

Hammonds Way Ltd

Willow Brook

Inspection report

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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

We carried out an unannounced inspection of this service on the 23 August 2017.

Willow Brook provides personal care and support for adults with a learning disability, a mental illness and/or other health conditions. The home is a purpose built building on one level with each person having their own room with ensuite shower facilities. There is a communal lounge and kitchen/dining area for people to use and a bathroom for people who choose to have a bath rather than shower. At the time of our inspection there were five people living at Willow Brook.

There was a registered manager in place. 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.

Although the registered manager sought feedback from people, staff and external professionals to ensure the continual improvement of service provision, the registered manager did not always follow up on the actions with regards to staff training in a timely manner.

People were kept safe from potential abuse and avoidable harm by staff who knew them well. Staff were able to demonstrate a good knowledge of how to recognise the signs of abuse and how to report this appropriately. The provider supported staff to keep people safe by providing mandatory safeguarding training.

The provider followed safe recruitment practices to ensure that those working in a care setting were suitable. There were enough staff employed to keep people safe.

Medicines were stored managed, disposed of and stored securely.

Detailed risk assessments were in place and tailored to each person to mitigate any potential risk of harm to people and staff.

Staff were mostly up-to-date with mandatory training updates which enabled them to care for people effectively.

Staff were supported by regular supervision, well-being checks and group work and an annual appraisal.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and gave good examples of seeking consent when providing personal care and support. Deprivation of Liberty Safeguards (DoLS) applications were all completed thoroughly with a robust system in place to renew applications when required.

The service supported people to maintain a healthy and balanced diet. People actively contributed towards their meal choices and were supported to engage in cooking meals if they wished. People were encouraged and supported to access health and social care professionals when required.

People developed warm relationships with their support workers who knew people well. Staff spoke in a caring and positive manner about people living at Willow Brook and demonstrated pride in the outcomes achieved by people living at the home.

Support plans were detailed and personalised. Each care plan was available in easy read format to support people in being able to contribute towards decisions about their care and treatment. There was evidence of support plans having been reviewed regularly.

People's privacy and dignity was supported at all times with an emphasis on ensuring that people maintained their independence and had choice in relation to their care, environment and the activities they engaged in.

There was a complaints policy in place which was also available in easy read format for people living at the home and kept in the communal lounge. Evidence showed complaints were dealt with in accordance with policy.

The culture of the home was very caring and supportive which had been introduced and maintained by the registered manager. Staff spoke positively of the management team. The registered manager promoted staff well-being by introducing a number of processes to ensure staff felt valued. Meetings were held to encourage people and staff to discuss any issues they may have and for the management team to share best practice and learning from incidents.

There were quality auditing and management systems in place to ensure that any areas of improvement were identified and acted upon and to maintain best practice throughout the home.

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.

Staff demonstrated a good knowledge of how to protect people from abuse and avoidable harm.

Safe recruitment practices were followed to ensure employees were suitable to work in a care setting.

Detailed risk assessments specific to the person were completed to ensure that guidance to mitigate the identified risks were available to keep people and staff safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Mandatory training was not always completed in relation to managing behaviour that challenges.

DoLS applications had been completed fully and appropriately with a robust system in place to manage the renewal of applications.

People were encouraged to maintain a balanced and healthy diet and were supported to engage in cooking activities. Menus were available in easy read format.

People were supported to access health and social care professionals as and when required.

Is the service caring?

Good ●

The service was caring.

Staff knew people very well and demonstrated caring, positive relationships with people.

People were actively encouraged to contribute to decisions about their care and treatment.

Staff gave good examples of respecting people's privacy and

dignity and promoting peoples independence.

Compliments were received from external professionals which were very positive.

Is the service responsive?

Good ●

The service was responsive.

Support plans were very personalised and detailed. They were available in easy ready format to ensure people could engage in future reviews regarding their care and support.

People engaged in activities tailored to their own interests and preferences.

There was a complaints procedure in place which was also available in easy read format and kept in the communal lounge.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The registered manager did not always follow up on actions regarding staff training needs in a timely manner.

The registered manager cultivated a warm and caring environment where people and staff felt valued. Staff spoke highly of the management team.

There were robust quality auditing and management systems in place to ensure continual improvement and development.

Meetings were held for people and staff to encourage them to express their views about the service.

Feedback about the service was sought through questionnaires from people, staff and external health and social care professionals.

Willow Brook

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 checked 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.

The inspection took place on 23 August 2017. It was an unannounced inspection. The inspection team consisted of two inspectors. This was the first inspection of the service since their registration.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents the registered provider had sent to us prior to the inspection. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed a provider information return. 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.

