Connifers Care Limited

Willow 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

Summary of findings

Overall summary

This inspection took place on 11 March 2016 and was unannounced. When we last inspected this service in April 2014 we found the service met all the regulations we looked at.

Willow House is a care home which has been registered to accommodate a maximum of six people with mental health issues and learning disabilities. On the day of our inspection there were five people using the service.

The home had a registered manager. 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.

Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of types of abuse to look out for and how to raise safeguarding concerns.

Detailed current risk assessments were in place for all people using the service. Risk assessments explained the signs to look for when assessing the situation and the least restrictive ways of mitigating the risk based on the individual needs of the person.

Medicines were managed safely and effectively and there were regular medicine audits in place. Staff had completed medication training and the home had a clear medicines policy in place which was accessible to staff.

The home maintained adequate staffing levels to support people both in the home and the community.

We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. Care plans were person centred and there were regular key working sessions.

We saw evidence of a comprehensive staff induction and ongoing training programme. Staff had regular monthly supervisions and annual appraisals. Staff were safely recruited with necessary pre-employment checks carried out.

All staff had received training on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff understood what to do if they had concerns as regards people's mental capacity. These safeguards are there to make sure that people are receiving support are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and

correct way.

People are supported to eat and drink. People were consulted about weekly menu choices and supported to prepare their own meals.

People are supported to maintain good health and have access to healthcare services. Referrals are made quickly when concerns are noted as regards people's health.

A complaints procedure in place which was displayed for people and relatives. There was an incident and accident procedure in place which staff knew and understood.
There was evidence of audits as regards medication and overall compliance. Issues identified were actioned promptly. The registered manager and team leader were accessible to people and staff who spoke positively about them and felt confident about raising concerns.

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. There were sufficient staff to ensure that people's needs were met.

Staff were aware of different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely.

Risks to people who use the service were identified and managed effectively.

Is the service effective?

Good

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

Staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and the implications for people living at the home.

People's nutrition is monitored and healthy eating and exercise is encouraged.

Is the service caring?

Good

The service was caring. We observed caring and positive interactions between staff and people who use the service. People were treated with dignity and respect.

Care plans were detailed and provided information about people's needs, likes and dislikes.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People had access to a variety of activities and they were supported to access the community which supported people to be independent.

The home had a complaints policy in place and relatives knew how to complain if they needed to.

Is the service well-led?

Good

The service was well led. People and staff told us the registered manager was approachable and provided assistance when needed.

The home had a positive open culture which supported development and learning.

The quality of the service was monitored. There were systems in place to make necessary improvements.

Willow 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.

The inspection took place on 11 March 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with one professional involved with the service and two relatives to obtain their views.

During the inspection, we spoke with four people who use the service, three care staff, the team leader and registered manager. We spent time observing support and care in communal areas.

We reviewed the care records of three people who used the service, four staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People generally felt safe living at the home. One person told us, "I'm safe here." Another person told us, "I feel safe most of the time but sometimes other people kick off." A relative told us, "To be honest, I can't find a better place. They look after [my relative] very well and they treat [my relative] very well." A healthcare professional said they had no concerns and people were safe.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse concerns outside of the organisation to the local safeguarding authority and the CQC.

The home had a safeguarding policy in place which listed steps of investigating concerns from raising the initial concern to the team leader right up until the outcome from a local safeguarding authority investigation. The safeguarding policy was available to all staff and we saw that staff had read the policy which meant that staff knew how to safeguard people from abuse and knew the appropriate steps to be taken if they had safeguarding concerns.

We saw that risk was managed effectively. Current risk assessments were in place for people which had been signed by the person. Risks were identified using warning signs and a plan was put in place to manage the risk. Risks identified included deterioration in mental health, aggression or violence, diabetes and neglect. One of ways to manage risks in the assessment was to advise staff that the person should not be made feel guilty after the incident for their behaviour. This evidenced that the risk assessment were person centred.

