place to enable people to express their views.
- Two people living at the home had been designated "resident ambassador." Their role involved them speaking to other people using the service on a regular basis to gain their feedback and discuss any concerns or suggested improvements. The resident ambassadors then met with managers to formally discuss their findings.
- Additionally, the resident ambassadors met with resident ambassadors from other homes within the provider's portfolio, again to discuss their experiences and plans for improvements.
- The provider had developed a mobile application to enable people using the service to communicate with each other and blog about their experiences and views. Blogs from this application were discussed at the provider's board meetings, and board members met with resident ambassadors regularly to gain their views.
- We met with one of the resident ambassadors who told us about their role. They said they felt valued and respected, and had "no doubt whatsoever" that their views were taken seriously. We observed as they discussed a recent meeting with the home's manager, and it was clear they were an integral part in developing and improving the service.
- In addition to the resident ambassadors, meetings of people using the service were facilitated on a monthly basis. The home's manager told us the minutes from these meetings were used to plan improvements and develop the service.
- People using the service had been involved in recruitment of new staff, as well as in planning the design and décor of the home.
- Managers within the home undertook a documented daily walk round of the home. This included speaking

to people using the service and gaining their views or addressing any concerns. People using the service told us this was important. One said: "I get to say what's going off...they listen to me."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff and said this was important to them. One person said: "They treat me as an equal, I know they listen to what I've got to say."
- In our observations of care taking place around the home we found staff took steps to uphold people's dignity and privacy. They routinely knocked on doors before entering people's rooms, and when they needed to speak with one another about people's care this was done discreetly to ensure people's privacy was respected.
- Staff promoted people's independence. They were encouraged to take control and do things for themselves. One person told us: "The care is exceptional, staff know me well and know what I want to be doing; they help me to achieve what I want to." A staff member said: "The whole point is to try to get people to be as independent as they can and make their own choices. That's what motivates us all as a team, when we see people developing new skills."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at showed the person's needs and preferences had been taken into consideration when planning how their care and treatment should be delivered. People using the service told us they valued this; one person said: "They [the staff] don't do anything without asking me. They know how I like things and that's important to me."
- Staff we observed undertaking care tasks demonstrated that they gave people choice and control in their day to day activities. One staff member said: "It's up to them [people using the service] what we do, it's their choice."
- Care records showed that staff checked with people about how care was being provided to ensure people had control over the care they received.
- There was a comprehensive activities programme within the home and people using the service told us this was important to them. We saw cookery classes taking place during the inspection, and other planned activities included arts and crafts, smoothie making and gardening. A staff member told us they had discovered one person had an interest in rugby and therefore had arranged for them to attend matches and meet players; they told us this was the beginning of a project to identify each person's "wish list" of things to do, and take steps to try and fulfil them.

Improving care quality in response to complaints or concerns

- There was a comprehensive complaints system, which meant people were given information about how to complain, and complaints were thoroughly investigated.
- People told us they would be confident to complain should they wish to. One person said: "Yes I'd raise any concerns, no worries about that."
- We looked at a sample of complaints the provider had received, and saw each one had been investigated with the complainant receiving a written response which also set out routes of external remedy should the complainant remain dissatisfied.

End of life care and support

- The provider had suitable arrangements in place to deliver end of life care when required.
- People using the service had been asked about any end of life wishes, and their preferences and thoughts had been recorded.
- The home liaised with the local NHS palliative care team when people needed end of life care, and the palliative care team supported the home in developing people's care plans.
- The home's manager told us they were in the process of sourcing training from a local hospice service to

enhance staff's skills and knowledge in this area.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team, including the home manager, were highly visible around the premises and we received copious amounts of positive feedback about them from staff and people using the service.
- People told us managers were accessible and understood them well. We observed conversations taking place between people using the service and managers and it was clear that managers promoted a person-centred approach.
- Staff described the home's manager as "great," "fantastic" and "always there for you." During the inspection we saw staff were able to contact members of the management team with ease.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We spoke with the home's manager and other senior staff as well as with nine care workers and nurses. They had a clear understanding of their roles and responsibilities and how their work contributed to the effective running of the service.
- There was a range of comprehensive audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.
- The home's manager had a strong understanding of the regulatory requirements they were operating under. They were in the process of applying to register with CQC. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display within the premises as well as on the provider's website.
- The provider had systems in place to ensure the home's manager was undertaking their role effectively and working in line with regulatory requirements. Audits were carried out regularly by senior managers, to assess the overall quality of the service. Again this contributed to a culture of continuous improvement within the service.
- A meeting took place each morning within the home. This was led by the home's manager and attended by a representative from each unit as well as other senior staff. We attended one of these meetings during the inspection; the discussion focussed on the quality of care people were receiving, any arising risks and the role each attendee was to play in addressing any issues. This meant staff were clear about their responsibilities and the management team had a clear oversight of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had developed imaginative and creative ways to involve people in the day to day running of the service. It was clear from speaking with staff that this philosophy underpinned the way the service worked.
- People told us they felt involved in the running of the service. In addition to the system of resident ambassadors, who attended meetings with senior representatives within the company, some people undertook other roles, including handling and delivering post, running a mobile snack shop and participating in showing visitors around the service or in recruitment.
- The provider used IT solutions to assist people to engage, such as using webcams to attend meetings where they could not physically participate.

Continuous learning and improving care

- The philosophy within the home was one of continuous improvement; managers and staff were able to tell us about plans for development and progress.
- Staff praised the learning opportunities available to them. Managers told us they encouraged staff development and training, and minutes of staff supervision evidenced this.
- There was a culture of learning from incidents, complaints and feedback, which all staff contributed to. Staff debriefs were used for all staff to discuss and contribute to developments arising from learning opportunities.
- The audit system identified areas for improvement, and we saw evidence of such improvements being put into place, for example, the renovation of two bedrooms to make an additional lounge area.
- There was a "You said: We did" system, whereby people using the service could make suggestions and the provider responded evidencing what they had implemented based on people's suggestions.

Working in partnership with others

- The provider had developed strong working partnerships with other providers, including NHS acute services and community providers. This meant that shared learning and best practice assisted with both staff development and outcomes for people using the service.
- The home had links with two local professional sports teams who visited the home and provided activity opportunities for people using the service.
- Staff were involved in various charity fundraising efforts to benefit the wider community. This included a project to raise funds to equip the local community with a defibrillator.