During the inspection we observed care and support being delivered by staff within the communal areas of the service. People who lived at Willow Brook were not always able to verbally express their views about the care and support they received.

We spoke with nine members of staff including; the registered manager, deputy manager, lead support workers and support workers. We spoke with three external health and social care professionals during our inspection.

We reviewed three care/support plans during our visit and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for four staff members.

Is the service safe?

Our findings

External health and social care professionals told us that people were safe living at Willow Brook. Staff gave good examples of how to keep people safe. One member of staff said, "Yes people are definitely safe here. They are at the forefront of everything we do and we would notice if there was any change in their behaviour. We take good care of them." We observed people being safely cared for by their support workers.

During inspection staff demonstrated a good understanding of how to protect people from abuse and avoidable harm. They knew what signs to look for if a person was being abused and how to report any concerns. Staff confirmed they would first report any issues to their immediate line managers and if they did not feel able to do this, they would speak to the deputy or registered manager. Members of staff had confidence that if they raised any concerns they would be listened to and action would be taken in a timely manner. Staff were aware of the provider's whistleblowing policy and how to report any areas of concern to external agencies if they felt matters would not be dealt with appropriately within the service. The provider supported staff in maintaining their safeguarding responsibilities by providing annual mandatory training in this area, which had been undertaken by all staff. We observed evidence during inspection the service had reported safeguarding matters appropriately to the relevant external agencies and had investigated any incidents within appropriate timescales.

The service followed safe recruitment practices. During inspection we looked at staff recruitment files and noted each employee had valid photographic identification, a full work history without any unaccounted gaps in employment, suitable referencing and a disclosure and barring service check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. These had all been completed satisfactorily. The provider had also ensured staff members had completed a health declaration prior to commencing employment, so they were assured that each member of staff was fit to carry out the responsibilities of their individual roles.

Detailed risk assessments had been completed for each person living at Willow Brook. The assessments undertaken were tailor made to the individual and contained guidance to mitigate the risks identified and keeping people and staff safe. For example, where a person might demonstrate behaviour that challenges the risk assessment to manage this behaviour was clear for all staff to follow when supporting that person. It began with recognising signs that may highlight when a person may be becoming agitated, what to do when a person was in crisis and how to support the person in the best way after the incident had occurred. The guidance was clear and presented well with evidence of reviews having been recorded as a person's needs had changed.

Medicines were managed and disposed of safely and stored securely within the home. They were kept locked away in a cabinet until drug rounds were undertaken by support staff. Medicines were mainly prompted or administered from blister packs, with some 'as required' (PRN) medicines given in accordance with the provider policy. A blister pack contains designated sealed compartments for medicines to be taken at particular times of the day. Staff who administered or prompted medicines were provided with initial training and then observed during competency assessments by a senior member of staff. We saw evidence

that each member of staff involved with administering medicines had been trained in accordance with the provider's policy. Medicine administration records (MAR) were all completed fully, with no gaps in signatures to confirm the right medicines had been given to people at the right time. It was the provider's policy that two signatures were required following the completion of the medicines round and this was evident on every entry on people's MAR charts. The MAR charts had been audited weekly to ensure no errors had been made and when an error had been identified, further training had been provided to the member of staff responsible. This was followed by further competency assessments undertaken prior to the member of staff being allowed to administer medicines again. When medicines were no longer required, the service arranged for the local pharmacy to collect the medicines for disposal.

There were enough staff employed to keep people safe. The registered manager told us there were two vacancies for which they were currently recruiting. During the day there were eight support workers on duty and at night there were four support workers. Each shift had a team leader or senior support worker on duty acting as the line manager for that shift. Staff told us that their workloads were manageable. The registered manager told us they employed agency staff to fill gaps on the rota but had developed a good rapport with a few agency support workers who attended the service regularly. There was an information folder specifically for agency staff that gave them a precis report for each person living at Willow Brook and how best to support them. The agency support worker would be required to sign a document to say they had read the information relating to the people they had supported during that shift.

Is the service effective?

Our findings

People were supported by skilled and experienced staff who knew them well. One healthcare professional told us, "I feel very confident that staff know how to support people. They know everything about them. Yes, they are very competent."

Most staff had received the required refresher training to enable them to maintain the skills and knowledge required to carry out their roles effectively in accordance with best practice. Training attendance and certification was recorded on the provider electronic training spreadsheet. Subjects such as safeguarding adults, fire safety, moving and handling and challenging behaviour were among the 16 subjects available to staff from an external training consultancy facilitated through e-learning.