People were supported by sufficient staff to meet their individual needs and promote person centred care. We saw that there were two staff throughout the day in addition to the team leader and registered manager. There was one waking night staff. We were told by staff and the team leader that there were bank staff on call should staff require assistance to take people out in the community. Staff told us that they used bank staff as and when needed.

Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

People told us that they received their medications on time. One person told us, "Meds okay." Systems were in place to make sure people received their medicines safely. We checked four of the medicines in stock and they were all accounted for. We checked the medicines administration records (MAR) and saw these has been completed and signed with no omissions in recording. The medicines were stored safely in a locked cabinet and there was a separate locked cabinet for controlled drugs, although at the time of the inspection there were no people taking controlled drugs.

Staff who administered medicines told us that they had received medicines administration training and this was evidenced by certificates in staff training files.

Each person using the service had a separate medication folder which contained a medication profile which explained the medications prescribed to each person, the purpose of the medicines the frequency it should be administered and potential side effects. There was also a homely medicines agreement signed by a GP and an audit of medicines quantities. An "as required" PRN medicines protocol was also contained within the folder; however at the time of inspection, nobody was taking any PRN medicines. Should that situation change, there is guidance in place for staff. The team leader confirmed that weekly medicines audits took place and this was documented in the file. This ensured the medicines were being correctly administered, signed for and to ensure medicine procedures were being followed.

The home was clean and tidy on the day we visited. There was a weekly deep clean rota for staff and people were encouraged to keep their bedrooms clean. There were records of recent maintenance checks including gas, fire and electrical safety.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People's comments included: "I'm happy here, it's good" and "The staff are alright I have no complaints". A relative told us "It's important [my relative] has one to one care and they have the skills to do that".

Staff had the knowledge and skills which enabled them to support people effectively. New staff completed a six week induction and three monthly interviews prior to passing probation. The induction programme included six weekly sections which included maintaining safety at work, infection control and medications, understanding the principles of care, and understanding user experience and needs. One staff member told us, "The induction was very good. I shadowed a senior support worker and got to know everything in the house, client and fire procedures."

Training records showed that people had completed training in areas that helped them to meet people's needs. Mandatory training included, fire safety, first aid, food hygiene, health and safety, infection control, medication, safeguarding manual handling and attaining an NVQ qualification.

Statutory training included equality and inclusion, breakaway techniques, challenging behaviour, Mental Capacity Act/Deprivation of Liberty Safeguard mental health awareness, autism, epilepsy and Makaton. We reviewed four staff training files and saw certificates of completion of all training courses completed. Staff also told us, "I do training every few weeks. I recently did autism and epilepsy" and "I do training almost every month. I did recent medication training".

Staff told us they received regular monthly supervision and training which was evidenced from reviewing staff files. We saw that during a supervision session, the registered manager chose a person's file at random and tested the staff member on knowledge of the person's diagnosis, care plan, risk assessment and management and medication.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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 to receive care and treatment when this is in the best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals is called a Deprivation of Liberty Safeguards.

People whose liberty had been restricted under DoLS were made aware and understood the reasons behind this. One person told us, "I have to be escorted everywhere I go", and another person told us, "I'm aware I have to be accompanied. I'm allowed to go out every day".
We found that where people were unable to leave the home because they would not be safe without care

and support, the home had applied to the relevant local authority for a DoLS authorisation and documentation to evidence this was available. We saw one instance of where the registered manager had applied for a DoLS which had been rejected by the local authority. The registered manager told us that this was because the person was subject to supervision from another statutory body under conditions which included being escorted in the community. During the inspection, the paperwork to evidence this was not available, however following the inspection the registered manager requested copies of the relevant documents be made available from the multidisciplinary team involved in the decision making process.

