

New Boundaries Community Services Limited

The Willows

Inspection report

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Date of inspection visit:
27 April 2018

Date of publication:
05 June 2018

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

The Willows is a care home providing support for up to nine people with a learning disability and mental health support needs. The service consists of three separate three-bedroom bungalows, each with their own communal kitchen, living room and garden.

At our last inspection on 6 November 2015, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

There was a Registered manager in post who was currently on maternity leave. 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. At the time of our inspection, an interim manager who was a senior member of staff at another of the provider's registered locations, was responsible for running the service.

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There was enough staff to keep people safe and meet their needs.

People's care and support needs had been assessed which was reflected in support plans. The care provided by staff was in line with this.

Staff were competent to carry out their roles effectively and had received training that supported them to do so. People were supported to eat freshly prepared meals, and their individual dietary needs were met. People were able to access and receive healthcare, with support, if needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect and were able to lead their lives with high levels of independence. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People and their relatives were confident that they could raise concerns if they needed to and that these

would be addressed. People were able to access a range of activities of their choosing which they enjoyed.

The manager ensured that the home was well run. Staff were committed to the welfare of people living in the home. Staff were motivated and worked together with strong teamwork and high morale.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Willows

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 27 April 2018 and was announced.

We gave the service 24 hours' notice of the inspection visit because The Willows is a small care home and provides support to people who are often out during the day. We needed to be sure that they would be in. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We looked at the Provider Information Return (PIR). This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we spoke with people, observed how were being supported and how staff interacted with them.

We spoke with four people living at the service. We also spoke with five members of staff including care workers, a team leader and a newly appointed interim manager who was covering for the register manager's maternity leave. We contacted several community professionals that supported people living at The Willows for their view on how the service was run, and received feedback from three of them. We checked two people's care and medicines administration records (MAR). We also looked at records and audits relating to how the service is run and monitored, including recruitment and training for three staff and health and safety records relating to the service.

Is the service safe?

Our findings

The service remains safe.

People told us they felt safe, with one person saying, "The staff are fantastic, they work really hard and help me to keep myself safe. Any problems, I go to them." Another person said, "I definitely feel safe."

There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff were able to describe to us the types of abuse people were at risk from, and what they would do if they were concerned.

The risks involved in delivering people's care had been assessed to help keep them safe. These risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. Examples of risk assessments relating to personal care included people's mobility, nutrition, mental health support needs and medicines. These records had been regularly reviewed and updated. We received feedback from one community professional regarding some concerns they had raised in the recent past about the detail of one person's risk assessments for community-based activities. They went on to tell us that this feedback had been received openly by the manager, and that positive improvements had been made as a result.

Staff attended and contributed to a handover meeting between two teams at the beginning and end of their time at work. Any changes that had occurred in people's needs during that period, were shared and discussed. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out in relation to the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from the risks of any unnecessary hazards.

There were enough staff to meet people's needs and people we spoke to confirmed this. People living at The Willows all received support from an allocated member of staff throughout the day. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the home. Any staff shortages were covered using staff from the provider's own temporary staff agency. This ensured that staff supplied to the home were familiar with those people who lived there, and had a good understanding of their needs.

People received their medicines when they needed them from staff who were competent to provide this. Staff completed daily audits of stock and daily checks of records. These records showed that people had received their medicines when they needed them. People told us that they had consented to the service

managing and administering their medicines on their behalf. The manager told us that they planned to move the storage of medicines from a central location within each bungalow, to safe storage within people's own bedrooms. This would allow a more person centred approach to medicines management.

We saw the service was very clean throughout. People were supported to keep the home clean by staff who were supportive in promoting this as an area in people being independent. The manager had procedures and checks in place to maintain infection control.

The manager showed us how they had a system in place to learn from any accidents or incidents, to minimise the risk of reoccurrence. This meant the feedback and analysis of where things went wrong was used to make improvements to people's care.

Is the service effective?

Our findings

The service remains effective.

People told us their needs were assessed before they started living at The Willows. One person told us that they met with staff to discuss their care and support needs and were confident that the service would meet these. This helped them make the decision to choose The Willows as their home. Staff told us they received guidance and information about people's needs and worked very closely with community professionals. This information was included in people's care plans.

The manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. Staff celebrated people's ethnicity and cultural identity and supported them to follow their faith. One person was actively supported to be a regular member of their church. People were supported with those aspects of their lives by staff who understood their responsibilities and people's rights.

Staff told us they had completed the provider's mandatory training and were supported to identify their own training needs. This included undertaking nationally recognised qualifications in providing care and support for people. Staff told us that they received a comprehensive induction when starting work at The Willows. This including an extensive period of six weeks whereby they were supernumerary to the usual compliment of staff on duty. This allowed them to develop relationships with people and gain an understanding of their needs. A staff member told us, "I really got to know people and form a bond." They also told us that they received a lot of support from existing staff during their induction. They said, "I got phenomenal support, their [staff's] knowledge base is amazing." Training was a mixture of on line training and practical face-to-face training depending on the subject matter.

Staff told us supervision sessions to support them in improving their performance were regular and they felt well supported. This support consisted of an annual appraisal of their performance, an interim review of this, and direct observations of their practice.

People were encouraged supported to shop for and cook their own food. They received advice and guidance from staff in making health lifestyle choices. One person told us, "Staff help me with eating healthily, they help me with portion sizes." Where people were at risk of not eating enough to remain healthy, senior staff had liaised with community professionals to obtain their input and support. If required, people's weight was monitored so that any detrimental changes to their welfare could be addressed.

