Willow Care Homes Limited

Willow Community Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 28 November 2016. This was an announced visit because we needed to make sure the registered manager was available and that people's care records were available in the office for us to review.

Prior to this inspection this service was inspected on 16 January 2014 where all standards inspected were met.

Willows Community Care is registered to provide personal care to six people. The client group consist of people with learning disabilities, sensory impairment and autism. At the time of our inspection there were four people using the service living in supported accommodation based at Brookside Road.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staffing levels were allocated based on people's level of need. Senior staff were hands on and involved in the provision of care. People's needs were assessed and support plans created for each person using the service. We observed good interactions between staff and people using the service and people were treated with respect.

Safeguarding procedures were in place. However, we found incidents of unexplained bruising which had not been reported to the local safeguarding authority. Staff were able to tell us what would constitute abuse, but some staff felt they were not able to approach senior managers with their concerns as they were not confident that this would be addressed.

Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. The risk assessments we viewed included information about action to be taken to minimise these risks. However, we noted gaps in risks for one person at risk of falls. Following our inspection the registered manager submitted a mobility risk assessment.

Although we noted some learning from incidents, the service did not always manage incidents well and provider did not have a policy in place. This put people at risk of receiving care that was inappropriate or unsafe.

The service carried out disclosure and barring criminal checks to ensure that people employed were safe to work with vulnerable people. However, we found some gaps in records relating to references.

Care staff received supervision and some had received an appraisal. These processes gave staff an

opportunity to discuss their performance and identify any further training they required.

People's independence was encouraged and their likes and dislikes taken in to account. . Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. However, we found some gaps in medicine administration charts (MAR). Protocols were not in place for medicine taken 'as required.'

The service had a complaints policy. This included timeframes for dealing with complaints and provided external contact details. Relatives told us that they knew how to make a complaint and felt comfortable approaching the registered manager and staff with any concerns.

We found that the service was not meeting the Regulations of Health and Social Care Act 2008 in relation to medicine and risk management, staff training and governance and Registration Regulations 2009 in relation to notifications of incidents.

You can see what action we have asked the provider to take at the end of this 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 consistently safe. Staff were able to tell us about abuse and the action they would take, however, we found not all staff had received training and knew who to report concerns to outside of the service.

Risks were identified and managed with actions to be taken to support people to reduce risks. However, the risk of falls for one person had not been documented prior to our inspection.

Recruitment processes were in place.

Medicines were not always managed safely.

Is the service effective?

Requires Improvement

The service was effective.

People received support from staff who had the knowledge and skills to meet their needs.

People were supported to access healthcare professionals to help staff to meet their needs.

Staff understood the importance of consent by asking people permissions before providing or assisting people with care. The service had applied for Deprivation of Liberty Safeguards for people as all required assistance when out in the community.

Is the service caring?

Good

The service was caring. People were treated with dignity and respect.

Care staff interacted in a caring and kind manner with people who used the service. Relatives we spoke with said the service was caring.

Care and support plans were developed, however relatives would like more involvement in their relative's care.

Is the service responsive?

Good

The service was responsive. People and their relatives knew how to make complaint.

People participated in various activities in the community.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service had a whistleblowing policy in place, however, not all staff felt able to approach senior management and knew who they could report to outside the service.

Quality assurance systems were in place to monitor the quality of the service. These were not always effective in identifying issues relating to for example, medicine management and records relating to people who used the service.

Although the provider had taken some action, they failed to notify the Commission of notifiable incidents involving a fall and unexplained bruising.

Willow Community Care

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 inspection took place on 28 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector who visited the provider's premises and an expert by experience who spoke with people on the day of our visit and telephoned relatives of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a 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 reviewed all the information we held about this service, including all notifications received.

At the time of our inspection there were four people using the service. We spoke with three people who used the service and three members of staff, including the registered manager and deputy manager for the service. We looked at documents and records that related to people's care and the management of the service. We looked at three people's care and support plans, risk assessments and monitoring tools. We reviewed personnel files for three staff members.

Requires Improvement

Is the service safe?

Our findings

One person using the service said, "Yes," to the question of whether they felt safe. Relatives told us, "Yes I feel my sister is safe," another relative responded, "Yes," to the question of whether they felt their relative was safe using the service.

