

Willowbank Care Limited

Willowbank Care Limited

Inspection report

48 Filton Road
Horfield
Bristol
Avon
BS7 0PB

Tel: 07785230921

Date of inspection visit:
24 May 2017
25 May 2017

Date of publication:
06 July 2017

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 inspection was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. At the time of the inspection the service was providing personal care to 20 people living within nine different supported living services.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 the inspection the service employed, a registered manager, deputy manager, senior care staff, house managers and care staff.

Support was provided to assist people in their everyday lives, in areas such as personal care, household tasks and engaging in activities. Support is provided in people's own homes (supported living) and can range from 24 hour care to an agreed number of hours on a daily basis.

People told us they felt safe when receiving care and felt care staff had a good understanding of their needs. There were thorough processes in place to ensure every person who used the service had a detailed care plan that addressed their care needs and any risks to their safety and wellbeing.

Staffing levels were sufficient to meet people's needs and protect them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.

People spoke highly of the staff that provided their care and people's relatives were also complimentary of staff. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences.

There was training and support available to staff to ensure they had the skills and knowledge they needed to support people effectively. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People gave consent before any care was provided. Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions about their care and daily lives. Where required, legal documentation was in place where others had made decisions on behalf of those people who lacked capacity to do so.

People who used the service were provided with personalised care which was based on their individual

needs, wishes and goals. People were fully involved in the development of their care plans and felt their views and opinions about how their care was provided were encouraged. Care records were reviewed with people and they had also been provided with sufficient information about the service.

People received a service that was well-led because the registered manager provided good leadership and management. Systems were in place to check on the standards within the service.

The registered manager had an effective system to regularly assess and monitor the quality of the service that people received. Quality assurance systems involved people who used the service and staff, which helped to ensure they had a say in the development of the service.

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.

Safeguarding policies and procedures were in place and staff demonstrated a good understanding of safeguarding issues. Robust recruitment processes had been followed.

Risks to people and the service were managed safely.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm.

Medicines were administered safely. People received the appropriate support with their medicines as required.

Is the service effective?

Good 

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff received training to support them to undertake their role. They were provided with regular supervision and had an annual appraisal.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good 

The service was caring.

People's opinions, preferences and choices were sought and acted upon.

Staff provided support in a friendly, kind, professional, caring and considerate manner.

People were supported by a familiar staff team who knew their needs. People's dignity was maintained and their independence promoted.

People who used the service were fully involved with decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and information about people's life history, likes, dislikes and how they wished to be supported was documented.

People received the care and support they needed and this was adjusted in line with any changes in their needs.

People and their relatives told us they had been involved in planning the care provided.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good ●

The service was well-led.

People knew the management structure of the service and who to contact.

Staff felt well supported by the management team and they were asked for their views.

There were systems in place to ensure incidents and accidents were recorded and analysed to minimise the risk of reoccurrence. Incidents were notified to the Care Quality Commission as required.

The service audited their systems and asked people what they thought about the service to maintain and improve standards.

Willowbank Care Limited

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 24 and 25 May 2017 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We looked at the care records of three people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, mental capacity, recruitment and complaints.

The registered manager asked people if they were willing to speak to us prior to our visit. During the inspection we spoke with three people who visited the Willowbank office. We also spoke with one relative by phone. We spoke to these people about the service they received. We spoke with two care staff, one senior carer, the deputy manager, registered manager and administration staff.

Three health and social care professionals were contacted in order to gain their views about the service. Two of them provided feedback about the service.

Is the service safe?

Our findings

People who used the service confirmed they felt safe when staff entered their homes and supported them with their care needs. One person told us, "I like having the staff around to help me". Another person said, "I like the staff being with me and feel safe going out". Staff we spoke with explained how they ensured people were left safely in their home before they had finished their visit or handed over to other staff.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service had a safeguarding policy and associated procedures which were up to date. The procedure informed people they had the right to live safely. People were provided with a pictorial safeguarding procedure which helped them to recognise the signs of abuse and who they could report this to. This gave examples of who people should tell such as the staff, the registered manager, social worker, local authority and the police.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was up to date. The registered manager had made appropriate referrals to the local authority when they had been concerned about people's safety. Staff we spoke with demonstrated their knowledge of the procedures to follow to report any concerns regarding abuse. One member of staff said, "If I have any concerns I always discuss with my manager and this is taken seriously". Another staff member said, "We have a zero tolerance approach to abuse".