People were generally positive about the food choices on offer. One person told us, "It's alright, not too bad. Yesterday I had beef lasagne and salad". Another person told us, "I like the food".
People were supported to have a meal of their choice. We saw individual weekly menu plans signed by the people who use the service and people were asked to submit weekly menu choices. We observed people being supported to prepare their meal at lunchtime. People were also supported to cook their menu choice for the evening meal.

The daily menu was displayed on a notice board in the kitchen which consisted of breakfast options and two options for the evening meal. We saw a menu planning folder which contained pictorial menu options which were varied and represented different cuisines. The folder also contained educational information about food sources and where to get food, for example, the shop, an allotment or a market stall. We saw fresh fruit, vegetables and meat in the fridge.

Care plans identified people's nutritional needs. One person was identified as having a religious dietary requirement and was offered a suitable diet plan. The person declined this option and this was noted in their care plan. Another person was supported on a weight reducing diet which had resulted in a consistent weight loss over one year. Staff and the registered manager commented that they were particularly proud of the person's achievement and the positive impact on their self-confidence.

People had access to health and social care professionals. One person said, "I hurt my back the other day and they took me to the doctor who gave me painkillers. My back is a lot better now." Another person told us, "I saw the dentist in February." Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. There were up to date health records of appointments and follow up action required. When people refused to attend an appointment, this was documented and promptly escalated for review by the persons designated healthcare professional which meant that if people were promptly supported if their needs changed.

People had healthcare passports which described the person's medical history, allergies and their treatment preferences in case they were admitted to hospital.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. We observed positive and caring interactions between staff and people who use the service. Staff were particularly encouraging and praising when assisting people leaving the home access the community by praising the persons clothing choice and telling the person they looked very smart. People told us, "Staff are alright" and "[the manager] is very nice, a good person". Another person told us, "I am happy here."

Staff used a range of communication techniques to engage with staff such as pictorial communications folder and Makaton sign language.

Staff knew the people they were caring for, including their goals and life histories. One staff member told us, "I want to work with [the person] who is developing new skills and new learning. [the person] wants to go ahead with learning and wants to work. Management and professionals are trying to assist and [the person] is doing courses at the Pavilion to get GCSE's."

Staff understood what dignity and privacy meant when assisting people and the importance of choice. One member of staff told us, "We give them the opportunity to make choices, for example, clothes, places they want to go and food they want to eat" and another staff member said, "for personal care we close the door. We knock before we enter and ask for permission when assisting someone".

The home was spacious and allowed people to spend time on their own if they wished. People told us that they could spend time in their rooms if they wanted. One person told us, "I got a TV in my room and I watch programmes, I've got my posters". Another person had a games console in their room and we observed discussions between staff and the person in relation to a particular video game.

Each person had a designated keyworker. A key worker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them. We saw that there were regular weekly key working sessions between the keyworker and the person using the service and these were recorded and signed by the person. One person told us, "I have a weekly key working session".

Care plans were person centred and signed by people who used the service. Care plans were updated regularly. People were actively involved in making decisions about their care and their preferences were supported. Care plans noted the things that made a good day for the person. One care plan noted, "Wake up and breakfast is as a 5* hotel". Care plans noted people's sexual preferences and they were supported to express their sexuality.

We saw that care plans noted if people had a faith and they were supported to attend religious services on a weekly basis. One person told us, "I go to Pavilion, church and OT" and one staff member told us that "Yesterday we went to church, had a pub lunch and had a haircut".

People were supported to be independent. Staff told us, "We provide one to one support and we explain to them how to do things. We assist with cooking sessions and ask them to help us, for example with laundry" and "We act in the best interests of the person, we promote independence and help them access the community".

Good

Is the service responsive?

Our findings

People were supported to engage in a range of activities which reflected their goals and interests. This included regular shopping visits, eating out, attending church and attending the local day centre. We observed three people attend the local day centre, another person went out to meet family for a pub lunch and another person chose not to attend the day centre. One person told us, "I'm happy when I go to the Pavilion. I go there nearly every day apart from Saturday and Sunday when I relax." Another person told us, "It's good; I do exercise, biking and walking". One relative told us, "Whenever I go there, I look at [person's] chart. [Person] is kept active and taken out and on holidays even. They are talking about taking [person] to see their grandparents".

