

Delos Community Limited

Willowtree House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 27 October 2015 and was unannounced.

Willowtree House provides accommodation and personal care for up to six people with a learning disability. It is part of Delos Community Limited which provides four other care homes within the local area. At the time of our visit six people were living at Willowtree House.

There was 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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures

Summary of findings

that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular on going training.

Staff were well supported by the registered manager and had regular one to one supervisions and yearly appraisals.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary, including doctors, dentists and speech therapists.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were supported to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



Willowtree House

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 October 2015 and was unannounced.

The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are

information about important events which the provider is required to send us by law. Before the inspection, the provider also 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.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with four people who used the service, three support workers, and a team leader. The registered manager was on annual leave on the day of our inspection, but did briefly come in to the service to introduce herself to us.

We reviewed three peoples care records to ensure they were reflective of their needs, three medication records, five staff files, and other documents, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person we spoke with told us, “It’s safe here, the staff are so kind to me.” The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, “I would go to my manager and report something if I needed to, and I’d make sure the person was as safe as possible. If I had to go higher then I would contact the police, the council, or the CQC.” Another staff member told us that they were aware of the providers whistleblowing policy and would be comfortable using it if needed. The staff files we viewed showed us that safeguarding training had taken place.

People told us that risk assessments were completed. One person told us, “The staff make sure I am alright. I go out by myself whenever I want. The staff help me keep safe by keeping in contact via phone and checking in with me. I know I can contact someone if I am out and need help.” The staff we spoke with recognised the need to keep people safe, whilst enabling independence and building people’s skills at the same time. A staff member said, “We have worked hard with (persons name) to make sure they can continue to build up their independence and stay safe.” Another staff member told us, “We can contribute towards what goes in to a risk assessment. The needs of the people we support change, so we have to review the risk assessments and care plans when we recognise any change is needed.”

People had risk assessments that outlined in detail how to manage individual risks including food preparation, road safety, emotional support, handling finances and personal care. They were broken down into individual risks for a person, what the cause might be, and what action the staff should take to support. We saw evidence that these assessments were regularly reviewed for any necessary changes.

We reviewed accident and incident reporting information, which showed us that staff recorded information and took action if and when needed, in line with the providers policy. We saw documentation that showed regular fire safety checks and drills were carried out.

During the inspection, we saw that there were suitable numbers of staff present. One person told us, “It’s never short staffed here, there is always someone around to talk to, and I always get my one to one time as well”. The staff we spoke with agreed that there were always a suitable amount of support available for people. A staff member told us, “We do use agency staff, but we have the same staff members come, so they know how to work with the people that live here.” The senior support worker told us they were currently recruiting more staff for a variety of positions. We were able to view the staff rotas for the service, which confirmed that the staffing levels were adequate and consistent.

The staff we spoke with told us that before starting work with the provider, they were security checked through the Disclosure and Barring Service (DBS) and had to supply two forms of reference and identification. Records showed us that this information was obtained prior to staff members starting work with the company. This information was kept at the provider’s office in the human resources department.

Peoples medicines were managed safely. One person told us, “The staff try and help me cope when I am upset. They always try and calm me down first rather than just suggest that I take medication.” Staff members told us that they had to be trained before supporting people with the administration of medication, as well as shadowing other staff who were experienced. The staff told us that they had recently started using a new pharmacy, who provided training for the team on administration of medication using their system. We saw documentation that showed the staff training completion. We observed that the medication was stored securely in a locked trolley, in a locked room which had temperature control checks in place. The files we looked at all contained a front sheet with a person’s details on, consent forms, body maps which display the correct route of administration, and protocols for each individual on how they prefer to take their medication. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all In date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by staff who worked within the service.

Is the service effective?

