

Thera East Anglia Willowdene

Inspection report

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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

About the service

Willowdene is a residential care home which provides personal care via a short break service to people with a learning disability. The service is registered to provide the regulated activity to one person at a time. At the time of the inspection one person was staying at the service and eight people were using the service on a regular basis. The service also provides a non-regulated day service for people who use the short break service on the same site.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by a committed management team who had a good overview of the service provided. Formal quality monitoring systems were in place. However, these did not always appear to recognise the specific nature and potential risks inherent within a respite service. We have made a recommendation about the governance systems in the home.

People received their medicines as prescribed however the systems in place had not identified some minor discrepancies to people's medicines. Individual and environmental risks to people were identified and responded to. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends. Peoples' staffing requirements were assessed individually and met. People were supported by enough staff who knew them well. The environment was clean and good infection control procedures were followed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when

supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People were supported by staff who understood the importance of utilising positive behavioural support and this was used in line with best practice guidance. Staff also worked with health and social care professionals to ensure the support provided met people's needs. People were supported to choose their meals and staff provided healthy options. Staff were supported to provide good support through effective training and induction to the service. The environment had been adapted to meet the needs of the people using the service, this included the provision of a sensory room and garden activities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a clear vision which emphasised that people with a learning disability could, and should, be in control of their own lives. Staff demonstrated these values in their interactions with people. People were presented positively, and staff focused on people's strengths and abilities. People were supported by staff who knew them very well and this helped them to provide person centred care. People were supported to identify goals they wanted to achieve and improve their independence.

The support provided was individual to the needs and preferences of the people using the service. The importance of consistency in people's every day routines was understood and supported. Staff viewed people in a person centred and holistic manner. People's interests were understood, and they were engaged to participate in these. Staff communicated with people's families as required. A complaints process was in place and the registered manager understood their responsibilities in relation to this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was inclusive of people, relatives, and staff. Opportunities to have a say on the service provided were available. Staff enjoyed working in the service and morale was good. The registered manager was open and honest. Systems were in place to support learning and development of the service.

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 good (published 11 October 2016). Since this rating was awarded the registered provider of the service has changed. The provider has continued, however, as a member of Thera group which is a charitable group of companies led by Thera Trust. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This service was registered with us June 2018 and this is the first inspection.

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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Willowdene

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.

Inspection team

The inspection at Willowdene was carried out by one inspector.

Three inspectors and an assistant inspector visited the Thera group offices in Grantham to review the quality monitoring processes in place to support each provider under the Thera group umbrella. We gave the group one week's notice of this part of the inspection which took place on 16th September 2019. We used some of the information this inspection team gathered to help us inspect and rate Willowdene.

Service and service type

Willowdene 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 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all of this information to plan our inspection.

During the inspection

The person using the service was not able to provide us with verbal feedback on the support provided. We observed the support provided to them and staff interactions. We spoke with four members of staff including the registered manager, a senior support worker, and two support workers.

We reviewed a range of records. This included one person's care records including their medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the running of the service. We spoke with one relative and two health professionals. Following our inspection, the nominated individual contacted us to discuss our findings at our inspection and tell us how these had been used to help the service develop and improve. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Staff reviewed people's medicines and booked them in to the home on arrival at the service. Staff then reviewed the amount given at the end of the person's stay when returning their medicines to them. However, there were no regular day to day medicine audits. We found the system in place was not robust enough to identify some minor discrepancies in the person's medicines.
- We discussed this with the registered manager and the nominated individual. They told us they would act to strengthen the systems for checking and monitoring medicines within the service.
- Medicines were being stored appropriately. Staff had received training in medicine support and their competency to do so was checked.

Systems and processes to safeguard people from the risk of abuse

- Staff used positive behaviour support principles to support people in the least restrictive way. A health professional told us staff took a proactive and thoughtful approach in line with these principles.
- There were systems in place to report safeguarding concerns. These were reviewed and analysed by the provider.
- There had been no safeguarding incidents since the service opened. Staff had been provided with information on what to do if they had safeguarding concerns. One staff member told us, "Within the training its drilled in to us what we need to do."