Staff had knowledge of the different types of abuse people might experience and was aware of signs to look out for indicating abuse. Two staff members told us that they had received safeguarding training and told us that they would report any concerns in the first instance to their manager. Another staff member told us they would go straight to the person's social worker or CQC as they were not confident that their concerns would be addressed. Staff were aware of the whistleblowing policy but not all staff could tell us who they would report to should they wish to report concerns outside the service. We noted that an incident of unexplained bruising in October 2016 had not been reported to safeguarding authority or CQC as required by law. The deputy manager told us that he was satisfied that appropriate action had been taken as the person in question was prone to falls and bruising as they often bumped into things. The registered manager took immediate action to address this.

There was a system in place for managing people's finances. The deputy manager told us that they had introduced a new system for checking balances and receipts. However, we found that one receipt required further checking as this included a payment for a staff members meal when out with people using the service. The deputy manager told us that she would speak to the staff member concerned as this was not normal practice. Following our inspection the registered manager told us that appropriate action had been taken to address this concern, including formal supervision with the staff member involved. There was a finance policy in place, this gave details of how staff should support people to manager their monies.

We reviewed the provider's recruitment processes. We saw that the service undertook Disclosure and Barring Service (DBS) check before staff started work. The DBS is a national agency that holds information about criminal records. Files contained application forms and interview notes. However, we found gaps in two of the three records reviewed, references for one staff member were not on file and no documentation for proof of identification for another staff member. The registered manager told us that he had recently become responsible for staff recruitment files and had planned to audit personnel files by the end of March 2017. We could not confirm that all the necessary safety checks had been completed by the service to ensure that staff employed were safe to work with vulnerable people. Following our inspection the registered manager these documents had been misplaced in a separate file awaiting the completed DBS certificate. All references and accompanying documentation were now correctly filed.

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Medicines were stored safely and securely. We reviewed MAR charts for three people using. We saw that one person who was prescribed cream to be applied twice a day had not been signed on 27 November 2016. The deputy manager said the staff member would have applied the cream. She told us that this was a bank staff member and she would be taking this up with the staff member concerned. Protocols for PRN 'as required' medicines were not in place. There was no clear care plan in place detailing when the medicine should be used and what signs staff should look out for when deciding to administer PRN medicines. This meant that people may not have received their medicines when they needed them in a consistent way. The deputy manager told us that she was responsible for medicines audits. We saw that a medicines audit carried out in November 2016 identified issues with MAR charts, however this had not highlighted the lack of protocols for PRN medicines.

There was a covert medicine policy in place. This gave guidance to staff about the actions to take when administering covert medicines. The deputy manager told us that medicines were administered covertly to one person using the service. The registered manager told us that a best interest decisions had been made with the GP and the person's family member.

We reviewed the accident and incident book and noted that the most recent incidents related to falls. We saw that an incident involving one person who sustained a head injury following a fall had not been appropriately acted upon. This person was also prescribed Warfarin, therefore the risks following a fall would increase their risk of internal bleeding. Medical advice regarding the use of Warfarin states that people prescribed Warfarin should 'seek urgent medical attention' if you 'have a fall or accident' or 'experience a significant blow' to the head. The staff member on duty informed the on call manager that the person had a small graze to their head and toes. The deputy manager who was on call told us that the bleeding had stopped and they had advised the staff member to monitor the person until the shift had finished, if any changes to health the emergency services must be contacted. When the deputy manager came on duty the following day staff on morning duty noticed that the person was unable to bear their own weight and their knee was inflamed; the emergency service was immediately contacted and the person was put on observations for 24 hours.

The registered manager told us that they had investigated the above incident and was satisfied with the actions taken by the on call manager. However, the service did not have a risk assessment in place indicating the person's risk of falls and risks associated with administering Warfarin medicine. The provider had not taken appropriate action to ensure that the person received appropriate care in relation to their health condition. This put the person at risk of receiving unsafe and inappropriate care and treatment. The registered manager told us that lessons had been learnt from this incident and following our inspection he submitted a mobility risk assessment. This outlined the risk of the person being unstable on his feet and the actions staff must take to minimise the risk of a fall.

We concluded that the above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care files contained completed risk assessments which had recently been reviewed. Risks identified included risks whilst out in the community, road safety, using public transport, managing finances and choking. Staff were able to tell us about some of the risks to people using the service. Staff had signed a form

demonstrating that they had read and understood risks for each person.