Our findings

People told us they felt the staff were well trained. One person told us, “They are so good here and know how to support me properly.” One staff member told us, “I was given plenty of time to learn how to work with people and gain confidence.” Staff members also told us that they had to complete mandatory induction training and shadowing before working with people that used the service, and that they received regular training refreshers and new opportunities. The staff we spoke with all felt the induction period was helpful and worthwhile. One staff member said, “My manager gave me a list of things that I might be interested to train up in and encouraged me to book on.” We reviewed a training matrix which confirmed staff had attended both mandatory and optional training, and were booked in for various updates and refreshers to keep their knowledge up to date.

All the staff we spoke with felt that the registered manager was approachable and supportive of them. One staff member told us “I love it here, I’ve been supported really well by my manager, even through some personal difficulties, she was there to help me out.” All the staff we spoke with told us that they received monthly supervision and yearly appraisals. We saw completed supervision documents within the staff supervision files that covered a range of topics.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service had policies and procedures in place to follow MCA and DoLS and make sure that people could make decisions for themselves where they were able to. We saw that DoLS were in place for three individuals, and the documentation around this was present within their files. We saw documentation that showed us mental capacity assessments and best interest meetings had been

carried out when required. The service had a visible DoLS monitoring tool to make sure that decisions were reviewed at the appropriate times. Staff members we spoke with were aware of who had a DoLS in place and what it was for.

People’s consent to care and support was gained at all times. One person told us, “Staff always ask me what I want.” One staff member told us, “A person we support is not fully verbal. We understand their body language and some sign language that they have developed themselves. It enables us to understand what they want.” We observed staff gaining consent with people during our inspection, for example, asking people if they were ready to go out yet, or whether they would like to do a certain activity.

People told us they enjoyed the food that was provided. One person said, “The food is lovely here, we all get to take part in meal planning.” Another person told us, “I really like to help cook a roast dinner on Sundays.” A staff member told us, “We have to support the person with the foods they eat as certain things make them ill quite quickly. They don’t always make the best choices, but we encourage them as much as we can.” The service had a locked kitchen due to the risks present for some of the individuals. Other people who were less at risk were given their own keys to access the kitchen as they wished. One person made drinks for the inspectors, staff and other people. We observed that people were offered choices of things to eat and drink and that a varied menu was provided. The staff all had good knowledge of an individual’s specialist dietary requirements. Documentation around the person’s support needs were present within their files.

People were supported to access health appointments. One person we spoke with was getting ready for an appointment on the day of our inspection. They told us, “Staff really help me here, I like them to come with me to most things.” We observed that staff had a caring and reassuring approach to the person when they showed signs of anxiety around their upcoming appointment. People’s files contained documentation around a variety of health appointments and their care plans documented individual health needs about this.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "This is the first place where I have felt really cared for by the staff." Another person said, "They are really good here, they are very caring."

We observed positive interactions between people throughout the day, for example, when a person was telling us about some difficulties they were having at the moment, a staff member was able to remind the person of their positive achievements and qualities, which lifted their mood and made them feel better. We observed that staff were able to recognise people's needs and preferences and interact with them in a positive manner. One staff member told us, "One person has great difficulty with anxiety around health appointments and any health care professionals that they see. We are working hard as a team to support the person with these anxieties. We ask that any healthcare professionals coming in to the house do not wear uniforms where possible. We know this causes great stress to the person when they see it." We saw that this approach was documented within people's care plans to enable all staff to learn the individual needs of a person.

The people knew what was in their care plans and said they were able to have input. One person told us, "I know all about my care plans. I can have my say on them." We saw that this input was documented in people's files and individuals had signed them.

People had the option to use advocacy services and staff told us they would recommend it if they thought it was relevant for a person. Staff told us that one individual had been seeing an advocate regularly and plans to continue doing so. We saw that records of the person's meetings with the advocate were present within their file.

We saw that people were treated with dignity and respect. One person told us, "My privacy is really important to me and I don't like people going in my room or touching any of my things without permission. The staff always respect that." People told us that family members were able to visit whenever they wanted to. We observed people were spoken to in a respectful manner and being supported to do things they wanted to do. The house has several communal areas in it, which staff recognised as a positive thing when individuals might need a quieter, more private space to talk.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us, “The staff know when I need help and when I don’t.” People were able to choose the décor within their rooms. One person told us “I got to pick the paint colours. I have my room exactly how I want it which is important to me.” We saw that people had individualised activity plans that contained a wide range of things for people to do. These plans were displayed in a pictorial and colour coded format in a communal area so that people could see and understand them as easily as possible.