Assessing risk, safety monitoring and management

- Risks had been assessed and responded to in collaboration with people and other relevant parties. Both health professionals told us staff were proactive at identifying risks and acting in response.
- Risks from the environment had been assessed and were regularly reviewed.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people using the service at the time. One staff member said, "Everyone has their own staffing levels and we never go below that."
- The management team ensured staff supporting people were familiar and consistent. A staff member told us the registered manager carefully managed staffing levels to make sure all staff knew the people they were supporting prior to working with them.

Preventing and controlling infection

- The environment was clean and tidy. A cleaning schedule was in place.

Learning lessons when things go wrong

- A system was in place to learn from incidents or accidents that occurred in the service. Incidents were reported to the provider who would analyse these for any trends or issues.
- Staff reflected and discussed incidents that occurred within the service. A health professional told us staff tried to prevent incidents from occurring, they said, "[Staff] they've always come up with solutions."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff carried out holistic assessments of people's needs and choices. These had been carried out with the person, their relatives, and other professionals supporting them. This helped ensure assessments were in line with best practice.
- We reviewed one person's positive behavioural support plan and saw this incorporated best practice guidance. It provided staff with clear person-centred guidance on how to prevent and respond to distressed behaviours.

Staff support: induction, training, skills and experience

- Staff had been provided with enough training to support the people using the service. Staff spoke positively of the training provided. Health professionals told us they felt staff had the right knowledge and experience to support people. One professional said, "Staff are very knowledgeable."
- Staff learning and development was supported through individual staff meetings and group meetings. Staff also received observational supervisions which assessed the support they provided in practice.
- New staff received a detailed induction and were well supported. One staff member told us, "I wasn't just thrown in to the deep end."

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

- Staff discussed with people their likes and dislikes regarding their food preferences. There was detailed information in place regarding this and included if people had specific dietary requirements. There was a pictorial menu planner in place to help people identify meals they might like to eat.
- Staff understood the importance of supporting people to eat healthily where possible. One staff member told us, "We've always got fruit in as a snack, so they can choose that."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff worked with other health and social care professionals to understand and meet the needs of people using the service. One health professional told us, "We seem to have a relationship where they contact me and vice versa."
- As the service was a respite service people moved in and out of the service regularly and from several different settings, such as their home or day service. Each person had a communication book which the person kept with them. This meant staff, family members, and staff from other services could share relevant information.
- Information about people's health needs was included in people's support plans. People had hospital

passports in place which contained information that health care staff might need to know in the event of a hospital admission.

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

- The environment met the needs of the people using it. The décor was homely and comfortable, without being overly stimulating. A sensory room was available to people as was accessible garden equipment.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Mental capacity assessments were carried out where necessary. People's ability to consent to aspects of their care was also referenced within people's support plans. A staff member told us, "We're [staff] all very aware of the mental capacity each person has. Its talked about amongst the staff team. Once you get to know them you know their level of understanding."
- There were systems in place to identify when a DoLS application might be required. Most people using the service only stayed for a few nights at a time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The provider had a clear vision which emphasised that people with a learning disability could, and should, be in control of their own lives. A staff member told us, "It's [the service] always about people with learning disabilities."
- Staff displayed this approach in the way they supported people using the service. Staff spoke respectfully and understandingly about the people they supported.
- Staff enjoyed working with the people using the service. They knew people well and had developed positive relationships.

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

- Staff understood the importance of putting people in control of their lives and enabling them to make decisions. One staff member said, "We try and get them to make as many decisions about their life as possible."
- Many of the people using the service on a regular basis were not able to verbally communicate. Staff utilised a range of communication methods and their own familiarity and knowledge of people to help ensure the support provided took in to account the person's feelings and wishes.
- There was close communication with people's relatives which also helped ensure people's views were expressed and considered. A relative told us, "We have a very good dialogue."