There were robust systems in place to ensure that people's money was safeguarded. Where staff handled money on behalf of a person, for example to carry out shopping, they issued a receipt and kept accurate records about expenditure. Monthly audits of finances were also carried out by office staff. This ensured that people were protected from the risks of abuse.

People's needs were assessed to enable the service to support people with an identified risk to their safety or wellbeing. These included risks associated with people's conditions, and their treatments. Where people were at risk of seizures, risk assessments contained a description of the person's condition and possible triggers for seizures, and procedures to manage them. Where people were at risk of behaviours that challenge, risk assessments included signs and triggers, and strategies to manage them. For example, one person could become agitated when they travelled in a car. This had been risk assessed and the person had to sit in the back seat of the car on the passenger side. Two staff were assessed to take the person out which included one person to drive the car and the second person to sit in the back with the person to reassure them. An action plan was put in place to support the person when this task was being carried out.

The service ensured there was enough staff to provide care and support to people. A review of the staff rota in each supported living service showed shifts were appropriately covered. The registered manager told us the rota was covered over a four week period and regularly reviewed. Where there was a need for shifts to be covered, this was clearly documented with dates, shift types and names of staff members assigned to cover the shifts. Floating staff were employed by the service who worked across all the supported living services to

cover shifts where needed. One relative commented, "There always seem to be enough staff. X always seems to be out and about".

We looked at staff recruitment records and found staff had been recruited in line with safe recruitment practices. A minimum of two references had been received and checked. Disclosure and Barring Service (DBS) checks had been completed. This was completed before staff started work at the service. Such checks helped the registered manager to make informed decisions about an applicants suitability to be employed in any role working with vulnerable adults. Records confirmed staffs identification had also been obtained. Staff confirmed their recruitment to the service was robust and they did not start work until all necessary checks had been completed. This ensured people could be assured that staff were of good character.

People received support from staff with their medicines to ensure they were managed safely. Staff and relatives confirmed there were suitable facilities in place for the safekeeping of medicines. We were told medicines were kept in a locked cabinet within each person's home so people could not access them directly. Each medicine was listed on a Medicine Administration Record (MAR) and staff signed when medicines had been administered. When medicines had not been administered for specific reasons, the reason why was clearly recorded. One person told us the staff printed them a separate medicines record as they liked to sign to say there medicines were administered safely. We found the records were accurate and the system for recording protected people who relied on staff to help them with their medicines.

We looked at how the service managed accidents and incidents. Details of any accidents and incidents were recorded appropriately, including any remedial action required to reduce the risk of any future potential harm. Body maps were used to help staff monitor any injuries sustained.

Is the service effective?

Our findings

People who used the service told us they felt that staff had the right skills and training to do their job. People we spoke we said, "Yes I think the staff are trained well". Another person said, "The staff know me well and have looked after me for a while". A relative of a person using the service told us they felt the staff were well trained and had a good understanding of their relative's needs.

All the staff we spoke with told us that they received the support they needed to carry out their roles effectively. Comments included "I feel really supported by the managers and the staff" and "We are a close team and support each other. I have regular meetings with my line manager". The staff we met seemed very enthusiastic and demonstrated a commitment to providing an effective service.

A thorough induction programme was in place to support new staff. Staff told us they received a suitable induction when they started. This included a combination of training and shadowing shifts with experienced staff. During induction staff were trained in core skills such as medicines, infection control, food hygiene, health and safety and safeguarding.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication, fire, health and safety, first aid, mental health, mental capacity, break away, equality and diversity and manual handling. This training provided staff with the necessary knowledge and skills to meet people's needs. There were also opportunities to attend specialist training courses. An example included an epilepsy course for those staff who worked with people who had a specific need. People's needs in each supported living service varied and the registered manager told us the training varied upon their needs. In one of the supported living services staff had undertaken choking/CPR training as some people they looked after were at risk of choking.