The registered manager told us that staffing levels were based on people's individual needs. He told us that there was always a senior member of staff on duty at the service. Where people had appointments or had to attend activities in the community staffing would be adjusted to ensure that people were able to go out. The registered manager and deputy manager was hands on and formed part of the rota to assist staff when taking people out in to the community. On the day of our inspection we saw that the deputy manager was very hands on when taking care of people and saw that she took one person out in to the community. The registered manager told us that lone working started in July 2016 when the number of people using the service had reduced to three. We saw that the provider had a generic lone working risk assessment which identified the risks of working alone and the actions staff must take in the event of an emergency. This included contacting the emergency services and the on call manager.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. Staff understood the importance of asking people for their consent before providing care and treatment. One staff member told us that they always asked people what they would like to wear, what they wished to eat and always gave people choices and asked their consent before supporting them. However, consent in relation to covert administration of medicines to one person had not been sought. The deputy manager told us that she was in the process of arranging for a local pharmacy to review medicines management and deliver training.

We saw that the registered manager had submitted DoLS applications to the local authority for people where their liberty had been restricted. Some people were subject to continuous supervision and control for their own safety. We saw evidence that the registered manager had monitored the progress of these applications. The registered manager told us that managers were trained in the MCA and DoLS, support staff had yet to receive training. We noted that this had been discussed in staff supervision for one staff member. Not all staff had received recent training in safeguarding and DoLS, but we noted that training for staff in MCA and DoLS was planned for February 2017.

Staff joining the service had completed an induction programme before working alone with people using the service. Staff and records confirmed that they had received supervision and a yearly appraisal. Staff had received training in areas such as, dysphagia awareness, dementia, health and safety and moving and handling.
However, records showed that staff training was not consistently delivered. For example, training in areas such as, basic food hygiene and specialist training in epilepsy had not taken place since 2012 and 2011.Records for one staff member showed that they had not received training in areas such as medicines administration since November 2007 and food hygiene and health and safety since April 2010. We received mixed feedback from staff about how well they were supported. Some staff told us they felt supported by their managers whilst others felt less supported in their job and had not received training for a number of years. We saw email evidence that the registered manager had approached the director regarding refresher training in mandatory areas. We saw that training planned for 2017 included dysphagia awareness, supporting people living with dementia and end of life care. Medicine administration competency assessments had not been carried out to ensure that staff were still competent to administer medicines. Staff had not received sufficient training and support to effectively carry out their role.

We concluded that the above was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs were met. On the day of our visit we saw that people using the service were having breakfast when we arrived. We saw that one person who was on a special diet to manage their weight had a healthy eating plan in place. This was displayed on the kitchen wall. We asked one person whether they liked the food, he said, "It's fishcakes tonight." They told us they liked fishcakes. In the kitchen there was one cupboard allocated to each person which contained the foods they liked. Staff had knowledge of people's likes and dislikes.

People were referred to healthcare professionals as necessary. A relative told us, "When my [relative] had a bad cold I was told that [relative] went to the doctors, I like being kept informed but would like to know more." We saw evidence on care files of appointments with healthcare professionals, including dentist, GP, opticians, podiatrist and speech and language therapist for people experiencing swallowing difficulties.

Good

Is the service caring?

Our findings

Relatives told us that they felt their relatives were well cared for. Comments from relatives included, "My [relative] always seems cared for, when I visit he always seems happy and the staff are very caring towards him" and "As far as I can see my [relative] seems to be well taken care of. The staff always are really accommodating if any relative comes to see [them]". In response to asking one person whether they were happy living at the service, they told us, "Yes."

We observed some good interactions between staff and people who used the service. People were engaging in conversation with staff and there were plenty of smiles and laughter. People's independence was encouraged and we saw that people were encouraged to go out in the community. On the day of our visit two people attended a day centre and another person went out to the shops with staff support. One person told us they liked shopping and showed some of the things they liked to buy.

The environment was clean and tidy and people were well presented. People's bedrooms were personalised and were neat and tidy with personal effects, such as photographs, posters and other personal belongings. We asked people whether they liked their rooms and they told us, "Yes." They also told us that people living in the house were kind to them.

Care plans were in place and had been reviewed. People's preferences such as times for waking up and likes and dislikes were recorded in their care plan. People's cultural and diverse needs such as traditional Caribbean food, were recorded in their care plans and people supported to attend their place of worship.

Each person had a health action plan and hospital passport which had been reviewed and updated. This provided up to date information about people's health needs, medical appointments attended and health reviews. We saw that people had attended an annual health check in June 2016 and July 2016. Personal evacuation plans were also in place.

Good

Is the service responsive?

Our findings

Relatives told us that they felt able to raise a complaint or concern with the registered manager. One relative told us, "I have never raised a complaint but would feel safe raising a complaint." Another relative told us, "The only thing I have been unhappy with is the turnover of staff….I did tell them [staff] at the time and it all seems to have settled now."