However, whilst most staff had completed the required training subjects, two members of staff had not completed their challenging behaviour training which was essential due to the behaviours that staff may encounter while carrying out their roles supporting people living at Willow Brook. The registered manager told us that where it indicated on the training matrix that staff had not yet completed this training they would have carried over a certificate from their previous employer to confirm they had already completed training in this area. However, two files for two such staff did not contain certificates to indicate they had completed this training previously. This was discussed with the registered manager who agreed that she would ensure all staff had completed the training as soon as practicable.

Staff were provided with an induction programme. Once a member of staff had started work with the service, they were given an opportunity to shadow an experienced colleague for two or three shifts to develop their skills and confidence when working on their own. We spoke to two new members of staff who told us that the whole process from application to induction went very smoothly and they felt equipped to carry out their roles when they commenced employment. All staff employed at Willow Brook was expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This was an ongoing process and there was an expectation that staff would complete the Care Certificate within 18 months from commencement.

Staff were supported with regular supervision, group work, well-being checks and an annual appraisal by the registered manager and deputy manager. Staff told us they were often approached outside of their one to one sessions by their line managers to enquire as to their well-being and they felt able to go to the management team if they required assistance. Staff told us if they had any difficulties outside of work that may impact on their performance, or attendance, they would discuss these issues with the deputy manager or registered manager who would be as "accommodating" as possible and very supportive. The registered manager told us the well-being of staff was very important to them and they had produced a well-being document to record discussions with staff who may be having difficulties to ensure that they were supported appropriately. The registered manager had organised for a health care professional to engage staff in group work enabling them to discuss things if they wished that they may have found challenging

within the workplace. During sessions staff were given techniques to adopt to ease that particular issue for them in everyday practice. Most staff told us that they felt 'much better' after these sessions.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act.

The registered manager was aware of the Mental Capacity Act 2005 and its associated code of practice. Staff received training in mental capacity, and were aware of the principles of the Act and put these into practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had fully completed Deprivation of Liberty Safeguards (DoLS) applications and there was a process in place to ensure that applications were renewed when required. Best interest decisions had been made for people to keep them safe and there were good examples of the correct use of these assessments.

People were encouraged and supported to maintain a healthy, balanced diet. Menus were decided upon on a weekly basis by the people who lived at Willow Brook. The weekly menu was produced in pictorial format with the name of the person who had chosen the meal had been typed beside the picture. The person was then encouraged to help to cook the meal if they wanted to.

People had the option of having their main meal at lunch time or at dinner time and if they didn't want what was on the menu for the day, they could choose an alternative. People could sit in the dining room to have a meal if they chose to, or take their meal to their rooms. The dining room was light and airy with a homely feel. People went in and out of the kitchen to make drinks or food as they chose to and were supported by staff when they required additional assistance.

People were encouraged and supported to seek assistance from health and social care professionals when they required it. The GP surgery for the home was located next door to the service and the registered manager told us that the GP's had visited for coffee with people who lived at the home to encourage them to visit the surgery if they needed to. This had proven successful in calming people's fears of attending appointments with their doctor when necessary.

Is the service caring?

Our findings

We observed warm, supportive interactions between people and staff. Staff worked closely with people living at Willow Brook and knew them well. One staff member said, "We're like a big family here."

Staff knew people well and addressed people warmly. We observed kind, positive interactions between staff and people living at the home. Staff took time to sit with people and chat or engage in activities. The communal living area was used frequently, with people choosing to leave their rooms and spend time there, engaging in conversation with other people and staff. At all times, staff were observed promoting people's independence and gently encouraging and supporting people to participate in discussions or activities within the communal living space or accompanying people on outings within the community.

Support workers were respectful of people's privacy and dignity and gave good examples of ensuring that people's privacy and dignity was protected whilst assisting with or prompting personal care; by ensuring practical measures such as closing bathroom and bedroom doors, drawing curtains and covering people while assisting with personal care tasks. Support workers were observed knocking on people's bedroom doors before entering.

People's support plans contained evidence people were involved in decisions about their care. Where possible consent was sought from people and support plans were available in easy read pictorial format so that people were able to actively contribute during reviews of the care and treatment provided.

The service had received compliments from various sources, mainly from relatives and health and social care professionals. One of these comments was, 'All in all I have to say that I am really grateful for the support you have all given to [name] and us. It has been a life changing experience for all of us and has been such a relief to see him developing and becoming more confident.'

Is the service responsive?