Respecting and promoting people's privacy, dignity and independence

- The registered manager understood the need to ensure people's personal records were kept secure and private. The records of people using the service were kept secure.
- People had identified outcomes in place. These identified outcomes that staff could support the person to achieve and would increase their independence. We looked at the outcomes identified for one person and saw these would help increase the person's independence and have a positive impact. However, it was not clear how regularly these outcomes were reviewed and implemented. For example, one outcome had been identified in June but no further work in implementing this had taken place.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although the provider for the service had changed, there had been little change to the day to day provision of the service. For example, the same staff still worked in the service under the new provider. The people using the service had used it for a long time and there was a consistent staff group. This meant staff knew the people using the service very well and this helped them ensure the support provided met their individual needs and preferences.
- Support plans were detailed and provided person centred individual detail. One staff member said, "The support plans are insanely detailed you know their [people's] history and you see their families all the time." A relative told us "The service is around [Name's] needs."
- The service was a short stay service, where people went from their home or day service to stay overnight at the service. Staff understood the importance of ensuring consistency for people. Alongside the person's care plan was a detailed time table about what they did at home to help staff ensure the person's routine was the same.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed. Staff supported people with their preferred communication aids.
- Information, such as the service's statement of purpose and service contract, was presented in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had assessed people's individual interests and care plans were in place to support participation in these. A relative told us how staff had ensured that their relative could participate in a particular activity they enjoyed. They told us staff had purchased equipment solely for the person to enable them to do this.
- Staff communicated closely with people's families and involved them in the support provided.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. The service had not received any formal complaints since it had been registered. A relative told us, "If there are issues everyone comes together to solve it."

- Information on how to complain was provided to people and relatives, this included in an easy read format.

End of life care and support

- At the time of the inspection no one using the service required end of life care and support. We discussed the provision of end of life care with the registered manager. They told us they felt it unlikely they would provide such a service given the specific nature of the service provided.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well run. There were clear systems in place to support the running of the service. However, some of the systems in place had been generated at a local service level rather than as a formal policy or procedure at provider level.
- Whilst there was no negative impact on people using the service we found the provider's systems and policies did not always recognise the specific nature and risks inherent within a respite service. For example, we found the systems in place were not robust regarding the management of people's medicines which had meant some discrepancies had not been identified.
- The registered manager did not carry out any audits themselves. Several audits had been carried out by the provider, however the audit tool was the same tool used for the provider's supported living service. This meant some areas of the audit were not appropriate or completed. It was not clear how the provider had specifically considered what additional checks and audits might be required in relation to the particular nature of the service provided.

We recommend the provider review their policies, procedures, and systems to ensure they recognise and fully support the specific nature of the short-term respite service provided.

- Whilst some action was needed to strengthen quality monitoring systems we found there was a good level of informal oversight by the service's management team and the provider. Everyone we spoke with told us the service was of good quality. A relative said, "Their service is excellent as far as we are concerned."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The provider had a clear vision and values that put people with a learning disability at the heart of what they did. For example, the provider had a membership strategy which meant that supported people, their family and staff members became a member of the organisation. Once a member they would be able to vote on strategic issues and have a say about how the service was run.
- The same inclusive and empowering approach was applied to the staff team. The provider had an Employee Consultative Council who met quarterly. This was attended by a representative of the staff team who could take forward issues and discuss changes to the service.
- The person-centred and inclusive ethos was demonstrated by staff during our inspection. Staff were

enthusiastic about the support they provided and wanted to make a difference to people's lives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We looked at the provider's systems to deal with complaints and incidents. These were robust and evidenced the provider was aware of their responsibilities under duty of candour.
- The registered manager was open and honest with us throughout the inspection. There was good communication in place with people, relatives, and professionals.

Continuous learning and improving care; Working in partnership with others

- The provider had signed up to the 'driving up quality' code of practice. The code was developed by the learning disability provider sector and sets out standards of good care in the learning disability sector. The registered manager participated in carrying out self-assessments against the code of the service they provided.
- The registered manager worked with other services within the Thera group to learn from and develop their service. They were aware of other resources which helped them to be aware of changes and developments in social care.
- Staff worked with a range of people and professionals to help them provide person centred good quality care.