Staff we spoke with felt the training they received was of a high standard and specific for their role and in order to meet people's needs. The registered manager told us 70% of staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ) level 2 or above.

Staff were also supported through supervision, appraisals and house meetings. This provided staff with the opportunity to discuss their work performance, training and development needs. Senior staff also undertook regular supervision with staff along with spot checks where they observed staff providing care. Staff confirmed they had received supervisions so senior staff could be assured that care and support was provided in a safe and effective way. Staff told us they found supervision and appraisals useful.

People were allocated a keyworker who would help oversee their care. Some people were supported by more than one staff member as part of their care package. The registered manager ensured that people were cared for by regular staff who were familiar to them. This was in order to keep the number of staff who visited them, to a minimum and to ensure consistency of care was promoted.

Due to people's specific care and support needs, the registered manager strived to match staff to the person's requirements. An example being if a person had a bubbly and outgoing personality staff would be matched with people who shared the same character. The registered manager said that they wanted to ensure people and potential new staff shared the same interests so they would connect with each other. We were told this was to help bring out the best in people they supported. The registered manager said they had involved people in the recruitment process of interviewing new staff. This was to find out whether people felt the staff would be suited to caring for them or other people.

Staff had received training in the MCA. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to describe to us how the Act applied to their role in caring for people. Care records showed people that used the service and staff met with professionals involved in people's care to discuss and agree future plans. An example being decisions which involved people's doctor or dentist when best interests decisions were made.

Staff explained how they gained people's consent to personal care when they arrived for each visit. Staff told us they read through people's care records before any care practices were carried out. This was to make sure they understood the support each person required and to seek their consent. Staff we spoke with seemed very aware of people's needs and told us examples of how they gained people's consent before carrying out any tasks which included personal care. An example being one person smiled when staff asked for consent but if they did not consent their behaviour changed. Where there were concerns about a person's capacity advocates were involved to support people to make decisions.

The registered manager was aware of their responsibilities in making sure people were not deprived of their liberty. Care records demonstrated Deprivation of Liberty Safeguards (DoLS) applications had been submitted to the local authority for three people who used the service. A further 17 applications were awaiting a decision to be made by the local authority. These were submitted as people could not freely leave their home on their own, also because people required 24 hour supervision, treatment and support from staff. The DoLS provide a legal framework and allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff supported people to arrange healthcare appointments such as going to the doctors and hospital appointments. Most people supported by the service were not able to manage their healthcare independently and relied on staff or support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's and speech and language therapists.

Is the service caring?

Our findings

People were consistently positive about the support they received from the staff. We observed staff that were empathetic and caring towards people. One person told us, "The staff help care for me." Another person said, "I am happy and the staff help me to be independent." Another person explained to us that they had known one of the staff for a long time and went on to say how much they appreciated the support that the staff member had provided to them.

Throughout our inspection we observed people that visited the office with staff were happy and relaxed, and staff communicated with them positively. Staff supported people in a caring and responsive way, while assisting them to go about their daily lives and take part in social activities. People were supported to maintain friendships and contact with family members. One relative told us they visited their family member regularly and loved seeing them out and about learning new skills to help them become more independent.

For some of the people using the service it was the first time that they had lived in their own home. Other people had moved from other care services or had lived with family. Relatives that we spoke with praised staff for the ease and kindness shown during the transition and for the positive relationships that their family members had developed with staff. People and their relatives told us they were involved in decisions about how they wanted to be cared for. People told us that before care had been provided to them they had met with staff from the service to talk about their likes and dislikes, what support they needed and how they wanted this support to be provided. Staff felt this had provided people with the opportunity to build a relationship with them.

The registered manager and senior staff told us that due to the nature of the support people received (supported living) it was important people had staff they could get on with. For this reason new staff were introduced to people before they helped care for them. The registered manager reviewed schedules daily and made updates as and when necessary. They showed there was a good level of consistency and little change in patterns of staff supporting people which ensured continuity of care.