People were supported to follow their interests and take part in social activities. One person told us, “I like to go out in my car. The staff take me out for a drive when I want, or to go for something to eat.” Another person told us, “I like to go out by myself and I have friends that I see. Staff encourage me to make friends with people, but make sure I am safe and suggest that they meet my friends before any of them come into the house, because it’s not just me that lives here.” The team leader told us that last Christmas people who used the service had been invited to the local school to judge a tree making competition and given prizes to the winners.

The staff we spoke with were aware of the different likes and dislikes of all the individuals that lived there, and were confident in being able to support them with fulfilling activity. One staff member said, “It’s great here, the staffing levels are good which means we can concentrate on doing the activities that people really want to do.” Staff recognised that some people had preferences in the gender of staff that supported them with certain things, and responded to these requests wherever possible.

People contributed to the planning of their care. One person told us “I know what’s in my care plan, I get to look at it with the staff and change it if I need to.” We saw evidence that people had input within their plans and had signed them where necessary. The team leader showed us plans to implement a new format of care plan containing sections to input even more extensive detail around people support needs and how to personalise their care. These included sensory profiling for individuals, which would help identify specific preferences that people have with things like colour, sound, taste and touch.

People’s comments and complaints were used by the service as an opportunity to learn. People felt like they were listened to. One person told us, “I’ve never had any complaints, but I know the staff will listen to me if I did have any.” Another person told us, “I take part in a quality checking group for another service, so I know what to do if I have a problem. I know the managers and senior managers quite well.” There was a complaints policy and procedure in place. We saw that people’s complaints were recorded by the staff in a compliments and complaints folder. Wherever a complaint had been made, we saw clear action had been taken in response to deal with any problems raised.

The team leader told us that an annual survey was sent out to people and their relative’s. The survey for the people who used the service was in pictorial and easy read format to assist with completion. The results were available for the 2014 survey. The comments were all positive and included, ‘I am very happy with everything,’ ‘I would not change anything,’ and ‘I like living here,’ There was also a family satisfaction questionnaire which had recently been sent out, but no results were as yet available.

Is the service well-led?

Our findings

Staff felt the service was well led. All the staff we spoke with were positive about the provider, the registered manager and the team leaders. One staff member said, “The managers are all very approachable here, they all help out when needed.” Staff were all comfortable with working for the organisation and reported it to have an open and honest culture throughout.

We spoke with staff who had been employed for several years. They told us that they were able to do additional training and work their way up to more senior positions within the company. They told us that training and qualifications were always encouraged by management and options were available for progression.

Staff told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of it and were able to describe the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post, although she was on annual leave on the day of our inspection. The people we spoke with told us that they regularly saw the registered manager and that they got on very well with her. The team leader on shift contacted the registered manager to inform her we were there, as they had agreed. She then came in on her day off to introduce herself to us and make sure the staff had access to everything required for our inspection.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

Staff told us they had regular team meetings, which were informative and gave everyone an opportunity to put forward ideas and suggestions. The team leader told us they carried out an activity each time. For example, they had looked at the Key Lines Of Enquiry (KLOEs) within the domains that CQC inspect under, and discussed these as a team. They also discussed medication errors and carried out an activity to try and improve standards. Minutes we saw confirmed this had happened.

The team leader told us there were processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes. Managers from other services carried out monthly quality checks on each other's services and produced a report and there had been one carried out by a senior manager. The registered manager had written an action plan. We saw actions had been completed. There had also been checks carried out by a group of people who used the services of the provider. These were called quality checkers and visited the service to carry out a number of audits including; Health and safety, customer satisfaction, and health and safety within the service. They had taken photographs as proof and developed a report. The registered manager had developed an action plan from the report. We saw all actions had been addressed.