Although relatives felt their relative was well looked after, they told us that they would like to be kept more informed about how their relatives were doing. This included being kept up to date with activities their relatives had participated in and being provided with a copy of the care plan. One relative told us that they would like to know more about what their relative does, but felt they were "Well looked after." The registered manager told us that relatives were encouraged to be involved in their relative's care.

People took part in various activities and their independence encouraged. On the day of our inspection we saw staff asked one person where they were going, they said "Monday club." We asked the person what they did at the Monday club, they replied, "I go dancing," they told us that they liked dancing. Another person told us, "I go to Monday club on a Monday, bowling and dancing sometimes." A third person enjoyed going shopping to buy their favourite foods and personal shopping. We observed this took place on the day of our inspection. This was also confirmed by the person who told us they liked shopping and recorded in their care plan. We saw that staff encouraged people to clear their plates after breakfast and get ready for the transport to take them to the day centre. Relatives felt that activities could improve, for example having a Christmas party that family could be invited to.

Daily hand over records detailed activities carried out by each person using the service. . However, we found a number of gaps where these had not been completed. The deputy manager told us that the format would be changing in January 2017 to make these more person centred. Staff would document activities as they went along and the time recorded. The new format would include people's choices for what they wanted to wear, when and what they ate, fluid intake. Medical appointments would be highlighted.

We saw that the service had a daily diary and communication book. This allowed staff to document details of people's medical appointments and any changes or concerns to be noted or followed up.

There was a complaints procedure in place. We reviewed complaints records held by the service and saw that the last complaint recorded was in 2010. We noted that a service monitoring audit completed in April 2016 stated that a complaint had been received and investigated to a satisfactory conclusion. Relatives told us that if they had any concerns they would feel comfortable approaching the registered manager or staff, knowing that this would be addressed. One relative told us, "I have never raised a complaint but would feel safe raising a complaint." Another relative told how they had raise a complaint which had been addressed.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had been in post since January 2015. There was a management structure in place with clear lines of responsibility. We were shown a list which documented key areas of responsibility for the registered manager and deputy manager. This was broken down into annual, six monthly, monthly and weekly activities. These covered areas such as, review of care plans, yearly health checks, audits of finances and menu planning.

Staff comments about the way the service was managed included, "Not bad, managed fine," and "The new manager was okay."

Relatives completed a satisfaction survey in November 2016. We saw that there was a response from one relative who described the attitude and general manner of staff as, "Excellent." Relatives confirmed that they had completed a feedback questionnaire in November 2016.

Providers are required by law to notify CQC of significant events that occur in their care services. This allows CQC to monitor occurrences and prioritise our regulatory work. The service had not reported a notifiable incident involving a fall which resulted in the person being admitted to hospital and an incident of unexplained bruising. We asked the provider to submit these in retrospect. The service did not have a written accident and incident procedure for staff to follow. The registered manager told us that they had commissioned an organisation to review their policies and procedures.

We concluded that the above was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Records relating to people's care and treatment were not always accurate or up to date. Files contained out of date information. For example, 'medication profile' dated August 2014, which the registered manager told us no longer applied. Consent to care and treatment for people signed in April 2008. Daily handover records were not always completed, therefore we could not confirm what activities took place and whether people received care and treatment in accordance with their plan of care. The service did not always follow their records and record keeping policy.

Service monitoring audits were carried out by the operations director and the registered manager on a monthly basis. We saw that the last recorded audit took place in April 2016. The registered manager told us that he had been given verbal feedback from audits carried out in October and November 2016. There service also carried out external audits three times a year and had been visited by the local authority contract monitoring team. Service audits covered areas such as, health and safety, medicine management and people's finances. However, systems were not effective in ensuring that all care records relating to people using the service were accurate and up to date, risks were appropriately assessed.

We concluded that the above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not reported a notifiable incident involving a fall which resulted in the person being admitted to hospital and an incident of unexplained bruising. Regulation 18 (1)(2)(a)(b)(e)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that safe care and treatment was followed in relation to risk management, staff recruitment and ensuring the proper and safe management of medicines. Regulation 12(1)(2)(a)(c)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; accurately and completely maintain records in respect of each service user. Regulation 17(1)(2)(a)(c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff employed by the service did not receive

sufficient training to enable them to carry out the duties they were employed to perform. Regulation 18 (1)(2)(a)