People had information available to advise them on what they could expect from the service. This included a service guide and information about the services available to people. For example information about independent advocacy services if a person felt that they required additional support. An advocate is an independent person who expresses a person's views and represents their interests.

Staff gave examples that demonstrated they were respectful of people's privacy and ensured their dignity was maintained. The registered manager told us their management team completed observation spot checks to ensure staff treated people with dignity and respect. They also told us they used questionnaires to check if people were happy with the service they received. An independent advocate visited at supported living service regularly. They spoke to people to find out if they were happy with the care provided.

People told us the care and support they received reflected what was written in their care plan. These were available in people's homes so staff were able to look at them to ensure the right care and support was

delivered. People were encouraged to express their views about how their care and support was delivered. These preferences were recorded in their care plans and respected by staff. For example, one person said they like to clean their flat when staff left them for the specified allocated time. They liked to do the task themselves to aid independence. We looked at the care plans of three people who used the service. These plans contained information about people's care and support needs and their individual likes and dislikes. There were also clear directions for staff to follow to ensure people's needs were met. This enabled staff to provide care which was person centred and promoted people's dignity and independence.

Is the service responsive?

Our findings

We received good feedback about the responsiveness of the service, which was positive. People felt the service was very reliable, consistent and extremely responsive to their needs. A number of people shared very positive experiences with us and described effective care that had been adapted in line with their needs. Professionals involved with the service made the following comments, "It is my experience that X and her teams are able to be responsive to the needs and unique requirements of each person that they support".

There were processes in place to assess people's care needs prior to them receiving a service from Willowbank. This meant that the registered manager could be sure the service could provide safe and effective care and also meant care staff had a good level of information about people's needs at the point they started to support them. The registered manager said they carried out an assessment of people's needs and went away to plan how the package of care would be delivered. The transition period for people took weeks or months for each individual person. This involved people and family members meeting up with the registered manager and staff several times before the care package started. One professional told us of an occasion when one person moved into one of the supported living services to receive personal care. The professional was pleased as the staff travelled with them over a long distance to help them settle in. They said "Many providers would not have done this".

People's needs were assessed and care was planned and delivered in line with their individual support plan. Care records we looked at contained assessments of people's individual needs and preferences. There was detailed step by step guidance for staff on how to support people to carry out daily tasks. There was also detailed information in people's care plans about their individual methods of communication such as Makaton. Makaton is a language programme using signs and symbols to help people to communicate. This helped staff to understand people and how they may express their views and wishes.

Where people had complex needs, which meant they sometimes required behavioural support, there were very detailed and positive strategies in place. The strategies included guidance for care staff in how to provide positive, consistent support. It was very clear that staff knew about people's needs and the strategies they should follow which included being aware of what triggered that behaviour.

In one example the staff had worked extremely hard to support a person who sometimes presented with distress behaviours due to their illness. There had been some very positive work done with external professionals such as the mental health team and some positive outcomes for the person. We spoke with care staff who felt very positive about the support they had provided and described how they were continually reviewing the person's care plan and monitoring the person's overall wellbeing.

People who were supported by Willowbank told us how the staff organised a number of regular weekly events within the community that they attended. Examples included Makaton club, arts and craft and bingo club. Other events organised included team games and dancing. People enjoyed a wide range of community activities which included shopping, swimming and attending clubs.

People told us they had no complaints about the service they received. They had information in their care records which guided them on how to make a complaint to the service. Peoples told us, "I do not have any complaints", "I am very happy with everything". During conversations with people and from speaking with staff it was clear that if people were unhappy about the care and support they received they would speak with staff. Staff were aware when people were happy or unhappy by knowing each person well.

The service had a detailed complaints policy in place, this clearly explained the complaints process to follow. A copy of the complaint procedure was included within 'the service users guide' This included how to make a complaint, who to complain to, expected time scales for responses and investigations. The procedure did not contain the correct information. It advised people if they were still unhappy they ask the CQC to look into their complaint. It did not explain to people if they were unhappy with the way their complaint was investigated they could refer their complaint to the Local Government Ombudsman. The contact information for the Local Government Ombudsman was also missing. The Local Government Ombudsman (LGO) looked at complaints about councils, organisations and adult social care providers (such as care homes and home care providers). We shared our findings with the registered manager who was very responsive in putting this right. During the inspection they updated the complaints procedure within the service user guide with the correct information.

