

Milewood Healthcare Ltd

Willow Tree House

Inspection report

Calf Close
Haxby
York
North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
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

About the service:

Willow Tree House is a supported living service that was providing personal care to 20 people with a learning disability, autistic spectrum condition or mental health needs at the time of the inspection. The service supports people at two sites in York; one in Haxby and another in Heworth. At both of these properties people have a tenancy agreement and their own flat.

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.

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

People received a safe and responsive service, but aspects of record keeping required improvement. In particular, records in relation to the Mental Capacity Act which had not been addressed since our last inspection. There were also some anomalies and gaps in other records, which had not been effectively identified and addressed by the provider's quality assurance system. This meant there was a risk staff may not always have all the accurate information they needed to support people effectively.

We have made a recommendation in this report in relation to quality assessment and monitoring.

People were satisfied with the service and told us they were safe and happy. Staff were aware of risks to people's safety and acted to mitigate these. Systems were in place to ensure people received their medicines as prescribed, but there were some minor recording issues which the manager agreed to address.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way, but records needed to improve to evidence this more clearly. People were supported with their health needs and had regular health checks. They had access to healthcare professionals when needed.

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.

People told us staff were kind and respectful, gave them privacy and involved them in decisions. People's independence was promoted; the amount of support each person received was tailored to their needs. People accessed activities in the community, independently or with the support of staff.

Staff received an induction and supervision. The manager was taking action to bring refresher training up to date for all staff. Staff felt supported and told us the team worked well together. People, staff and visiting professionals spoke positively about the manager.

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

Rating at last inspection:

At the last inspection the service was rated good (published 12 April 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always 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 was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Willow Tree House

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. 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 was conducted by two inspectors on the first day of inspection and one inspector on day two.

Service and service type

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. 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 12 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at home to speak with us.

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 who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with seven staff, including the registered manager, manager, deputy manager, nominated individual and three care workers.

We looked at records related to people's care and the management of the service. We viewed four people's care records, medication records, two staff recruitment and induction files, training and supervision information, staff rotas and records used to monitor the quality and safety of the service.

After the inspection

We continued to review evidence from the inspection and spoke with two visiting healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed and mitigated risks to people's safety and wellbeing.
- People told us they felt safe. Staff were aware of risks to people's safety and well-being.
- Staff completed risk assessments in relation to people's individual needs and reviewed them regularly. This included detailed behaviour management plans.
- There was a system for recording any accidents or incidents. Incident records were reviewed by the management team to identify any further action required.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and information about the local authority's policies and procedures. They referred concerns to the local authority safeguarding team when required.
- Staff received safeguarding training and were aware of signs of potential abuse.

Using medicines safely

- The provider had a system to manage medicines safely. People confirmed they were satisfied with the support they received with their medicines and told us they had access to pain relief medicine if they ever needed it.
- Staff received medication training and their competency was assessed.
- We identified some minor recording errors, such as the inconsistent use of recording codes on some medication administration charts, plus an error on a topical medication chart. The manager agreed to address these straightaway.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- There were some staff vacancies and agency staff were used to maintain safe staffing levels when needed.
- People told us there were enough staff available and one confirmed, "Staff help me when I need it."
- Recruitment checks were conducted to ensure applicants were suitable to work with vulnerable people. There were minor record keeping issues in two files. The registered manager agreed to ensure greater attention with these.

Preventing and controlling infection

- Staff used personal protective equipment when required, such as disposable gloves and aprons. The provider's audits included checks of infection control practice.
- Staff supported people to maintain a clean environment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- Record keeping in relation to the MCA required improvement.
- At our last inspection, mental capacity assessments were not always properly completed and the provider advised us these would be re-done. At this inspection, the paperwork had not improved; inaccurate and unnecessary paperwork was still in people's files.
- The provider advised us one person required a DoLS authorisation from the Court of Protection and this application was being completed by the person's social worker. We discussed ensuring the service maintained a record of their contact with the social worker about this, to evidence this process was being actively pursued.
- In some cases, the provider retained evidence where someone had a lasting power of attorney, to show the representative's scope of authority to make decisions on a person's behalf. However, this was not consistent; in one case the provider was unclear what legal authority a family had. They agreed to request this information straightaway.
- Staff sought people's consent before providing care. One person confirmed, "If I didn't want staff to do something they would listen."

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

- People told us staff supported them to prepare their own meals and offered them choices.
- Information about people's nutrition and hydration needs was recorded in their care and support plan.
- Staff supported people with their dietary needs, but food and fluid intake charts were not always consistently completed, making accurate monitoring difficult. The manager agreed to remind staff about accurate recording and totalling the fluid levels consumed each day, where this was required.