Each person had their own weekly activities timetable which was signed by the person. The team leader also told us that people go swimming at least once a week and often at weekends also.

The registered manager told us that three people are currently enrolled in an Award Scheme Development and Accreditation Network (ASDAN) course at the day centre. The registered manager explained that this is an accredited course that enables people who have not been to school to obtain qualifications which will potentially lead to GCSE and college education. The registered manager told us that one person was half way through the course and would be supported to attend local college on completion.

We looked at care plans of three people who use the service and saw that staff responded to people's needs. We saw detailed daily records which detailed people's activities and mood on that day. Care plans showed how to provide emotional support to people when they were anxious about issues related to their life prior to using the service. People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved promptly and mental health assessments were requested which was discussed with staff and risk assessments updated appropriately. Care plans also recommended that staff support people by finding alternative ways to handle stress or anxiety by using exercise, sensory relaxation techniques and practising breathing techniques. During the inspection, when people became anxious staff responded sensitively and offered one of the people a "cup of tea and a chat" and afterwards the person afterwards appeared content again and prepared to meet family for lunch.

There was a complaints policy and people and relatives were provided with the complaints procedure when admission to the home. One relative told us, "I've not had any complaints and I know the procedure to follow if I have". The team leader confirmed that the service had not yet received any complaints. However staff identified the steps they would take if they received any complaints which included alerting team leader, registered manager, director of compliance and if further escalation required; the local authority and CQC.

We saw that there were regular monthly residents meetings which are chaired by a person who uses the service. Topics discussed included promoting activities, respecting staff and cleanliness, cooking sessions and seasonal topics such as birthdays and Christmas. The meeting minutes were signed by people.

Good

Is the service well-led?

Our findings

The service had an open culture which encouraged good practice. The registered manager is a mental health nurse and during the inspection was very knowledgeable around the specific mental health needs of the people who use the service and how to best support them.

People and staff spoke positively about the registered manager. One member of staff told us, "My manager is so good, always listen to staff and clients". Another staff member told us, "They are very good. They assist us almost every day and we can call them any time we want to". Staff were knowledgeable about whistleblowing and confirmed they had access to the homes whistleblowing policy.
All the staff we spoke with were positive about working at the home. Comments included, "I'm really happy working here", "Yes we are supported" and "My manager is so good. [the manager] is a person who gives time, listens to problems. I'm so happy".

There were records of regular monthly staff meetings that allowed staff to discuss issues. We discussed with the team leader than on review of the minutes, the meetings appeared to be one-sided with the team leader discussing topics without much staff interaction. It was also noted that the agenda did not include "any other business" which would encourage staff to contribute topics for discussion. The team leader assured us that staff meetings are two sided and staff engage in discussion however acknowledged that the minutes did not always reflect this.

There were weekly and monthly audits of medicines, health and safety and people's care files. We saw a detailed annual audit that had been carried out by a senior manager prior to the inspection. This was carried out according to the Care Quality Commission (CQC) fundamental standards. Where an issue had been identified, we saw that action plans and timeframes were in place to address what had been found and on the day of the inspection the team leader confirmed that all actions had been completed. The local authority also completed an audit of the home prior to inspection and recommendations made were also taken on board, such as a new template for care plans and health passports.

We reviewed accident and incident logs and noted that most recent incident was recorded in February 2015. The team leader confirmed this was the case. We noted the actions and outcomes from the incident were completed and signed off and the person's risk assessment was updated.
There are arrangements in place for people, relatives and healthcare professionals to provide feedback. Feedback forms were sent to relatives on a yearly basis and a living at home questionnaire was given to people in January 2016. We looked at the feedback forms and noted that no concerns had been raised and people were generally satisfied with the service.