Is the service well-led?

Our findings

People told us they were very happy with the care and support they received from the service. They said they got on well with the staff and with the management team and could talk to them about any issues or concerns. One relative of a person with complex support needs said, "The manager seems very efficient and did their very best to ensure my relative settled within the service. We have had a bad experience of care in the past and my faith has been restored". From our observations made during the inspection it was evident people were made to feel welcome at the local office by staff and the registered manager. People visited the office on a daily basis with staff and were offered a drink. The atmosphere was joyful and it was clear the registered manager knew people very well and had built a good rapport with them.

Staff were well supported by the management team and by other staff. One member of staff said, "This is the best service I have ever worked for. I feel really supported by the manager. It is very well organised". Another staff member said, "I have never met a manager like X. They know the needs of people really well without looking at a care plan".

There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager was also the provider of the service and was very involved in the running of the service. Willowbank provided a supported living service and had nine separate supported living houses. Each house had a manager who reported to the registered manager. Senior staff also worked within each service alongside staff.

The visions and values of the service were shared by the whole staff team. The service's ethos was to offer people a person centred service. This was promoted through staff training programmes to give staff the confidence and skills to meet the specific needs of the people who used the service. This approach was also reinforced through staff meetings and one to one staff supervision sessions. The registered manager was clear on how the ethos of the service should be applied by staff. It was clear from staff we spoke with that they shared the same person centred approach. Staff were motivated and committed to ensuring people received the agreed level of support. This enabled people to be as independent as they wished to be. Staff said everyone in the organisation, from the top down, focused on the well-being of the people they supported.

The registered manager went the extra mile in supporting people. Some people the service supported had a high level of care provided them which included personal care and support with their emotional wellbeing. The registered manager had helped people to turn around their lives and provided high levels of support. An example being is a parenting course was sought for one person to help them support other family member.

Another example was the service supported people to look after pets if they chose to have one. We were told one person had a pet snake and the staff had helped to put guidelines in place regarding how to care for this.

Another example of the registered manager going the extra mile was that every Christmas the service held a

Christmas party for people who used the service at a local hall. Entertainment was provided along with food. Relatives, staff and their families were also invited. Each person's birthday was also celebrated within each supported living service.

The registered manager spoke about accepting people into the service who had previously been let down by the care system. They spoke about two people who had spent many months in secure environments because other care providers could not meet their challenging behaviours. The registered manager said "They had been let down and needed a chance". Willowbank successfully worked with people to bring out the best in them. We heard stories of how people had rehabilitated well back into community life.

It was clear from speaking with staff that they respected the registered manager's decision to support people with complex needs. The registered manager said they did not advertise their service but over many years they had built good relationships with social workers and different local authorities. Professionals involved with the service made the following comments, "We consider Willowbank to be one of our more robust providers and therefore place our more challenging clients" and "Willowbank have a stable team of managers in my experience which helps the service run smoothly and provides good, effective support for staff".

The provider participated in various forums for exchanging information and ideas of best practice. These included care provider forums organised by the local authority and local conferences and seminars.

Annual people and relatives questionnaires were circulated to gain people's views. The latest questionnaires were circulated in April 2016 and the responses were positive. Comments included, "They look after me" and "I am happy with most things. Good care". The registered manager said they were due to undertake another questionnaire. The service worked with a local advocacy service who visited people regularly to gather their views and opinions of the service.

Staff meetings were held regularly with the staff team. There were records of regular team meetings and staff were able to comment and make suggestions of improvements to the service. The minutes from meetings showed a range of areas were discussed including what was working well, not working well and information about the changes and developments within the service.

There was a robust quality assurance system that contained performance indicators which identified how the service performed, areas that required improvement and areas where the service performed well. The service used a range of areas to identify service quality. These included audits of staff files, care records, risk, finances and medicine recording.