Staff support: induction, training, skills and experience

- Staff received an induction, training and supervision.
- Staff were satisfied with the training they received and confirmed they could request additional support or training if they needed it.
- There was a training matrix to enable the provider to track when any refresher training was due. Some staff were overdue their refresher training in some areas; the registered manager advised us of the dates these courses were booked. They had also issued some new training booklets for staff to complete.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- People had access to a range of health and social care professionals.
- People were supported to have an annual health check, medication reviews and dental appointments.
- Information about people's health needs was available in their care and support plan. In most cases this also included information for other services, should the person need to go into hospital. This documentation had yet to be completed for one person; the manager confirmed this would be completed with the person.

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

- Systems were in place to assess people's needs, so staff knew how to support them.
- There was some information available at the service about legislation and best practice.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People told us, "Staff are kind" and "Staff are good; they are nice and have a laugh." Another person commented, "They (staff) are nice to me and kind. They help me when I need it. They sit and talk to me."
- A visiting professional confirmed staff treated people with respect.
- The provider had an equality and diversity policy and staff respected people's diverse needs.

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

- Staff offered people choices and involved them in decisions. This included support to make decisions about activities and personal goals.
- 'Speaking out' meetings took place to discuss issues affecting people. People took part in their individual review meetings.
- People could access independent advocacy support. An advocate helps people access information and services involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff described how they maintained people's dignity, and this was confirmed by people we spoke with. People told us they had privacy in their flats. One person commented, "I tend to prefer to leave my door open. Staff always knock on the door, even if it's open. They wouldn't come in without me saying they could."
- Staff promoted people's independence. People told us they did their own cooking, laundry and cleaning or got help from staff with these tasks if needed. People received a set amount of support hours each week, according to their needs and independent living skills. One person told us, "I cook and staff support me. I choose my meals; I tell them what to get. Me and staff clean." Another told us they had, "A lot of freedom."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Support was tailored to people's needs and preferences.
- Each person had a care and support plan with information for staff about people's preferences and how to support them. These were regularly reviewed. There were some minor anomalies and gaps which the manager agreed to address.
- People told us they were happy with the support staff provided.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care and support plan. This was available to share with other services if required.
- Some staff had received Makaton (signing) training.
- Certain information was available in easy read or pictorial format, but there was opportunity to develop a greater range of accessible information.

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

- People told us they could spend time however they chose and took part in a range of activities. This included day activities, education and voluntary work.
- One person told us, "I like going shopping and going out." Other person had recently achieved a qualification and was aiming to use their training for voluntary work at a local charity.
- People were supported to maintain contact with relatives and develop friendships. This included support to build positive relations with tenants in the other flats. One person told us, "Every other weekend we put some money in and cook a meal together. Sometimes get together to play games in one of our flats."

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The provider had discussed end of life care preferences with those people who wished to share this information. The manager told us how they would work with healthcare professionals to ensure people's needs were met.

- There was some easy read information available at the service about dealing with grief.

Improving care quality in response to complaints or concerns

- Information was available for people about how to raise a complaint.
- People confirmed they could raise any concerns with staff or the manager.
- There was a system for recording complaints and how these had been investigated and responded to.
- In one case where relatives had raised some concerns about care, similar issues had later re-occurred. The manager was taking action to address this with staff.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The management team and staff were made aware of their roles and responsibilities in team meetings, shift plans and supervision.
- The registered manager notified CQC of incidents that occurred at the service, as required by law. They also understood requirements in relation to the duty of candour.
- The quality assurance system in place required improvement. Whilst some issues were identified in audits, the checks in place had not been effective in addressing the concerns about MCA records, which had continued since our last inspection. They had also not identified or fully addressed the record keeping inconsistencies we found in recruitment and medicines records and aspects of care plans. The nominated individual confirmed they were developing a new quality assurance and auditing system, which would be more tailored to the nature of the service (supported living).

We recommend that the provider consider current guidance about quality assessment and monitoring and update their audit processes accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the management of the service and told us morale within the team was good. Comments included, "We work really well as a team, pull together" and "You can go to [Manager] and [Registered Manager] with anything you need. They are approachable and very supportive."
- Values and expectations were discussed at team meetings.

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

- The provider gathered survey feedback from people, relatives and visiting professionals about the service. People could give their views in 'speaking out' meetings.
- The equality characteristics of staff and people who used the service were considered when delivering the service.
- Staff had opportunity to provide feedback and told us they felt listened to. One staff member told us the registered manager and manager were, "Always up for listening to new ideas. If you want to try something

new such as activities, they let you."

Continuous learning and improving care

- The registered manager and manager expressed commitment and enthusiasm to develop and improve the service, but opportunities to learn from feedback from the last inspection and local authority quality monitoring visits had not been consistently taken. Issues highlighted at our last inspection had not been fully resolved.

Working in partnership with others

- The provider worked with other organisations and healthcare professionals to meet people's needs. People were supported to access community groups and facilities.
- One visiting health and social care professional told us there had been difficult relations between staff and relatives in one case, but the manager was working with them to address this. Another professional confirmed they had regular contact with the manager and described them as "A good manager."