People told us how staff organised for them to have their health care needs met and arranged health care appointments for them. We saw that people received support from occupation therapists, nutritionists and dieticians. Staff spoken with were able to tell us about people's individual health care needs and how they were addressed. We saw positive feedback from quality questionnaires sent to community healthcare professionals, including one that stated that there had been, "Excellent" work by staff at The Willows.

People were supported to live healthier lives, and received encouragement from staff to do this. This included space for people to have boxing equipment so that they could exercise in their preferred way, and exercise plans for people giving them a structure to follow, which motivated them.

Space in the home was ample and enabled people to socialise with others or spend time privately if they wished. The gardens were accessible and all people had their own bedroom. The home consisted of three separate bungalows, each with three bedrooms, communal living room and kitchen.

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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Consent to care and treatment was sought in line with legislation and guidance. People had been assessed for their capacity to consent to specific aspects of their care. When people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's. DoLS applications had been made appropriately where required.

Is the service caring?

Our findings

The service remains caring.

People told us that staff were kind and caring. One person said, "The staff are really good, they talk through any problems, they listen, they ask you if you've had a good day, I like living here." Another person told us, "I love it here, I get to go places, I have fun with the staff." We saw positive interaction between people who used the service and staff when we visited.

Staff understood their role in providing people with compassionate care and support, which included promoting people's dignity. People's choice to spend time alone in their bedroom was respected by staff. One person said, "Staff are always respectful." Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

We asked people how they were involved with the running of the service and they told us they were regularly consulted and listened too. People were able to complete an annual satisfaction survey, which was provided in alternative formats to ensure they were able to access and complete it.

People were consulted about the care they needed and how they wished to receive it. One person said, "I sit down with my keyworker every month and we go through my care plan." The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. People were able to request preferences about how their care was delivered, including the times at which they received their support.

Staff respected people's privacy and ensured they did not share any information about people where they could be overheard. Staff told us how important it was to maintain confidentiality about people's support needs and they were sensitive in ensuring people's privacy. We observed staff knocking on doors and waiting to enter during the inspection, which demonstrated respectful practice.

People were encouraged to maintain their independence, and staff were clear about what level of support people needed. People living at The Willows had been supported by staff to look for employment opportunities, including voluntary work in their community. Some people used the services of an advocate, and staff were enthusiastic and proactive in supporting this.

Is the service responsive?

Our findings

The service remains responsive.

People told us that they had been included in the planning of their care. This had helped them to improve or maintain their lives in their own home. Prior to providing any support, the service undertook a detailed assessment to determine if it could meet the person's needs. The assessment had been used to write a support plan, which was updated appropriately. The person-centred support plans included details of people's likes, dislikes and preferences. They had been written in conjunction with the person and had been signed by people where they were able to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the care to the person as they wished.

People received support which was personalised and responsive to their individual needs. The care plans were written in a positive and person-centred way for example focusing upon what the person could do for themselves and what they person required assistance with.

The daily records we reviewed showed people's needs were being appropriately met. All the people we spoke with said that the staff completed daily notes each day. Staff recorded when people accepted or declined an activity or support, or wished to do something different. This helped staff monitor people's preferences, mood and wishes.

People were able to engage in a flexible programme of activities that they had worked with staff to create. Many of these activities were community based away from the home, which people said was important to them. People were supported to go on holiday by staff and said that this was always an enjoyable experience.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff, or the manager, if they had a concern or wished to raise a complaint. One person told us, "Any concerns I have I go to the office, I've had a couple of problems with other people, they [problems] got sorted out." People told us that action had been taken when they had raised a concern or complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the manager would deal with any given situation in an appropriate manner. We also saw that many compliments had been received by the service, one community professional had written to say, "The Willows continues to provide a good, consistent, safe and responsive service for my client."

At the time of our inspection, the service was not supporting anyone that was terminally unwell. However, staff had considered that people, through their choice, may wish to stay with the service when they were extremely unwell. The view was to work with other professionals should this situation occur to support the person as per their choice.

Is the service well-led?

Our findings

The service remains well-led.

People told us that the home was run well, one person said, "[Manager] is very good."

The service had a registered manager who recently registered with the Care Quality Commission. 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. At the time of our inspection, the registered manager was on maternity leave. The home had an interim manager, who worked in a senior role at one of the registered providers other services. They told us that they had received a planned handover before starting work at The Willows.

Staff told us that the interim manager had made a positive impact since their arrival. One staff member said, "[Manager] had big shoes to fill when they arrived, but she has done a fantastic job." Another staff member told us, "There was a smooth changeover between [registered manager and manager]. She is making lots of improvements, she is a mentor to staff. We work as a good team."

The manager was visible throughout the home and accessible to staff and people that used the service. Staff told us that morale and teamwork was strong. A staff member said to us, "Managers are good at getting back to me, I can talk to them, there's a good team spirit, the team are supportive and problem solve together." The manager told us that they enjoyed working at the service, and had identified areas to enhance the service provision. A key area they wanted to develop was supporting people to improve their health, and lead healthier lifestyles through access to information and support.

Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the manager was not present, there was always a senior member of staff on duty with designated responsibilities. We saw that the rating of the last inspection was on display and could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse or serious injuries.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the manager would take appropriate action.

The provider and manager used various ways to monitor the quality of the service. For example, they checked on people's care plans and daily records to ensure they were completed accurately. This meant they could be assured people were receiving the care they needed. The manager completed monthly checks

on a range of areas within the home. These included monthly infection control audits, checks on people's medicines and health and safety. We saw these audits were identifying areas for actions and these were taken promptly.

We found the manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The staff team had regular opportunities to discuss people's care and they had handover meetings at the start of each shift. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.