Our findings

We observed the service to be highly responsive to people's needs. One health care professional said, "There is clear evidence that [registered manager] will prioritise people and think creatively about what an individual might need to achieve their own goals."

Care plans were based on the pre-admission assessment undertaken by the registered manager. The registered manager created with the person's referring agency, a bespoke package of care that included detailed information required for staff to provide care and support according to people's needs and preferences.

Support plans were personalised. For example; all support plans stated an in depth holistic view of the person such as whether a person kept a diary, played an instrument, what their early life was like and what their favourite things to do in their leisure time were. To accompany the support plan was a 'personal planning book' created with the person and presented in easy read pictorial format. The book provided information for staff and encouraged people to participate in understanding and contributing to their own support plans. They included, ways of effective communication which included details of how to phrase and discuss matters so that a person would understand better. For example, using Makaton, what a person might say or do if they didn't understand or couldn't communicate verbally, circles of support, important life events, plan for morning, afternoon and evening, my birth, trips out, how I keep myself safe, top tips to being healthy, good things about me, things I like to say, things I like and dislike. Makaton is a language programme using signs and symbols to help people to communicate. Each plan was fully completed and provided a thorough insight into who the person was and how best to support them in their own words.

People engaged in various activities in accordance with their individual preferences. One person enjoyed visiting a local coffee shop and another enjoyed going clothes shopping. People were supported on a one to one basis to go out into the local community as often as they wished. Photograph books were kept of individuals enjoying trips out or participating in activities, these were kept in people's bedrooms.

The service had a complaints policy in place. This was also available in easy read format and kept in the communal lounge area to ensure that people using the service were able to voice their concerns or make a formal complaint if required. The provider had received four complaints over a two year period and they had been dealt with according to policy and within a timely manner. The matters had all been resolved to the complainant's satisfaction.

Willow Brook was a warm and welcoming home. It was light and bright and people's bedrooms were personalised to their individual tastes. Prior to moving in to the home, people were asked about paint colours and furniture and what they might like their own room to look like. We observed people's rooms were clean and tidy with people's personal effects out on display.

The communal areas of the home were clean and well used by people living at the home. People were supported and encouraged to engage in cleaning and cooking alongside the support workers so as to

maintain their independence in looking after their own home.

Prior to the inspection the home had been flooded and the registered manager and provider had been in the process of repairing the wooden flooring. However, they wanted to ensure that this work was carried out in such a way so as not to disturb people living at the home, with some people being sensitive to change and noise within their environment. Most of the work had already been completed and the rest was being arranged to be completed when people living at the home were out engaging in activities.

Is the service well-led?

Our findings

Staff told us the management team were very supportive and cared about their well-being. We observed the registered manager develop a warm and transparent culture where people were at the forefront of everything they did. One staff member said, "We've got really nice management, I feel really comfortable around them. They've made me feel really welcome." We observed the management team engaging with people living at the service and it was apparent they knew them well and were very involved in the service on a day to day basis.

Quality assurance processes were in place to assist the provider to assess the overall quality of the service. The registered manager sought feedback from people and staff by sending out annual questionnaires. Those that were given to people living at the service were produced in an easy read format to ensure that everybody living at the service was able to express their views regarding the service provided. The feedback was largely positive.

Following the completion of the staff survey the registered manager had implemented some changes for staff within the service to ensure they felt valued. They had been given an additional two days annual leave and an enhanced rate offered for overtime hours as well as a new well-being forms which were completed by line managers during supervision. The registered manager had also introduced group work with a health care professional for staff to be able to discuss any difficult issues that they may have encountered during their working day. Staff told us they felt very well supported by the management team and provider and that if they had any concerns or worries they would feel comfortable discussing these with the deputy manager or registered manager and they would be listened to.

Audits were in place to assess the overall safety of the service; however they were not always effective. Although the registered manager had processes and management systems in place to monitor the safety and effectiveness of service provision which enabled the management team to look at any areas identified for improvement and act upon them as necessary, we found two staff members had not received the required training in a subject which would have supported them to deal with managing behaviours that challenge which could impact on their skills in being able to deal with these behaviours in every day practice. However audits had been completed and were effective when checking if care plans were accurate, whether daily logs had been completed, how many activities a person had engaged in each week and whether MAR charts had been completed correctly. Infection control audits had also been undertaken regularly to ensure the cleanliness of the home was maintained.

Meetings were held for people and staff to attend on a regular basis. During meetings people were updated with developments within the service and this also provided an opportunity for people to address any areas of concern they may have had. During staff meetings, best practice and learning from incidents was shared with the team.